

Dr Purnell and Partners

Quality Report

Ilkeston Health Centre
Ilkeston
Derbyshire
DE7 5PZ

Tel: 0115 9322968

Website: www.drpurnellandpartners.nhs.net

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Outstanding



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Purnell and partners on 11 February 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and effective systems in place to report and record significant events which enabled learning to be shared.
- Risks to patients were assessed and well managed through ongoing monitoring. There was a robust programme of infection control audit in place which was facilitated by the infection control lead nurse.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. Where a need was identified, further training was provided.
- Feedback from patients about their care was consistently and strongly positive. Patients said they

were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients praised the kind, caring and compassionate nature of staff and said they were always treated as individuals.

- Staff said they saw their roles as more than a job and explained that two members of staff had given up their time off to take a patient on a day trip to the coast last year following the death of their spouse.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. We observed staff working to ensure the needs of patients were met on the day in spite of no available appointments on the system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

We saw several areas of outstanding practice:

- The practice sought to treat patients holistically and offered additional services internally where possible including access to a practice chaplain and support from the Citizens Advice Bureau. There was an emphasis on treating the health needs of patients whilst also giving consideration to social needs, by assisting patients with completing forms for example. Staff consistently went over and above to meet the needs of their patients; including going out of their way to make the lives of patients easier. For example, staff routinely escorted patients who required assistance to the nearest bus stop.
- Staff advocated for the needs of their patients within the practice and externally. For example, a member of staff contacted the local hospital to ensure support was in place for a patient who required a wheelchair.
- Data from the GP patient survey and feedback received as part of the inspection demonstrated that patients felt they received a level of care which exceeded their expectations. For example, a number of comments cards described staff within the practice as exceptional.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There were effective systems in place to report and record significant events. The practice had recorded a range of clinical and non-clinical events and all staff were aware of the process.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients were offered support and given explanations about what had happened and told about any actions which had been implemented to prevent the same thing happening again. Apologies were offered where appropriate.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Regular meetings were held between the practice and attached health and social care staff to monitor patients at risk.
- Risks to patients and staff were assessed and well managed. There was a rolling programme of health and safety audit in place to monitor health and safety issues in each specific area of the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. The practice had achieved 98.7% of the total number of points available which was marginally above local and national averages of 95.4% and 94.7%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were based on relevant topics and demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. The practice worked closely with their attached care co-ordinator who attended the practice three days per week on average and hosted regular meetings with the wider multidisciplinary team.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care. For example, 94% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- Feedback from patients about their care and treatment was consistently and strongly positive. We received 91 completed comments cards which were overwhelmingly positive about the caring attitude of staff.
- We observed a strong patient-centred culture with patients at the heart of everything the practice sought to do.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, we saw evidence that staff had gone the extra mile to ensure that support was in place for a frail patient to have a wheelchair available when attending their hospital appointment. We observed staff accommodating the needs of an unwell patient at short notice near the end of the working day.
- We found positive examples to demonstrate how patients choices and preferences were valued and acted on. For example we observed staff speaking with patients in the waiting area to ensure they were comfortable whilst waiting.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. We observed that staff had a good knowledge of their patients and displayed a friendly and open manner in their communication with them.

Outstanding



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Good



Summary of findings

Commissioning Group to secure improvements to services where these were identified. For example, in response to feedback the practice had made extensive improvements to their car parking area to ensure this was more accessible.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Urgent appointments were offered on a daily basis after morning surgery and during the afternoon surgery.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. The practice shared their mission statement with patients through notices in the waiting area and in the practice leaflet.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice and staff meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active and met regularly making suggestions for improvements and raising funds to support the practice.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive and personalised care to meet the needs of older people. They worked with the multidisciplinary team to identify frail and vulnerable patients, and those at high risk of hospital admission, to plan and develop individual care packages.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those who needed them. Longer appointments could be booked if these were required.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Care plans were in place for the patients identified as being at risk of admission.
- Performance for diabetes related indicators was 96% which was above the CCG average of 90.2% and the national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 89.2% which was above the CCG average of 85.6% and the national average of 83.6%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent appointments were always available on the day.
- We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to telephone consultations and same day urgent appointments.
- The practice was proactive in offering online services and GP appointments were offered through the online booking system.
- Health promotion and screening was provided that reflected the needs for this age group. For example the practice offered smoking cessation services and encouraged patients to attend for national cancer screening programmes.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83.2% and the national average of 81.8%.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice records indicated they had 24 patients on the learning disability register and 20 of these had received an annual review at the time of the inspection.
- They offered longer appointments for people with a learning disability in addition to offering other reasonable adjustments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered additional services to patients whose circumstances may make them vulnerable such as access to the Citizens' Advice Bureau and a practice chaplain.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 93.3% of patients with a mental health condition had a documented care plan in their records in the previous 12 months which was above the CCG average of 91.6% and the national average of 88.3%. The practice's exception reporting rate for this indicator was 6.3% which was below the CCG average of 17.5% and the national average of 12.6%.
- Data showed 90.6% of patients with dementia had received a face to face review in the last 12 months which was above the CCG average of 85.3% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

