The Mill Medical Practice

Quality Report

Catteshall Mill
Catteshall Road
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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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Good ●
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

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 The Mill Medical Practice on 12 April 2016. Overall the practice is rated as outstanding.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice participated in the local initiative to improve care for the frail elderly and had very positive feedback from the care homes they looked after.
- Practice nurses ran a clinic for those patients over 75 who did not have any long term conditions. This ensured that this group of patients had proactive care and identified any unmet needs.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment for an urgent matter, for some patients it was harder to make appointments with a named GP.
- An urgent surgery was held every day which enabled ill children to be seen quickly. The practice had developed a template for reviewing unwell children following national guidelines on febrile illness. This included a leaflet for parents explaining what to look out for if a child deteriorates.
- The practice had very good facilities and was well equipped to treat patients and meet their needs.
- The practice had a strategy to promote high levels of care for patients and ran services which were not remunerated because they felt they provided good patient care. For example the ultrasound clinic.

Summary of findings

- 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.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw several areas of outstanding practice:

- The practice provided a wide range of services to improve care for the frail elderly; this included a care coordinator, virtual ward rounds, working with Age UK and the community matron to look after the most vulnerable patients. They provided a very good service for managing elderly patients in the community and the impact of this work was shown in reduced emergency admissions and A&E attendances for over 65 year olds. The practice had the second lowest ambulance conveyance rate per practice in the CCG, with the activity level over a rolling 12 months showing the practice rate to be 93.71 compared to other practices where rates ranged from 88.38 to 198.24. Emergency hospital admissions had reduced by over 4% over the last year and A&E attendance for over 65 year olds had reduced by 6.5% compared to the previous year.
- The leadership of the practice had introduced and developed clinical systems, and shared these widely, to enhance how patients were managed resulting in improved patient care. For example they had developed an individualised care plan for diabetes and shared this with other practices in the clinical commissioning group (CCG). The care plan listed patients' results, explained how to interpret the results and listed individualised targets that the patient and GP had agreed in the consultation. In addition the lead GP was running education sessions on this work which had been highlighted as excellent by the clinical systems provider.
- The practice had increased the number of patients diagnosed and treated for atrial fibrillation by 40% in the last four years through carrying out pulse checks at the annual flu clinics and putting an alert on the clinical system.

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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. At the time of the inspection we found areas where the practice was not following its policies in respect of the frequency of equipment and building checks, these were amended immediately following the inspection and a robust management review process put in place.
- Risks to patients were assessed and well managed.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were better than the national average.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.
- Childhood immunisation rates for the vaccines given were better than the clinical commissioning group (CCG) averages.
- The practice had developed an individualised care plan for diabetes which listed patients' results, explained how to interpret the results and listed individualised targets that the patient and GP had agreed in the consultation. This template has been shared with other practices as an example of good practice.

Summary of findings

- The practice had developed their use of the clinical IT records system to improve diagnosis and draw together good practice and resources for patients. They shared this learning with local practices and the clinical systems provider to spread the use of good practice.
- The practice ran an annual flu clinic on a Saturday in which over 2000 patients were vaccinated in one day. The uptake of flu vaccine was higher than the CCG average for both at risk patients and those over 65 years old.
- The practice used proactive anticipatory care plans to provide coordinated care to their frail patients and this had resulted in reduced hospital admissions and ambulance conveyances for the frail elderly.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care. For example 94% of patients said the GP gave them enough time compared to the clinical commissioning group average of 90% and the national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a history of always treating patients registered with the practice and had worked with patients with disruptive behaviour rather than ask them to leave the practice list.

Are services responsive to people's needs?

Good

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 Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had been an early adopter of the frailty initiative and worked with the CCG and other local practices to share learning and develop service improvements.
- The practice participated in the local initiative to improve care for the frail elderly. Recent data from the CCG showed that the

Summary of findings

practice had made a positive impact and had reduced the number of emergency admissions and A&E attendances for over 65 year olds in the last year. The practice had the second lowest ambulance conveyance rate per practice in the CCG, with the activity level over a rolling 12 months showing the practice rate to be 93.71 compared to other practices where rates ranged from 88.38 to 198.24. Emergency hospital admissions had reduced by over 4% over the last year and A&E attendance for over 65 year olds had reduced by 6.5% compared to the previous year.

