

Welton Family Health Centre

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		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 Welton Family Health Centre on 12 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. The practice held a risk register.
- 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 patient doctor association (PDA) provided a health transport service for patients of the practice which had been running for approximately 20 years. This service consisted of 31 voluntary drivers, not all drivers were patients of the practice however, this service was provided only for patients of the practice.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Childhood immunisation rates for the vaccinations given were higher than CCG/national averages.
- Welton Family Health Centre was a training practice and delivered training to GP Registrars. (A GP Registrar is a fully qualified Doctor who is training to become a GP).

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.
- Address the issues highlighted in the national GP survey in order to improve patient satisfaction in relation to appointment access.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

The areas where the provider should make improvement are:

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The practice held a risk register.
- There was evidence of appraisals and personal development plans for all staff.
- Clinical and dispensary staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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.
- If families had suffered bereavement, their usual GP contacted the bereaved family member/s or carer of the deceased patient and offered an appointment at a convenient time and access to bereavement services.
- The practice had a carers register in place and written information was available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- The practice had access to 'Language Line' interpreter services for patients whose first language was not English.
- The practice offered on-line services for patients which included ordering repeat prescriptions, booking routine appointments and viewing patient summary care records.

Are services well-led?

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

Good



- The practice 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 it.

Summary of findings

- 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

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Good



People with long term conditions

The practice is rated as good 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.
- Performance for diabetes related indicators was 100% which was higher than the national average of 90%. Exception reporting rate was 7% which was lower than the CCG average of 10%.
- 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 multi-disciplinary package of care.

Good



Families, children and young people

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 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.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 84%, which was higher than the CCG average of 78% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% and five year olds from 93% to 96%.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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 practice provided on-line services for patients such as to book routine appointments, ordering repeat prescriptions and access to patient summary care records.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was 100% which was higher than the national average of 82%. Exception reporting rate was 2.5% which was lower than the CCG average of 15% and the national average of 11%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 219 survey forms were distributed and 117 were returned. This represented 2% of the practice's patient list.

- 76% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 73%.
- 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and 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 15 comment cards which were all positive about the standard of care received. Patients told us that staff were approachable, caring and that they were treated with dignity and respect. Patients also told us they felt involved in decisions about their care.

We spoke with two patients during the inspection. We also spoke with two members of the patient doctor association. All of these patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, some patients told us that they would prefer to be informed when clinics are running late to ensure they are aware they may need to wait longer to be seen for their appointment.

The practice collected friends and family test feedback however, the overall results were not available at the time of our inspection to tell us the percentage of patients who had responded to say they would recommend this practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Address the issues highlighted in the national GP survey in order to improve patient satisfaction in relation to appointment access.

Welton Family Health Centre

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 advisor, a practice manager specialist advisor and a medicines inspector.

Background to Welton Family Health Centre

Welton Family Health Centre is situated in the village of Welton in a rural area. The practice provides primary medical services to approximately 9,342 patients covering an area of approximately 135 square miles. The practice is located in converted premises with limited car parking available and all areas of the practice are accessible to people using wheelchairs and those with other disabilities. The patient area is on the ground floor with suitable access for patients. The practice has an on-site dispensary. Alternatively for those patients who are not eligible to receive their medication at the medical practice there are a number of pharmacies within the area.

The practice provides services to patients who reside in one nursing home and one residential home for patients with learning disabilities in the surrounding area.

It is located within the area covered by Lincolnshire West Clinical Commissioning Group (CCG). It is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; maternity and midwifery services and surgical procedures.

At the time of our inspection, the practice employed four GP partners, two salaried GPs, one GP registrar and one

locum GP. At the time of our inspection the practice were considering advertising for one additional GP partner. The practice also employed a nurse lead, four practice nurses, one health care assistant (HCA), three phlebotomists, a dispensary manager and a team of dispensers, administration, secretarial and reception staff who were supported by a practice manager and an acting practice manager who was covering a period of long term, planned absence.

The practice is open from 8am until 6.30pm Monday to Friday. Appointments are available between these times. The practice offers extended hours appointments on a Monday until 8pm and a Wednesday until 7pm with both GPs and practice nurses.

The practice has a General Medical Services (GMS) contract which is a contract between the GP partners and the CCG under delegated responsibilities from NHS England.

The practice has a higher number of patients between the ages of 40 and 74 years of age and 50% of patients have a long standing health condition compared to the national average of 56%.

The practice provides on-line services for patients such as to book routine appointments, ordering repeat prescriptions and access to patient summary care records.

Welton Family Health Centre is a training practice with two GP trainers in post who deliver training to GP Registrars. A GP registrar is a fully qualified doctor who is training to become a GP.

