Tamar Medical Centre

Quality Report

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Date of inspection visit: 25 January 2016
Date of publication: 07/04/2016

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?	Good
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 Tamar Medical Centre on 25 January 2016. Overall the practice is rated as Good.

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.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed. Risks to staff were well assessed. For example, staff had been given personal panic alarms and a protocol was in place that stated a minimum of two staff must be present for opening and closing of the building.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, a community support group for diabetic patients was formed by the practice.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients told us they could get an appointment when they needed one. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by the management. The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.
- Domiciliary care (care administered in a patient's home) included chronic disease management, immunisations, new patient checks and international normalised ratio (INR) checks (INR is used to monitor patients who are being treated with the blood-thinning medication warfarin).

We saw some areas of outstanding practice:

- The practice established a diabetes support service for the community. Monthly meetings were held and the average attendance was around 30 patients. The practice employed a specialist diabetes nurse and demonstrated improvements made to the health of diabetic patients. The QOF performance indicators for diabetes had improved from 58.3% in 2013/14 to 84.9% in 2014/15.

The practice had established a 'singing for lung health' group in the community targeted at improving the health and well-being of patients with a respiratory condition. The group extended a welcome to patients who experienced social isolation. Weekly meetings were held and the average attendance was around 25 patients.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, the practice recorded, reviewed and held monthly meetings for all staff where learning could be shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- A review of personnel files evidenced that comprehensive checks on staff were complete.
- Infection prevention control audits were carried out by a third party. The achievement score on the last audit was stated as being the highest in the clinical commissioning group (CCG).

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed that the practice scored above practices nationally and in the Clinical Commissioning Group (CCG) for all questions in the GP patient survey published on 2 July 2015. For example, 93% of patients who responded described their overall experience as good compared to the CCG average of 88% and national average of 85%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice significantly higher than the local and national averages for all aspects of

Summary of findings

care. For example, the percentage of respondents to the GP patient survey published on 2 July 2015 who described the overall experience of their GP surgery as fairly good or very good was 98.25% compared to the national average of 84.94%.

- Feedback from patients was consistently strong and positive. We observed a strong patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, the GP had secured the discharge of a palliative care patient from secondary care and had agreed to manage the patient in their own home.
- The practice told us of a one off case when coordinated care was provided for a palliative care patient whilst abroad through a member of the practice team who spoke Spanish.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- A representative from the practice attended funerals and offered bereavement support to families of patients.
- The practice established a diabetes support group and held monthly meetings.
- Home visits were given to patents when housebound or unable to attend the practice. Services provided to patients at home included chronic disease management, immunisations, new patient checks and international normalised ratio (INR) checks (INR is used to monitor patients who are being treated with the blood-thinning medication warfarin).
- The practice had satisfaction rates higher than both local and national averages in each of the 23 questions included in the GP patient survey published on 2 July 2015.
- The practice had been involved in a 'promise dreams' project that secured funding for a patient with learning disabilities to have a foreign trip.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy get an urgent appointment available on the same day.
- Same day appointments were available for children, patients with serious medical conditions and patients with a learning disability.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

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- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. The practice had not received a complaint in the preceding 12 months.
- The practice improved the service for patients with diabetes with the establishment of a local community group and employed a specialist diabetes nurse. The practice demonstrated improvements made to the health of diabetic patients.
- The practice nurse organised a 'singing for health' group targeted at helping patients with breathing difficulties. This group had been extended to include patients who had suffered bereavement.
- Results from the national GP patient survey published in July 2015 showed significantly higher rates of satisfaction for all indicators when compared to local and national averages.

Are services well-led?

Good

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance 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 provider was aware of and complied with the requirements of the Duty of Candour. The GP and practice manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an active patient participation group which influenced practice development.

There was evidence of continuous learning and improvement at all levels.

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

Good

The practice is rated as good for the care of older people. Every patient over the age of 75 years had a named GP and all hospital admissions were reviewed. This included patients that lived in nursing and care homes. Staff at the nursing homes had a mobile number for the GP to be used at weekends. An audit of this service evidenced a reduction in unplanned hospital admissions for patients in a care home. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in case management. All over 75 year olds who were on the avoiding admissions register had a completed care plan. The practice was responsive to the needs of older people and offered home visits and longer appointments as required. The practice identified if patients were also carers. Male patients over 65 years of age were invited to attend an abdominal aortic aneurysm screening (AAA) done at the practice (AAA screening is a way of detecting a dangerous swelling of the aorta, the main blood vessel that runs from the heart to the rest of the body).