- 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.
- 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?

Outstanding ☆

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

- The practice had a clear vision to deliver high quality person centred care delivered with compassion, dignity and respect. The partners drove improvements to the clinical system and other ways of working in the practice to improve the delivery of high quality person centred care.
- 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 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 partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on 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

Outstanding ☆

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. They used the local proactive anticipatory care plan for those patients at risk of unplanned hospital admission which provided a framework for the patient, their family, carers and health care professionals to work together to plan care. The care plan allowed care to be delivered in line with the patient's wishes.
- The practice participated in the local initiative to improve care for the frail elderly. The lead GP attended forum meetings and shared this information with other practice staff. Data from the clinical commissioning group (CCG) showed that the practice had reduced the number of emergency admissions and A&E attendances for over 65 year olds in the last year. The practice had the second lowest ambulance conveyance rates per practice in the CCG.
- The practice identified those patients most at risk of hospital admissions. A care coordinator contacted patients after a discharge to offer assistance and support and updated care plans.
- The lead GP and care coordinator carried out a virtual ward round each week to discuss the most vulnerable patients with the community matron and the Age UK promoting independence coordinator.
- The practice carried out weekly visits at five care homes for older people and feedback from the homes was very positive.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Practice nurses ran a clinic for those patients over 75 who did not have any long term conditions. This ensured that this group of patients had proactive care and identified any unmet needs.

People with long term conditions

Outstanding ☆

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Summary of findings

- 90% of patients on the diabetes register had a record of a foot examination and classification which was better than the national average of 88%.
- The practice ran a weekly diabetic clinic with a specialist nurse and GP, supported by visiting dieticians and podiatrists, providing high quality advice and a wide breadth of treatments for diabetic patients. The practice showed us evidence that they had developed an individualised care plan for diabetes and shared this with other practices in the clinical commissioning group (CCG). The care plan listed patients' results, explained how to interpret the results and listed individualised targets that the patient and GP had agreed in the consultation.
- The practice had increased the number of patients diagnosed and treated for atrial fibrillation by 40% in the last four years through carrying out pulse checks at the annual flu clinics and putting an alert on the clinical system.
- The practice had increased vaccination rates for flu, pneumococcal and shingles for patients in at risk groups significantly using targeted invitations.
- 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 patients 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

Outstanding ☆

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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.
- 80% of eligible female patients had a cervical screening test which was the same as the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- An urgent surgery was held every day which enabled ill children to be seen quickly. The practice had developed a template for reviewing unwell children following national guidelines on febrile illness. This included a leaflet for parents explaining what to look out for if a child deteriorates.
- We saw positive examples of joint working with midwives and health visitors. The doctors attended a quarterly meeting with the health visitors to discuss families who needed extra support.

Working age people (including those recently retired and students)

Outstanding 

The practice is rated as outstanding 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The nurses ran health checks for 40 – 65 year olds and had carried out checks on 21% of this age group in the last 18 months. The nurses offered lifestyle advice and signposted patients to local resources such as exercise on prescription.
- The practice offered early morning appointments from 7.30am for blood tests and asthma reviews and evening telephone consultations with GPs.
- The practice provided implant and intrauterine device fitting contraceptive services. The lead GP for this service trained other GPs and ran local update courses.
- The practice offered an ultrasound service, run by one of the GPs, giving a local convenient service to patients.

People whose circumstances may make them vulnerable

Outstanding 

The practice is rated as outstanding 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 carried out twice weekly visits at a care home for people with epilepsy and learning difficulties, and feedback from the home was very positive. The home told us that the

administration staff were always willing to help the residents and there was a good relationship with the GPs and nurses making it easy to work with them for the benefit of the 75 residents.