We reviewed the national GP patient survey results published in January 2016. The results showed the practice was performing above the local and national averages for the majority of indicators. A total of 268 survey forms were distributed and 103 were returned. This represented a response rate of 38%.

Results showed:

- 95% of patients found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 87% and a national average of 85%.
- 90% of patients described the overall experience of their GP surgery as good compared to a CCG average of 86% and a national average of 85%.

- 84% of patients said they would recommend their GP surgery to someone new to the area compared to a CCG average of 78% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 91 comment cards which were all positive about the standard of care received. The comment cards highlighted the caring and compassionate nature of the staff within the practice. Patients indicated that they could access appointments easily and with the doctor of their choice.

We spoke with three patients during the inspection. All of the patients we spoke with said they were happy with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

- The practice sought to treat patients holistically and offered additional services internally where possible including access to a practice chaplain and support from the Citizens Advice Bureau. There was an emphasis on treating the health needs of patients whilst also giving consideration to social needs, by assisting patients with completing forms for example. Staff consistently went over and above to meet the needs of their patients; including going out of their way to make the lives of patients easier. For example, staff routinely escorted patients who required assistance to the nearest bus stop.
- Staff advocated for the needs of their patients within the practice and externally. For example, a member of staff contacted the local hospital to ensure support was in place for a patient who required a wheelchair.
- Data from the GP patient survey and feedback received as part of the inspection demonstrated that patients felt they received a level of care which exceeded their expectations. For example, a number of comments cards described staff within the practice as exceptional.

Dr Purnell and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Purnell and Partners

Dr Purnell and Partners provides primary medical services to approximately 3770 patients through a general medical services contract (GMS). The practice is located in the town of Ilkeston within the borough of Erewash. The town is close to both Nottingham and Derby.

The level of deprivation within the practice population similar to the national average. However, income deprivation affecting children and older people is marginally below the national average.

The clinical team comprises two GPs (one male and one female), two practice nurses and two healthcare assistants/phlebotomists.

The clinical team is supported by a full time practice manager, a reception supervisor and five additional reception and administrative staff.

The practice opens from 8am to 6.30pm Monday to Friday. General booked appointments are offered each morning from 9am to 10.30am. Afternoon appointments are offered from 2pm to 5.30pm on a Monday and from 3pm to 6pm on Tuesdays, Thursdays and Fridays. The practice offers emergency appointments and pre-bookable clinic appointments on Wednesday afternoons. Ten minute

emergency appointments are offered each day after morning surgery for patients who need to be seen on the same day. The practice does not provide extended hours surgeries.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU).

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 February 2016. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place to report and record significant events.

- Staff were aware of the process to report a significant event and told us they would inform their manager or one of the partners in the first instance and complete the relevant form available on the computer system.
- Regular meetings were held within the practice and we saw that significant events were regularly discussed and analysed.

Information related to safety was appropriately recorded, shared and discussed within the practice. This included the recording of accidents and incidents and information regarding safety alerts. Learning was identified and shared to ensure improvements in safety were made. For example a GP identified a patient who was being prescribed medicines outside of current guidelines. An audit was undertaken which identified further patients being prescribed the same medicines outside of guidelines. Affected patients were contacted, reviewed and their prescriptions changed. Re-audit identified no patients were using this medicine outside of guidelines.

Patients affected by safety incidents were contacted in a timely way and offered support, information and explanations. Apologies were provided where appropriate and patients would be told about any improvements made to prevent the same things happening again.