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Patients were reviewed in nurse led chronic disease management clinics. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed and reviews were coordinated to minimise the required number of patient visits. All patients with a long term condition were offered a review to check that their health and medication needs were being met. Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care. The practice nurse helped to set up a singing group in the community for patients with a respiratory condition. The practice evidenced an improvement in the health of patients with diabetes that was attributed to the establishment of a community diabetes support group and the employment of a specialist diabetes nurse.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up

children who were at risk, for example, children and young people who had protection plans in place. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the practice achieved higher than average uptake rates and had a protocol to follow up the same day when patients did not attend. Child immunisation rates were in line with the local Clinical Commissioning Group averages. The practice worked closely with the health visiting team to encourage attendance. New mothers and babies were offered post-natal checks. The practice engaged with a counselling service for patients under 25 years of age that needed support.

Working age people (including those recently retired and students)

Good

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. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. We found that the practice enabled all patients to access their GP services and assisted those with hearing, sight and language difficulties. Braille signs were seen on the doors of each clinical room.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. The practice carried out annual health checks and offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Patients who presented with an acute mental health crisis were offered same day appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. It carried out advance care planning for patients with dementia.

The practice regularly worked with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to the advocacy service where appropriate.

Summary of findings

What people who use the service say

We spoke with three patients during the inspection and collected 36 Care Quality Commission (CQC) comment cards. Patients were very positive about the service they experienced. Patients said they felt the practice offered an efficient service and staff were helpful, caring and treated them with dignity and respect. They said the nurses and GPs listened and responded to their needs and they provided a personal service that involved the patient in decisions about their care. Comment cards highlighted a high level of patient satisfaction with staff, access to appointments and care provided.

The national GP patient survey results published on 2 July 2015 suggested that the practice performed above local and national averages in general levels of patient satisfaction. For example:

- 94.6% of respondents described their overall experience of the surgery as good compared with the Clinical Commissioning Group (CCG) average of 87.8% and national average of 84.8%.
- 86.2% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 80.4% and national average of 77.5%.

There were 111 responses and a response rate of 41%.

Outstanding practice

We saw some areas of outstanding practice:

- The practice established a diabetes support service for the community. Monthly meetings were held and the average attendance was around 30 patients. The practice employed a specialist diabetes nurse and demonstrated improvements made to the health of diabetic patients. The QOF performance indicators for diabetes had improved from 58.3% in 2013/14 to 84.9% in 2014/15.
- The practice had established a 'singing for lung health' group in the community targeted at improving the health and well-being of patients with a respiratory condition. The group extended a welcome to patients who experienced social isolation. Weekly meetings were held and the average attendance was around 25 patients.

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Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.**The team included a GP specialist advisor, a practice manager specialist advisor and a second inspector.

Background to Tamar Medical Centre

Tamar Medical Centre is a practice located in the large village of Perton, part of the West Midlands conurbation. The practice is situated in a purpose built building that it shares with a dental practice. The practice has a list size of 3,700 patients living in Perton and surrounding villages. The practice population has low deprivation and low unemployment when compared to national averages. Life expectancy is in line with the national average.

The practice was a two partner practice until June 2014 when one partner retired. It is now run by a single handed male GP who employs a salaried female GP. The GPs work a combined number of sessions that equates to 1.7 whole time equivalent. The GPs are assisted by a clinical team consisting of a practice nurse and a healthcare assistant. The administration team consists of a practice manager and four support staff.

The practice is open from 8am to 6.30pm on Mondays, Tuesdays, Thursdays and Fridays and from 8am to 1pm on Wednesdays. The practice is offering extended clinics as part of the winter pressure scheme running from January to March. When the practice is closed patients are told to dial the NHS 111 service and there is an out of hours service provided by Primecare. The nearest A&E unit is situated at New Cross Hospital, Wolverhampton. There are minor injury units at Dudley and Wolverhampton.

Why we carried out this inspection

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

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions

Detailed findings

- 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)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 25 January 2016.

We spoke with a range of staff including GPs, the practice nurse, the healthcare assistant, the practice manager and members of administration staff during our visit. We sought the views from the representatives of the patient participation group, looked at comment cards and reviewed survey information.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. There had been nine events recorded in the preceding 12 months.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, two significant events highlighted problems with the testing of patients treated with a blood thinning medication. The practice identified that their system for checking was not robust and purchased a machine to test coagulation (coagulation is the process by which blood changes from a liquid to a gel, forming a clot). This machine provided clinicians with blood test results within one minute and allowed the healthcare assistant (HCA) to carry out testing in patients' homes.