- When carrying out annual medicals for learning disability patients the practice used a template which covered a physical, psychological and social check. This gave a baseline level which made it easier for other doctors to assess when patients were unwell or distressed. The annual medical at the care home included information gathered from the resident, their family and care staff, as well as the epilepsy specialist nurse. This multidisciplinary approach enabled the best care to be provided to this vulnerable group.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. An outreach clinic for drug and alcohol support, run by the local mental health trust, was held in the practice weekly giving patients the chance to be seen in a familiar setting.
- 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.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- 97% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average.
- 75% of patients experiencing poor mental health had an agreed care plan, which is worse than the national average of 88%. The practice had identified that this was an issue and had developed an alert on the clinical system to set up a review and a protocol for the doctor to follow in the mental health review.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The GPs held quarterly meetings with the local psychiatrist to review patients whose care was shared between primary and secondary care.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Local counsellors ran sessions for patients on site, making it convenient and less stressful for patients to access this service.
- The practice 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 patients with mental health needs and dementia.
- The practice carried out weekly visits at care homes for people with dementia and feedback from the homes was very positive. The GPs arranged meetings with families to discuss care plans and review care. These meetings took place in the evening when needed.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 242 survey forms were distributed and 124 were returned. This represented 0.8% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received fourteen comment cards which were all positive about the standard of care received. Patients commented on the friendly and polite reception staff who were very helpful. In addition they commented on the fact that they felt confidence and trust in the services provided by the practice.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff treated them with dignity and respect and explained their care and treatment to them. The friends and family test showed that 83% of patients would recommend the practice based on 84 responses over the last 12 months.

Outstanding practice

- The practice provided a wide range of services to improve care for the frail elderly; this included a care coordinator, virtual ward rounds, working with Age UK and the community matron to look after the most vulnerable patients. They provided a very good service for managing elderly patients in the community and the impact of this work was shown in reduced emergency admissions and A&E attendances for over 65 year olds. The practice had the second lowest ambulance conveyance rate per practice in the CCG, with the activity level over a rolling 12 months showing the practice rate to be 93.71 compared to other practices where rates ranged from 88.38 to 198.24.Emergency hospital admissions had reduced by over 4% over the last year and A&E attendance for over 65 year olds had reduced by 6.5% compared to the previous year.
- The leadership of the practice had introduced and developed clinical systems, and shared these widely, to enhance how patients were managed resulting in improved patient care.For example they had developed an individualised care plan for diabetes and shared this with other practices in the clinical commissioning group (CCG). The care plan listed patients' results, explained how to interpret the results and listed individualised targets that the patient and GP had agreed in the consultation. In addition the lead GP was running education sessions on this work which had been highlighted as excellent by the clinical systems provider.
- The practice had increased the number of patients diagnosed and treated for atrial fibrillation by 40% in the last four years through carrying out pulse checks at the annual flu clinics and putting an alert on the clinical system.

The Mill Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to The Mill Medical Practice

The Mill Medical Practice is located in a converted old mill building on the outskirts of Godalming. The building has been adapted to provide easily accessible rooms, with nurse treatment rooms on the ground floor and doctors consulting rooms on the first floor. There is a lift to all floors and practice administration is carried out on the second floor.

The practice operates from:

The Mill Medical Practice

Catteshall Mill

Catteshall Road

Godalming

GU7 1JW

There are approximately 15,600 patients registered at the practice. Statistics show very little income deprivation among the registered population. The population is predominantly white British (82%), with the next largest groups being other white background (8%). The registered population is lower than average for 20-29 year olds, and higher than average for those aged 85 and above.

The practice has nine partners and two salaried GPs (four male and seven female). Four of the doctors work full time and the other seven work part time. There are five practice nurses and two health care assistants.

The practice is a training practice and there are regularly GP trainees working in the practice.

The practice is open from 7.30am to 6.30pm from Monday to Friday. Appointments are from 8am to 12pm and 3pm to 6pm. In addition the practice offers extended hours opening with appointments from 7.30am for blood tests and from 6.30pm to 7.20pm each weekday evening for telephone consultations with a GP. Patients can book appointments in person, by phone or on line.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

Why we carried out this inspection

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.