The practice is part of a federation called 'Imp Healthcare'.

When the surgery is closed GP out-of-hours services are provided by provided by Lincolnshire Community Health Services NHS Trust which can be contacted via NHS111.

Detailed findings

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.

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 September 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice manager, a nurse team leader, reception team leader, two practice nurses, a dispensary manager, dispensary staff and members of the reception and administration team.
- Spoke with patients and members of the patient doctor association 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 15 CQC comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- 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.
- During our inspection we reviewed two SEAs which also included events in relation to the dispensary. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that a thorough analysis was carried out of all SEAs reported and lessons were shared and action was taken to improve safety in the practice. For example, one SEA we looked at was in relation to a delayed two week wait urgent referral for suspected cancer. As a result of this incident, the practice reviewed its processes to ensure that all two week wait referrals were followed up within the two week time frame by a member of the practice team to ensure all patients had received an appointment by the relevant hospital department. The practice held a record of all significant events reported which included details of any actions taken and lessons learned as a result. This register contained 39 significant events reported within the past 12 months. The practice also held a separate log of all SEAs which were in relation to the dispensary. The practice also carried out a significant event analysis identified from complaints received which constituted this. Significant events were

discussed in regular multi-disciplinary team meetings. The CCG had introduced and the practice participated in the use of an electronic system called Datix for reporting and recording significant events.

- Clinical and dispensary staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts were coordinated and disseminated to the practice team by the practice manager. Staff we spoke with were able to tell us about recent alerts received. We saw numerous examples of these alerts and actions taken as a result during our inspection which showed that an effective system was in place. We saw evidence that members of staff were required to sign alerts when they had been received and acted upon.

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 practice held monthly safeguarding meetings and reviewed vulnerable adults and children. We looked at meeting minutes during our inspection and saw that the last meeting had taken place in August 2016. 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 3. Practice nurses were trained to level 3.
- 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.

Are services safe?

(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. We saw an action plan which had been carried out in May 2016 which included details of evidence of compliance and a named responsible person.
 - Suitable processes were in place for the storage, handling and collection of clinical waste. However, the locked clinical waste bin was observed to be accessible by members of the public, immediately following our inspection, we received evidence to confirm that the clinical waste bin had been secured.
 - The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
 - The practice carried out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC).
 - 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. We observed a system in place to record blank prescriptions in and out of stock, however this system did not detail which room these forms and pads had been issued to.
- This system required review. Immediately following our inspection, we were provided with evidence that this system had been reviewed and a new system implemented for all blank prescriptions both within the practice and within the dispensary to ensure their security.
- 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.
 - There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
 - The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys were held securely. There were also arrangements in place for the destruction of controlled drugs.
 - There were a range of standard operating procedures (SOPs) for the staff responsible for dispensing medicines. SOPs are documents that explain a procedure for staff to follow. (These help to ensure all staff members work in a consistent and safe way. All SOPs had been reviewed on a regular basis). During our inspection, we observed that not all members of staff working within the dispensary had manually signed all SOPs. Immediately following our inspection, we were provided with evidence of a revised process which had been implemented to ensure all dispensary staff signed all SOPs both manually and electronically via the practice intranet.
 - Processes were in place to check that all medicines in the dispensary were within their expiry date and

Are services safe?

suitable for use. We saw evidence of regular checks being undertaken. We checked numerous medicines during our inspection within the dispensary and all were within their expiry date.

- Expired and unwanted medicines were disposed of in accordance with waste regulations, and there was a procedure in place to ensure dispensary stock was within expiry date, all stock we checked was in date. Dispensary staff told us about procedures for monitoring prescriptions that had not been collected. There was a system in place for the management of repeat prescriptions.
- Staff kept a 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary) which meant they would be able to identify trends and patterns in frequent errors and take steps to avoid these. Significant events involving medicines were recorded, the practice had acted to adequately investigate these incidents or review dispensing practices to prevent reoccurrence. We saw records relating to recent medicine safety alerts, and action taken in response to them.
- During our inspection, we observed that all vaccinations and immunisations were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place which had been reviewed regularly. (cold chain is the maintenance of refrigerated temperatures for vaccines). We observed that vaccination fridges also had a temperature data logger device installed to supplement the minimum/maximum temperature thermometers used by dispensary staff to record temperatures on a daily basis.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

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

reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We observed that electrical safety checks had last been carried out in September 2016 and calibration of clinical equipment had been carried out in January 2016. 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).

- 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.