When there were unintended or unexpected safety incidents the practice evidenced a robust system for recording, reviewing and learning. All clinicians were engaged with the process and information was shared through a central store of electronic documents available to all staff. A culture to encourage Duty of Candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details for local safeguarding teams and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All staff had received role appropriate training to nationally recognised standards. For example, GPs had attended level three safeguarding training. A GP partner was identified as the safeguarding lead within the practice and demonstrated they had the oversight of patients, knowledge and experience to fulfil this role. The computer system used by the practice highlighted patients for which there was a safeguarding concern.
- Notices at the reception and in the clinical rooms advised patients that staff would act as chaperones, if required. Trained nursing staff acted as chaperones and had received a disclosure and barring 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 practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated infection control lead. There was an infection control policy in place and staff had received up to date training. The practice used a third party to perform infection prevention control audits. The last audit completed in January 2016 scored the practice 92%, the highest score of practices within the local clinical commissioning group (CCG). The audit highlighted a number of minor actions all of which had been completed.
- Arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had a procedure to follow if the vaccine fridge failed.
- Prescription pads were securely stored and there was a robust system in place to track their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable Health Care Assistants to administer vaccinations.
- We reviewed four personnel files and found that 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 (DBS) had been done.
- We reviewed two locum GP files and in one case found that the DBS checks had been done by a previous employer in 2011. The practice confirmed that this had been completed following the inspection.

Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- The practice had up to date fire risk assessments and carried out regular fire drills.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it worked properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Infection prevention control audits were undertaken in line with National Institute for Health and Care Excellence (NICE) guidelines. The most recent audit had been completed in January 2016.
- Most staff had completed pre-employment health checks and received appropriate vaccinations that protected them from exposure to health care associated infections.
- The locum GP files checked had records of having received appropriate vaccinations that protected them from exposure to health care associated infections.
- The practice had undertaken a formal risk assessment for minimising the risk of Legionella (Legionella is a bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was a panic button built in to the practice's computer system which alerted staff to any emergency. The practice policy for opening and closing the building required two members of staff to be present. All staff had been given personalised panic alarms to carry with them.
- All staff had received annual update training in basic life support.
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available in every clinical room.
- The practice had emergency equipment which included oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- An automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm) was kept in the adjoining dental practice and one in the neighbouring library. The practice completed regular checks on equipment and pads for children were available.
- There was a first aid kit and accident book and staff knew where they were located.
- 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. Copies were kept off site and issued to members of staff responsible for opening the building.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice employed a specialist diabetic nurse and evidence seen demonstrated a positive impact on patients. For example; an audit of all diabetic patients exemplified seven patients with significant reductions in blood pressure, cholesterol and glucose levels over a 12 month period.

The practice was aware of the local needs of the population and engaged with the local clinical commissioning group (CCG). For example, the lead GP represented the practice at CCG level.

The practice had a register of six patients with learning disabilities. Annual reviews were completed by the GP.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). QOF results from 2014/15 showed:

- The practice achieved 96.4% of the total number of points available. This was higher than the national average of 93.5% and the CCG average of 92.7%. This performance had improved from the 2013/14 performance of 84.3%
- Clinical exception reporting was 7.2%. This was lower than the national average of 9.2% and CCG average of 9.8%.Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine.

We spoke with the GPs and the practice manager about this performance. They told us that patients were not excluded without authorisation by a clinician.

There had been 10 clinical audits in the last two years. All of these were cyclical audits where the improvements made were implemented and monitored. The audits included a review of antibiotic prescribing. The practice identified that in 2013/14 antibiotic prescribing was significantly higher when benchmarked against other practices both locally and nationally. Through patient education, a delayed prescribing policy for antibiotics and internal communication on prescribing performance, the practice achieved a reduction that brought them in line with the CCG average.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer.

Ante-natal care by community midwives was provided at the practice via an appointment basis.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The nursing team co-ordinated the review of patients with long-term conditions and provided health promotion measures in house.
- GPs had additional training in minor surgery, female health and the implantation of contraceptive devices to provide additional services on site.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- All staff felt supported to develop and had received at least annual appraisals. The practice was involved in developing staff not employed directly by the practice. For example, the practice mentored a local pharmacist through a prescribing course.

Good

Are services effective?