Detailed findings

How we carried out this inspection

Before visiting, 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 12 April 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice nurses, healthcare assistant, practice manager, administrators, receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there had been an incident where access to end of life medicines was delayed and as a result the practice had developed a protocol to help in the preparation of prescriptions and associated charts for end of life patients. The practice had worked with local pharmacies to ensure that the medicines required were readily available and discussed the procedures with the district nursing team.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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 prescription forms and 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found that all appropriate recruitment checks had been undertaken prior to employment except in one case where there was only one written reference received.

Monitoring risks to patients

Good

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives, although one of the names was out of date. The practice had up to date fire risk assessments and carried out fire drills, and had just implemented a policy of logging when the fire drills occurred together with any learning from these drills. All clinical equipment was checked to ensure it was working properly. We saw that portable electrical equipment had been checked in June 2014 to ensure the equipment was safe to use however the checks were due to be repeated in June 2015. The practice stated that it was in the process of reviewing the frequency of checks but had not updated its policy or the test labels on the equipment to reflect this. Immediately after the inspection the practice sent us an updated policy which showed that they had a two year cycle of checking portable equipment. 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice had established a system of water monitoring for legionella on a monthly basis as a result of a legionella review.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and staff were multiskilled to cover a number of different roles.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available on the emergency trolley in the reception area.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for key staff.

Outstanding ☆

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 practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 recent published results were 98% of the total number of points available, with 7.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average. 90% of patients on the diabetes register had a record of a foot examination and classification which was better than the national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average (practice 86%, national 84%).
- Performance for mental health related indicators was mixed. 75% of patients experiencing poor mental health had an agreed care plan, which is worse than the national average of 88%. The practice had identified that this was an issue and had developed an alert on the clinical system to set up a review and a protocol for the doctor to follow in the mental health review. The percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months was 94% which is the same as the national average. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 97% which is better than the national average of 84%.

In addition we saw that the practice had increased vaccination rates for flu, pneumococcal and shingles to significantly above the clinical commissioning group (CCG) average by sending individualised letters to patients encouraging them to have the relevant vaccinations and running a Saturday morning flu clinic. For example the number of patients in the flu at risk groups who were vaccinated by the practice was 59% compared to the CCG average of 45%, and for pneumococcal at risk groups was 82% for the practice compared to the CCG average of 61%.

There was evidence of quality improvement including clinical audit.

- There had been over nine clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included developing a flowchart and template for emergency contraception to encourage GPs to offer patients long acting reversible contraception. This template included links to patient information leaflets and prompts to encourage good practice. The practice audit showed that there had been an improvement of over 30% in the number of patients who were offered a long acting reversible contraception as emergency contraception.

Information about patients' outcomes was used to make improvements such as the development of an individualised care plan for diabetes. The care plan listed patients' results, explained how to interpret the results and listed individualised targets that the patient and GP had agreed in the consultation. This care plan was reviewed once a year at a care planning consultation and the patient

took away a copy of their care plan. This template has been shared with other practices through the quarterly diabetes shared care meetings, and with the clinical system provider as an example of good practice.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and for health care assistants undertaking specific procedures such as ear syringing.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The assistant practice manager kept a comprehensive spreadsheet of training required and dates when training was completed, giving a clear overview of all training requirements.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had developed their use of the clinical IT records system significantly and shared their learning on this with other practices. The lead GP had been asked by the clinical system provider to speak at a national conference to highlight how they had used the system to provide better patient care and save time in practice. The system provider stated that the work the practice had done on designing protocols and work on improving vaccination rates was brilliant and quite unique. In addition the lead GP had given lectures at GP update courses on making the most of the clinical system. The office managers also visited other practices to help them understand how to use the clinical system effectively.
- The developments with the clinical system all contributed to improved diagnosis, better patient care and drew together good practice and resources for patients. Examples include developing templates for emergency contraception which encouraged best practice, allowed for patient leaflets to be printed, produced prescriptions with the correct advice on when to start taking the medicine, and increased the number of patients offered a copper coil as emergency contraceptive from 16% to 43%.
- The template for upper respiratory tract infection allowed doctors to print patient information leaflets in consultations to help patients understand their condition, promote self-care and support the use of delayed scripts for antibiotics. Since the introduction of this template antibiotic prescribing has reduced.
- A template for deep vein thrombosis (DVT) had been developed which allowed for a score to be calculated for risk stratification. The template allowed for a referral to be generated which auto populated all the required information, saving time and increasing accuracy. There was also a hyperlink summarising correct management and medicine required. This template, along with others, was shared with other practices and the CCG.