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 in the treatment room.
- 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. However, we observed that adrenaline was not held in the GP emergency case used for home visits. We were told that supplies of adrenaline would be accessed from elsewhere in the practice and that adrenaline would be included in the GP emergency case used for home visits and that this would be rectified immediately. Immediately following our inspection, the practice provided evidence to confirm that Adrenaline had been purchased for the GP emergency case.

Are services safe?

- The practice had a comprehensive business continuity plan in place which had last been reviewed and updated in September 2016. This plan was for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 and NICE updates were discussed in monthly meetings. 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 100% of the total number of points available. Overall exception reporting rate was 5.9%. (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 2015-16 showed:

- Performance for diabetes related indicators was 100% which was higher than the national average of 90%. Exception reporting rate was 7% which was lower than the CCG average of 10%.
- Performance for mental health related indicators was 100% which was higher than the national average of 82%. Exception reporting rate was 2.5% which was lower than the CCG average of 15% and the national average of 11%.

There was evidence of quality improvement including clinical audit.

- The practice had an ongoing clinical audit programme in place. We looked at various clinical audits which included two full cycle audits which had been carried out. For example, one audit we looked at was an audit of antibiotic prescribing rates. This audit was carried out as the practice had identified an increase in the prescribing of antibiotics and included an audit of prescribing rates for all GPs in the practice over a ten month period. The practice also carried out this audit in response to concerns raised nationally regarding the risks of antimicrobial resistance in the use of antibiotics. A second audit showed a significant reduction in antibiotic prescribing rates for all GPs in the practice.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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. One practice nurse we spoke with had completed a Diploma in the management of asthma.
- 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. A recently employed HCA had commenced the 'Care Certificate' training programme. (The Care Certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care). This included

Are services effective?

(for example, treatment is effective)

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.

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.

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.

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. Members of staff had received Mental Capacity Act training (MCA) and also Deprivation of Liberty Standards training (DoLS). 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.
- Dietary and smoking cessation advice was available for patients in the practice from trained nursing staff.

The practice's uptake for the cervical screening programme was 84%, which was higher than the CCG average of 78% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 72% of female patient aged 50-70 years of age had attended for breast cancer screening within six months of invitation months compared to the CCG average of 73% and the national average of 73%. 67% of patients aged 60-69 years of age had been screened for bowel cancer within six months of invitation compared to the CCG average of 61% and the national average of 56%. There were failsafe 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% and five year olds from 93% to 96%.

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.

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 15 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 two members of the patient doctor association (PDA). 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:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 97% 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%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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:

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

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

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 a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 123 patients as carers (1.3% 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 contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 offered extended hours appointments on a Monday until 8pm and a Wednesday until 7pm with both GPs and practice nurses 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 those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were comparable to local and national averages with the exception of those results in relation to the ability to get an appointment to see or speak to someone.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

- 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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. The practice had a complaints policy in place and information was available to patients to advise them on how to make a complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, a complaints leaflet was available for patients in the reception area.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. All complaints we looked at received a formal written response which included details of any investigations undertaken and an apology where necessary. The practice held a register of complaints received and carried out a significant event analysis on complaints which required this.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement in place “to maintain and improve the health of people who live locally, providing high quality healthcare services which are flexible and responsive to their assessed needs in a friendly, professional and efficient manner, working with a team approach”. Staff we spoke with knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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 robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 had a programme of regular meetings in place such as regular team meetings, clinical, partnership, safeguarding and multi-disciplinary team meetings to review the care and needs of patients. The practice also held monthly meetings to review the needs of palliative care patients.
- 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.

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 and doctors association (PDA) and through surveys and complaints received. During our inspection, we spoke with two members of the PDA. The PDA met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PDA provided a

Are services well-led?

Good 

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

health transport service for patients of the practice which had been running for approximately 20 years. The service consisted of 31 voluntary drivers, not all drivers were patients of the practice however, this service was provided only for patients of the practice. This service provided transport for patients to their hospital outpatient appointments and other appointments such as dental, local exercise classes and those who wished to visit friends and relatives in hospital. Patients were required to pay a fee for this service. In the period October 2015 to June 2016, a total of 1,247 journeys had been carried out. All drivers had a DBS check in place and there was a process in place to ensure regular driving licence and vehicle insurance checks were carried out. The PDA also carried out regular fund raising which had contributed towards the purchase of various items for the practice for the benefit of patients. For example, a visual call board within the patient waiting area to call patients through for their appointment, replacement chairs for the patient waiting

area and items of clinical equipment such as a consulting couch, ear irrigators and thermometers for the vaccination fridges. The PDA had submitted three successful funding bids to purchase wheelchairs which were available for hire by patients of the practice. Members of the PDA had also taken part in wheelchair handling training.

- 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.

Continuous improvement

There was a 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.