Overview of safety systems and processes

The practice had a range of robust and well embedded systems and processes in place to keep patients safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse. Policies and procedures reflected relevant legislation and local pathways and identified who staff should contact for guidance if they had concerns about a patient's welfare. There was a lead GP for safeguarding who held regular meetings with attached professionals to discuss children at risk. Staff demonstrated that they understood their responsibilities in relation to safeguarding and provided examples of concerns they had raised. Staff had received training at a level relevant to their roles.

- A notice in the waiting area advised patients that a chaperone could be requested if required. Nursing staff acted as chaperones. All staff who undertook this role were appropriately trained and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The premises were observed to be clean and tidy and appropriate cleaning schedules were in place for specific areas and pieces of equipment. A practice nurse was the infection control clinical lead and liaised closely with the local infection prevention team to keep up to date with best practice. They had received a range of additional training to support them in their role. The practice had infection control protocols and policies in place and regular infection control audits were undertaken. Action was taken to identify any areas for improvement. Staff were provided with regular infection control training and the infection control lead undertook hand washing audits.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw that the practice had undertaken updated checks for existing employees with the Disclosure and Barring Service (DBS) in 2014. A practice review of staff files had recently identified that the most up to date copy of a practice nurse's DBS check had not been retained. The practice had immediately requested another copy.

Monitoring risks to patients

Are services safe?

Risks to patients and staff were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had copies of up to date fire risk assessments and carried out regular fire drills. Systems and processes were in place to ensure all electrical equipment was regularly checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place to plan and monitor the level and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. For example the rotas for reception staff were prepared by the reception supervisor and ensured adequate cover with support from the practice manager available where required.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to ensure the practice could respond to emergencies and major incidents. These included:

- An instant messaging system on the computers and panic alarms in consultation and treatment rooms which could be used to alert staff to an emergency.
- Staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and this was stored in a room off the waiting area. A first aid kit and accident book were available.
- Emergency medicines were stored in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and appropriately stored. The practice stored oxygen (with adult and children's masks) in the same location.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers and copies were kept off site with key staff members. A copy was also available in the main practice office.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice used current evidence based standards and guidance, including National Institute for Health and Care Excellence (NICE) best practice guidelines, to plan and deliver care for patients.

- There were systems in place to ensure clinical staff kept up to date. Staff had access to NICE guidelines and new guidelines were regularly disseminated and discussed within the practice.
- The practice used risk assessments, audits and checks of patient records to monitor adherence to the guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 98.7% of the total number of points available, with an exception reporting rate of 12.7%. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). This practice was not an outlier for any QOF (or other national) clinical targets. The practice's performance was marginally above local and national averages of 95.4% and 94.7% respectively.

Data from 2014/15 showed;

- Performance for diabetes related indicators was 96% which was above the CCG average of 90.2% and the national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 89.2% which was above the CCG average of 85.6% and the national average of 83.6%.
- 93.3% of patients with a mental health condition had a documented care plan in their records in the previous 12 months which was above the CCG average of 91.6%

and the national average of 88.3%. The practice's exception reporting rate for this indicator was 6.3% which was below the CCG average of 17.5% and the national average of 12.6%.

- Data showed 90.6% of patients with dementia had received a face to face review in the last 12 months which was above the CCG average of 85.3% and the national average of 84%.

Clinical audits demonstrated quality improvement.

- The practice provided a range of clinical audits undertaken in the last two years. We reviewed two completed audits where improvements made were implemented and monitored. For example the practice had conducted an audit to identify patients taking a specific medicine for whom this medicine was high risk. Changes were made to patients' medication and re-audit demonstrated evidence of a reduction in prescribing this medicine.
- The practice also undertook regular audits of minor surgery procedures and kept ongoing cervical cytology audits.
- The practice worked with the CCG medicines team to review prescribing and optimise the use of medicines. For example, we saw that the practice had met their target for checking inhaler technique for patients with asthma and chronic obstructive pulmonary disease (COPD). COPD is the name for a collection of lung diseases).

Effective staffing

We saw that practice staff had a range of experience, skills and knowledge which enabled them to deliver effective care and treatment.