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice carried out twice weekly visits at a care home for people with epilepsy and learning difficulties, with 75 residents. Feedback from the home was very positive. The home told us that the administration staff were always willing to help the residents and there was a good relationship with the GPs and nurses making it easy to work with them for the benefit of the residents.

When carrying out annual medicals for learning disability patients the practice used a template which covered a physical, psychological and social check. This gave a baseline level which made it easier for other doctors to assess when patients were unwell or distressed. The annual medical included information gathered from the resident, their family and care staff, as well as the epilepsy specialist nurse. This multidisciplinary approach enabled the best care to be provided to this vulnerable group.

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 patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from practice nurses.
- Counselling services and physiotherapy were available on the practice site, which was an advantage to patients to be seen in familiar surroundings and not have a long journey to the hospital.
- The practice ran an annual flu clinic on a Saturday in which over 2000 patients were vaccinated. The practice team worked together to achieve these results effectively in one morning and patient feedback was very positive of how efficiently the clinic was run. The uptake of flu vaccine was higher than the CCG average for both at risk patients and those over 65 years old.
- The practice had developed a protocol, in conjunction with another local practice, which streamlined the process for issuing drug charts and prescriptions for patients requiring end of life medicines. The had been approved by the community trust who employed the district nurses who administered the medicines. The practice had agreed with local pharmacies which medicines they would stock to ensure availability of such medicines at a crucial time, including out of hours. This improvement had enabled better access to medicines and made a difficult process much easier for doctors to follow, reducing the risk of error and delay.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that 69% of patients had been screened for breast cancer in the last 36 months compared to a national average of 72%. 64% of patients aged 60-69 had been screened for bowel cancer compared to a national average of 58% in the last 30 months.

Childhood immunisation rates for the vaccines given were better than the CCG averages. For example, childhood immunisation rates for the vaccines given to under two

Outstanding ☆

Are services effective?

(for example, treatment is effective)

year olds ranged from 83% to 94%, compared to 73% to 88% in the CCG, and for five year olds ranged from 83% to 94% for the practice compared to 73% to 90%. The practice worked closely with parents and health visitors to care for babies and children.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied 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.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 were in line with local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that they had very few patients who did not have English as a first language; however they were aware that translation services were available for these patients.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

Good

Are services caring?

a number of support groups and organisations. Information about support groups was also available on the practice website. The practice was piloting a self-help area with a computer for patients to access information on social and health care matters from a local advisory group.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 228 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP wrote to them to offer support.

The practice had a history of always treating patients registered with the practice and had worked with patients with disruptive behaviour rather than ask them to leave the practice list.

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 was an early adopter of new ways of working with the frail elderly, working with the patient, family, carers and other health care professionals to plan care and anticipate needs. They had received a clinical excellence award from the clinical commissioning group (CCG) for their work in the frailty project in December 2014. Statistics from the CCG showed the effectiveness of the frailty initiative. There was a reduction in ambulance conveyances with the activity level over a rolling 12 months showing the second lowest rate for the CCG of 93.71 (compared to other practices where rates ranged from 88.38 to 198.24). Emergency hospital admissions had reduced by over 4% over the last year and A&E attendance for over 65 year olds had reduced by 6.5% compared to the previous year. This was due to the proactive anticipatory care plans, meetings with the ambulance service, improved communication with and education of the local nursing homes, providing standby antibiotics for patients with urinary tract infections and rescue packs for patients with chronic obstructive pulmonary disease (COPD).

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When carrying out annual medicals for learning disability patients the practice used a template which covered a physical, psychological and social check. This gave a baseline level which made it easier for other doctors to assess when patients were unwell or distressed. The annual medical included information gathered from the resident, their family and care staff, as well as the epilepsy specialist nurse. This multidisciplinary approach enabled the best care to be provided to this vulnerable group.