(for example, treatment is effective)

- 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 in-house training.
- The practice secured funding for a phone line given to nursing homes to contact the named GP on a Saturday morning. We saw an audit that reported 16 hospital admissions had been avoided in a three month period in 2015 due to this service being available.
- In 2014 the practice employed the services of a specialist diabetes nurse. The QOF performance indicators for diabetes had improved from 58.3% in 2013/14 to 84.9% in 2014/15.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Notes were provided to the out of hours provider to inform of patient specific details. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

A number of information processes operated to ensure information about patients' care and treatment was shared appropriately:

- The GPs met on a monthly basis to review all patients who had care plans. Outcomes and follow up were coordinated by minutes taken and distributed to all clinical staff.
- The practice team met on a regular basis with other professionals, including palliative care and community nurses, to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital. A register of 2% of the patients had written care plans that were reviewed in these meetings.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

Health promotion and prevention

Practice staff identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs.

- Older patients were offered a comprehensive assessment.
- Patients aged 40 – 74 years of age were invited to attend for a NHS Health Check with the practice healthcare assistant. Any concerns were followed up in a consultation with a GP.
- A smoking cessation service was provided to patients.

The practice had a policy to follow up patients who had not attend their appointment with a GP or nurse at the practice and patients who had not attended an appointment at hospital.

Data from QOF in 2014/15 showed that the practice had identified 12.95% of patients with hypertension (high blood pressure). This was lower than the CCG average of 14.97% and national average of 14.06%.

The practice's uptake for the cervical screening programme was 82.45% which was slightly above both the CCG average of 81.2% and the national average of 81.8%.

Data from 2014, published by Public Health England showed that the number of patients who engaged with national screening programmes was slightly higher than local and national averages.

Good

Are services effective?

(for example, treatment is effective)

- 73% of eligible females aged 50-70 attended screening to detect breast cancer .This was comparable with than the CCG average of 73.2% but higher than the national average of 72.2%.
- 55% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 61.7% and the national average of 58.3%.

The practice provided childhood immunisations and rates were in line with CCG and national averages.

Vaccination rates for uptake of the seasonal flu vaccination were all above national averages and were one the highest in the CCG. The practice had shared how this was achieved with the CCG. The success was attributed to the provision of a flexible walk-in service provided, Saturday morning flu clinics and promotion through the local newspaper. In the latest vaccination programme and as of the end of November 2015 data showed:

- 78.2% of patients aged 65 or over had received the vaccinations. This was higher than the national average of 68.8%.
- 58.8% of patients under 65 who had a health condition that placed them in the 'at risk' group had received the vaccination. This was higher than the national average of 50.69%.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that patients were treated with dignity and respect.

We spoke with three patients during the inspection and collected 36 Care Quality Commission (CQC) comment cards. Patients were very positive about the service they experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care. Comment cards highlighted that the premises were very clean, same day appointments for emergencies were available and that staff were supportive. From December 2014 to December 2015, 97% of patients who completed the friends and family test said they would recommend the practice.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in GP's consulting rooms and in nurse treatment rooms. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. A notice on reception advised patients that a confidential room was available if they wanted to discuss sensitive issues or appeared distressed.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2015. The survey invited 283 patients to submit their views on the practice, a total of 100 forms were returned. This gave a return rate of 35.3%.

The results from the GP national patient survey showed patients were highly satisfied with how they were treated by the GPs and nurses. The practice had satisfaction rates higher than both local and national averages in each of the 23 questions included in the survey. For example:

- 97% said they found the receptionists helpful compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 87%.
- 93% said the last GP they saw or spoke with was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 98% said the last nurse they saw or spoke with was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed a positive patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in July 2015 showed:

- 88% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 82% and national average of 82%.
- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 98% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 86% and national average of 85%.
- 97% 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%.

All of the comments we received from patients were positive about their own involvement in their care and treatment.

Patient/carer support to cope emotionally with care and treatment

The practice had a carer's policy that promoted the care of patients who are carers whenever possible. The policy included the offer of a basic health check to all carers. There was a carer's register that numbered three patients.

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received. For example, a patient wrote on a comment card that the practice always offers an appointment that suited her.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff.

Good

Are services caring?

If a patient experienced bereavement, practice staff told us that they were signposted to services and were supported by a GP visit or telephone call when appropriate. The practice had developed innovative approaches to support patients who had suffered bereavement. For example, to reduce the social isolation of patients who had suffered bereavement, the practice invited bereaved patients to join the practice's singing group. The practice also attended funerals of patients out of respect and to offer support to families. The practice explained this policy was in keeping with their vision to be a practice at the heart of the community.

We saw evidence on the day of inspection that all staff demonstrated a caring approach to patients. For example,

- The GP had secured the discharge of a palliative patient and provided end of life care in the patient's home. Staff told us that elderly patients were offered appointments at times in the day that avoided travelling in the dark.
- The practice had coordinated care for a palliative care patient whilst abroad that required translation services being provided.
- The practice had been involved in a 'promise dreams' project that secured funding for a patient with learning disabilities to have a foreign trip.