- Comprehensive inductions were provided for newly appointed clinical and non-clinical staff. The induction programme covered topics including safeguarding, infection prevention and control, health and safety and confidentiality.
- Role specific training and updating was provided for relevant members of staff. For example, in order to support their work reviewing patients with long term conditions, one of the practice nurses was working towards a respiratory degree. Staff administering vaccinations and taking samples for the cervical screening programme could demonstrate that they had received specific training which had included an

Are services effective?

(for example, treatment is effective)

assessment of competence. Staff had access to online resources and had regular clinical meetings to ensure they kept up to date with any changes to immunisation programmes.

- Learning needs of staff were identified through annual appraisals, meetings and wider reviews of development needs. Staff had access to a range of training which was appropriate to meet the needs of their role. In addition to formal training sessions, support was provided through regular meetings, mentoring and supervision. We saw evidence to demonstrate that training needs of staff had been identified and planned for through the appraisal system.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and monthly in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and care plans were routinely reviewed and updated. The practice was supported by a care coordinator who was employed by the local community healthcare trust. A list of patients at high risk of hospital admission was maintained by the practice who worked with the multidisciplinary team to ensure care was provided closer to or at home.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through audits such as minor surgery audits.

Supporting patients to live healthier lives

The practice sought to identify patients who may be in need of additional support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were offered in-house support or signposted to the relevant service.

The practice offered a range of services internally including smoking cessation and family planning. A talking therapy service was also available within the surgery.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83.2% and the national average of 81.8%. The practice sought to encourage patients to attend for cervical screening and routinely telephoned patients who failed to attend. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake rates were above the national average.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.6% to 97.3% and five year olds from 89.7% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that staff treated patients with dignity, kindness and respect. For example we observed staff speaking with patients in the waiting area regarding the temperature and offering to adjust this if they were not comfortable. In addition we saw staff accommodating the needs of patients who attended the practice requiring appointments at short notice. Staff displayed willing to help and assist patients and to ensure their needs were met.

The practice had implemented a range of measures to ensure patients felt at ease within the practice. These included:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were kept closed during consultations and locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if they wished to discuss sensitive issues or appeared distressed.

All of the 91 completed Care Quality Commission comment cards we received were positive about the service experienced. Patients said they were always treated with dignity and respect and found staff helpful and caring. Patients said they felt all their needs were met by the practice and they were always made to feel welcome.

We spoke with three patients including a member of the patient participation group. They also told us they were happy with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. A number of comment cards described staff as exceptional and exemplary. Patients highlighted the personal level of service they received at the practice and said the care they received exceeded their expectations.

We saw a number of examples of staff going the extra mile to meet the needs of patients. For example, staff supported patients to walk to the bus stop following appointments

and delivered prescriptions to them at home if they were experiencing difficulties leaving the house. Staff said they saw their roles as more than a job and explained that two members of staff had given up their time off to take a patient on a day trip to the coast last year following the death of their spouse.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was generally above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 94% said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 87% said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice had a philosophy of putting the patient first and this aligned with views expressed by patients. Patients commented on being involved in decisions about their care and highlighted staff treating them with kindness and compassion through periods of personal challenge.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.



Are services caring?

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results for interactions with GPs were above local and national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.

Results for interactions with nurses were in line with local and national averages. For example:

- 88% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 83% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw evidence that the practice made regular use of translation services in spite of not having a high percentage of patients who required these. This ensured understanding and effective communication and ensured all of the needs of the individual patient were considered. We saw notices in the reception areas informing patients this service was available.

Staff supported patients and worked in partnership with them to overcome obstacles. Staff empowered patients and acted as advocates to ensure they accessed care appropriate to their needs. For example, a member of staff had communicated at length regarding transport and wheelchair availability at a local hospital to enable a frail patient to attend their appointment. The member of staff had ensured that this issue was resolved for the individual but had also raised this issue as a concern with the complaints department to prevent this happening again to others.

Patient and carer support to cope emotionally with care and treatment

The practice aimed to meet the emotional and social needs of their patients where possible. Notices in the patient waiting room told patients how to access a number of support groups and organisations. These included mental health and dementia support services.

In addition the practice hosted the Citizens' Advice Bureau one day per week and patients were invited to make appointments to discuss any issues. Practice staff also offered support to patients to complete forms and paperwork where this was causing social issues for patients.