- The practice offered early morning appointments for blood tests and asthma reviews and evening telephone consultations with GPs for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and patients with urgent medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop, baby changing and translation services available.
- The practice had a lift and automatic doors to improve access. Patients who did not want to use the lift could be seen on the ground floor.
- The practice ran clinics at two local boarding schools and supported staff and pupils at these schools with their medical care. GPs provided 24 hour support to the nursing staff at the schools and offered sports medicine and psychological support to over 700 pupils.
- The practice ran an ultrasound clinic for patients once a week using an ultrasound machine which had been purchased by the patient participation group. This service was not remunerated but was a result of joint working with the patients to address local need. The GP who runs the service was supported by a consultant radiologist from the local hospital. Any abnormal results were discussed with the consultant and a management plan agreed. Patient feedback showed they appreciated the short waiting time and ease of access to this service.

Access to the service

The practice was open between 7.30am and 6.30pm Monday to Friday. Appointments were from 8am to 12 noon every morning and 3pm to 6pm daily. Extended hours appointments were offered from 7.30am to 8am for blood tests on weekdays and from 6.30pm to 7.20pm each weekday evening for telephone consultations with a GP. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 75%.
- 66% of patients said they usually get to see or speak to the GP they prefer compared to the CCG average 63% and national average of 59%.
- 61% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.

The practice had reviewed their appointment system and telephone access and had made changes to these to handle the increased demand. They offered on line booking, an automated phone system after 6.30pm and telephone access, with a queuing system, from 8am to 6.30pm. They had increased the number of appointments available each week by adding early morning appointments and more telephone appointments, and were recruiting a new GP. People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling 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 there was some information available to help patients understand the complaints system such as a patient leaflet.

We looked at 46 complaints received in the last 12 months and found these were well handled. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient complained that they had been sent a letter for a pre–school immunisation, when they were clearly not in this target group. The practice found that this was due to a mix up with another patient with a similar name and admin staff were reminded to double check names and date of birth. The practice manager spoke to the patient to apologise and explain what had happened.

Are services well-led?

Outstanding ☆

(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 person centred care delivered with compassion, dignity and respect. The partners drove improvements to the clinical system and other ways of working in the practice to improve the delivery of high quality person centred care.

- The practice had recently recruited two new partners and invested in promoting the partnership model of general practice.
- The practice prioritised sharing their knowledge both within the practice and externally with other practices and the CCG.
- There were clear management responsibilities with GPs leading in different areas.
- The practice had a strategy to promote high levels of care for patients and ran services which were not renumerated because they felt they provided good patient care. For example the ultrasound clinic and over 75s clinic.
- The partners and practice manager held away days annually to develop strategy and plan for the future, particularly in light of new housing being built in the practice area.

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 was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. In some cases, following staff changes, the arrangements were not being followed exactly in line with written policy. The practice took immediate action to address this when the matter was raised with them.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people 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 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were 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.
- There was a culture of team work in the practice which all the staff we spoke to said was very positive.

Are services well-led?

Outstanding ☆

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

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. The PPG had recently changed to being a virtual group in order to encourage a wider range of views. The PPG gave input to patient surveys and had recently given input to the practice regarding the proposed reduction in the practice boundary. The PPG had discussed improvements with the practice management team and supported the change to increasing the size of the reception desk area, making it easier for patients be seen.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- Administration staff who had developed expertise visited other practices to train them in the coordinator role in admissions avoidance and advanced use of the clinical IT system.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had been an early adopter of the frailty initiative and worked with the CCG and other local practices to share learning and develop service improvements which had resulted in significant improvement in patient care for older people. The lead GP for IT had developed many innovative ways of improving the use of the clinical system to enable a more thorough and consistent approach to patient care, and provide better patient education. He visited other practices to share learning on getting the most from the clinical system and was speaking at a national conference attended by GPs from across the country. Other staff in the practice also shared their expertise in the clinical system with other local practices to maximise the use of this system to provide more efficient and effective patient care. The practice hosted educational events for local GPs, for example a GP specialising in dermatology trained GPs how to use the new dermatoscope.