Good

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. The practice provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The treatment rooms were all located on the ground floor of the building.
- Baby changing facilities were available and well signposted.
- Internal doors had signs in braille.

The practice regularly worked with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the local alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression.

The healthcare assistant established and ran a diabetes support service for the community. The practice had registered 70 of the 199 patients on the diabetic register with the group. Monthly meetings were held and the average attendance was around 30 patients. This consistently high attendance rate demonstrated that the service was valued by the patients.

The practice nurse organised a 'singing for health' group targeted at helping patients with breathing difficulties. This group had been extended to include patients who had suffered bereavement.

Access to the service

The practice was open from 8am to 6.30pm on a Monday, Tuesday, Thursday and Friday. Extended hours appointments were offered on these days from 6.30pm to 7.15pm. Wednesday was a half day at the practice, open from 8am to 1pm. When the surgery was closed the phone lines were switched to an answering machine message that instructed patients to dial 111 or 999 if it was an emergency. Pre-bookable appointments could be booked up to six weeks in advance and same day urgent appointments were offered each day. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice offered telephone consultations each day. We saw that there were bookable appointments available with GPs within two weeks and with nurses within the next working day. We saw that urgent appointments were available on the day of inspection. Staff and patients told us that the appointment system worked well.

Results from the national GP patient survey published in July 2015 showed significantly higher rates of satisfaction for all indicators when compared to local and national averages.

- 89.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.5% and national average of 74.9%.
- 92.4% of patients said they found it easy to get through to the surgery by telephone compared to the CCG average of 71.1% and national average 73.3%.
- 79.2% of patients felt they did not have to wait too long to be seen compared to the CCG average of 61.4% and national average of 57.7%.
- 91.8% of patients were able to secure an appointment the last time they tried compared to the CCG average of 86% and national average of 85.2%.

The GP and nurses provided care in a patient's home. The nurse told us that chronic disease management was done in the home of all housebound patients. This included immunisations, new patient checks and international normalised ratio (INR) checks (INR is used to monitor patients who are being treated with the blood-thinning medication warfarin). This flexible approach to care provided choice and continuity of care.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and

Good

Are services responsive to people's needs?

(for example, to feedback?)

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.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards, in the practice booklet and on the practice website. A patient information leaflet on complaints was available in the waiting area.

The practice had not received a complaint in the last 12 months. We viewed the practice complaints policy and this stated that any complaint would be acknowledged, investigated and responded to in line with the national guidelines. The practice had a proactive approach to concerns and worked with the patient participation group (PPG) to agree and implement patient centred improvements. For example, the online appointment booking service had been promoted and funding had been secured to offer extended hours during the winter season when the demand for appointments was higher.

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 did not have a formalised business plan, although we saw action plans that detailed future strategy. Staff we spoke with told us that the bi-monthly practice meetings for all staff provided an opportunity for regular communication on the practice strategy. All of the staff we spoke with demonstrated a culture existed that positioned high quality, individualised care of patients at the heart of their work. For example, we saw that the practice had been successful in bringing the service for a palliative patient from a hospital into the patient's home.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and 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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

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

The provider was aware of and complied with the requirements of the Duty of Candour. The GP and practice manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents:

- Affected people were given reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- 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. All staff were involved in discussions about how to run and develop 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 complaints received. There was an established, active PPG that had 12 members and had existed since 2005. The group met on a quarterly basis and assisted with the creation, completion and review of annual patient surveys and the formulation of a resultant action plan. There were examples seen of what the practice had done in 2015 to improve the service through discussion with the PPG. For example:

- The practice introduced dedicated baby changing facilities following a request from the group.
- Good telephone access for patients had been maintained with the promotion of the online appointment system.
- Tai chi classes had started in 2014 after a presentation arranged for the PPG (tai chi is a martial art practiced as a health-promoting exercise).

The practice arranged for speakers to present to the PPG. A recent presentation had been given by the wellbeing service. Regular newsletters were produced quarterly.

Are services well-led?

Good

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

Continuous improvement

The staff we spoke with told us they felt supported to develop professionally and all had received recent appraisals. For example, the healthcare assistant had been upskilled to become the infection control lead and the clinician who provided smoking cessation and weight reduction clinics had received additional training.

Innovation

The practice was involved in a number of pilot schemes. For example, a scheme to audit the quality of hospital admissions.