The practice worked with a practice chaplain who attended the practice once a week. The practice chaplain had worked within the NHS for 14 years and their role was to provide a listening ear for patients and to offer help and support in spiritual or religious matters if required.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a dedicated carers champion who had been working to identify carers. The carers champion supported carers by offering them relevant information and assisting them with completing any paperwork related to their role as a carer. The practice had identified 58 carers which equated to 1.5% of their practice population.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had leaflets available to support people who had suffered a bereavement which offered practical information about what action needed to be taken when someone had died.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had worked to ensure their car parking arrangements were more accessible for patients using the premises. In addition:

- There were longer appointments available for patients with a learning disability and for those who needed them.
- Although the practice did not offer extended hours appointments, patients could access appointments at a local hub during evenings and weekends. Services at the local hub were provided through a consortium of local GPs and this was supported by the practice.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Services were accessible for people with a disability. All of the practice's consulting rooms were situated on the ground floor to ensure these were accessible and there were two designated parking spaces for people with a disability.
- A hearing loop and translation were services available.

Access to the service

The practice opened from 8am to 6.30pm Monday to Friday. Routine GP appointments were offered from 9am to 10.30am every morning and five emergency appointments were offered daily after morning surgery. Afternoon appointments were offered from 4.30pm to 6pm on Mondays and from 3pm to 6pm on Tuesdays, Thursdays and Fridays. Urgent appointments are offered on a daily basis after morning surgery and during the afternoon surgery. The practice did not offer extended surgery hours however patients could access GP services provided locally at evenings and weekends. Urgent appointments were available on the day for those who needed them.

The practice undertook annual audits of practice appointments to monitor access. These were based on

access surveys which were run weekly by the practice manager. The practice ensured that changes were made to appointment capacity where issues were identified. For example, an increase in waiting times for routine appointments led to a change in the annual leave allocation for partners.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone compared to the CCG average of 73% and the national average of 73%.
- 72% patients said they usually got to see the GP they preferred compared to the CCG average of 53% and the national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them. This aligned with the views from the completed comment cards.

Listening and learning from concerns and complaints

The practice had effective systems in place to handle complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice's website and in the patient waiting area.

We looked at 5 complaints received in 2014/15 and 2015/16 and found that these had been responded to promptly and in an open and transparent way. Where appropriate the practice had offered explanations and apologies to those affected. The practice identified learning from complaints and actions were taken to improve the quality of patient care. For example, in response to a complaint, clinical staff had changed protocol to ensure more information was asked for when patients presented with certain symptoms.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice told us their vision put the patient at the centre of everything they did.

The practice had a mission statement which was displayed in the waiting areas and shared with patients on the practice's website and in the patient leaflet. Staff knew and understood the values. The practice mission statement and supporting values had been developed with staff at a team meeting and staff were engaged with the vision to deliver high quality, holistic care.

Governance arrangements

A robust governance framework supported the delivery of good quality care within the practice. This was underpinned by clear structures and procedures which ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff as hard copies or on the shared computer system.
- An understanding of the performance of the practice was maintained. The practice engaged with the clinical commissioning group and other practices in the locality.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place to identify, record and manage risks and issues and to implement mitigating actions.

Leadership and culture

The partners and the practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners and the practice manager were visible within the practice and staff told us they were approachable and took the time to listen to all members of staff.

When there were unexpected or unintended safety incidents, the practice told us they would offer patients support and explanations as well as apologies where appropriate. Written records were kept of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. These included partners meetings, clinical meetings and wider staff meetings. In addition the practice held regular meetings with external health and social care providers to facilitate communication.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and their managers in the practice. Staff felt involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and comments and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had identified an issue with the seating in the waiting area. They had worked with the practice to raise money to purchase additional accessible seats.
- The practice gathered feedback from staff through meetings and appraisals. Staff told us they would not hesitate to give feedback or discuss any concerns or issues with colleagues and management.

Continuous Improvement

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

There was a strong focus on continuous learning and improvement at all levels within the practice. One of the GP partners had recently visited New Zealand with a study group from different areas of the country. The purpose of the trip was to look at the best examples of healthcare systems in different areas. The GP partners identified

learning from the visit which centred around putting the patient first and working together more as healthcare providers. The learning from the trip and the changes the practice planned to make were shared with patients in the practice newsletter.