

Cape Road Surgery

Quality Report

3 Cape Road
Warwick
Warwickshire
CV34 4JP

Tel: 01926 499 988

Website: www.caperoadsurgery.co.uk

Date of inspection visit: 05/07/2016

Date of publication: 21/12/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Cape Road Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cape Road Surgery on 5 July 2016. Overall the practice is rated as good.

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

- The practice had a suitable system to report and record significant events.
- Procedures were in place for monitoring and managing risks to patient and staff safety.
- The practice delivered care in line with relevant and current evidence based guidance and standards. Systems were in place to keep all clinical staff up to date with current guidelines.
- Practice staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff were accommodating and courteous to patients, treating them with dignity and respect.
- Material about services available was accessible in simple formats that could be easily understood.

- Patient comment cards informed us that people were able to get appointments when they needed them.
- The practice had a vision to maintain their patients' health throughout their lives using traditional personalised care. There were values in place of openness, fairness, respect and accountability.
- The leadership structure helped to ensure that staff were adequately supported by management. There were regular team meetings involving all staff which provided an opportunity to raise any issues. The partners and practice manager were open with staff and made time to deal with concerns.
- Systems were in place to ensure the practice complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Blank prescription forms should be monitored during use.

Summary of findings

- Measures should be implemented to identify and record the collection of prescriptions for controlled drugs, and to record the destruction of prescriptions not collected.
- The provider should satisfy itself that staff follow nationally recognised guidance when undertaking chaperoning duties.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had a suitable system to report and record significant events.
- Lessons learned as a result of significant events were shared with practice staff and reviewed annually to confirm that action had been taken to improve safety in the practice.
- The practice manager made contact with patients affected by significant events to offer an apology and discuss the outcome.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, the practice carried out prescribing audits of medicines to ensure they followed best practice guidelines for safety.
- All staff had received training on safeguarding children and vulnerable adults relevant to their role and demonstrated they understood their responsibilities.
- Procedures were in place for monitoring and managing risks to patient and staff safety. We saw evidence that risk assessments and tests of equipment on the premises were up to date.
- Blank prescription forms and pads were stored securely. There were systems in place to monitor the use of pads and boxed forms, but forms were not monitored after being removed from boxes.
- There were no measures in place to identify and record who collected prescriptions for controlled drugs from the practice. There was also no system to record which prescriptions were destroyed due to non-collection.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice delivered care in line with relevant and current evidence based guidance and standards. Systems were in place to keep all clinical staff up to date with current guidelines.
- Information collected for the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with national averages.
- The practice took a proactive approach to quality improvement. Staff used an extensive clinical audit programme to identify areas for development and demonstrate positive changes.

Summary of findings

- Practice staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had an annual appraisal and regular protected learning time. The practice encouraged employees to attend study days and share learning with the rest of the team.
- Staff coordinated with other health care professionals to offer continuity of care.
- All staff who acted as chaperones had received training for the role as well as a Disclosure and Barring Service (DBS) check. During the inspection it was identified that non-clinical staff were routinely standing outside the privacy curtain when carrying out chaperoning duties.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Staff were accommodating and courteous to patients, treating them with dignity and respect.
- Results from the national GP patient survey showed that the practice's satisfaction scores were higher than average for consultations with GPs and nurses. Patients were happy with how they were treated by practice staff.
- Staff provided patients with the information they needed to make decisions about their care and treatment.
- Material about services available was accessible in simple formats that could be easily understood.
- The practice took steps to identify and assist patients who required support to help them cope emotionally with care and treatment.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The 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.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages.
- Patient comment cards informed us that people were able to get appointments when they needed them.
- Facilities and protocols were in place to meet the needs of patients with a range of conditions.
- The practice provided a leaflet explaining the patient complaints procedure which was displayed on the reception

Summary of findings

desk. There was a designated complaints lead and learning from complaints was shared with staff. We reviewed complaints recorded over the previous 12 months and saw that these had been properly dealt with.

Are services well-led?

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

- The practice had a vision to maintain their patients' health throughout their lives using traditional personalised care. There were values in place of openness, fairness, respect and accountability.
- The leadership structure helped to ensure that staff were adequately supported by management. There were regular team meetings involving all staff which provided an opportunity to raise any issues.
- Policies and procedures had been effectively implemented and there were arrangements to monitor and improve quality and identify risk.
- Systems in place to ensure the practice complied with the requirements of the duty of candour. The partners and practice manager were open with staff and made time to deal with concerns.
- Notifiable safety incidents were properly managed and information was shared with staff to ensure the necessary action was taken.
- The practice encouraged and valued feedback from patients, the public and staff.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- Care was tailored to meet the needs of the older people in the practice population.
- GPs made home visits to older patients who had difficulty attending the practice. Home visits were also available for older people to receive the flu vaccination.
- Same day appointments were available for older people whose health required an urgent consultation.
- The practice engaged with an Age UK coordinator to support older people. Health checks were offered to patients aged over 75 to identify health problems or areas where further support may be required.
- The GPs and nurse practitioner had completed training in frailty to help identify and support older people whose health was deteriorating.

Good



People with long term conditions

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

- The practice nursing team offered a range of chronic disease clinics. The nurse team maintained its competence in chronic disease management by attending regular training on specific conditions such as diabetes and asthma.
- The practice maintained registers for patients with a number of long term conditions. Registers were used to monitor and improve care, for example by identifying when patients were due for annual reviews.
- The practice offered support and signposted services to those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice held monthly meetings with the district nurses and community matron to discuss patients receiving treatment, and also carried out reviews of unplanned admissions.
- One of the partners had attended training in advanced care planning and end of life care. This had helped the practice to offer a better service to those approaching the end of life.

Good



Families, children and young people

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

Good



Summary of findings

- The practice had a high uptake of childhood immunisations, with many achieving a completion rate of 100%. The practice contacted any patients who did not attend for childhood immunisations and liaised with Child Health Services.
- Same day appointments were available for children, as were appointments outside of school hours. The premises were suitable for children and babies.
- The practice used an alert system to ensure staff were aware of any safeguarding concerns regarding children. There was a lead GP for children's safeguarding who liaised with health visitors to discuss any concerns.

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 practice offered appointments during extended hours on Monday evenings and every fifth week on a Saturday morning instead. This helped to ensure that appointments were accessible to those patients who had difficulty attending the practice during working hours.
- Patients were able to access appointment booking and repeat prescription ordering online.
- Clinical staff offered telephone appointments for the convenience of working aged patients.
- The practice provided health promotion and screening to accommodate this age group. For example, health checks for patients aged over 40 were available.

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 had several homeless patients registered, and liaised with social services regarding their needs. Homeless patients were reviewed flexibly as and when required, as their circumstances meant they were not always contactable or able to book and maintain appointments.
- Longer appointments were available for patients with a learning disability.
- There was disabled access, a hearing loop and information about available translation services was displayed in the patient waiting area.

Good



Summary of findings

- The practice held a registers of a number of circumstances that may make patients vulnerable. For instance, there was a carers register and alerts informed staff if a patient was also a carer. The registers were used to manage and offer support to patients.
- Staff had received safeguarding training and knew how to recognise signs of abuse in children and adults.

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).

- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was significantly higher than the CCG average of 85% and the national average of 84%.
- 87% of patients experiencing poor mental health had their alcohol consumption recorded in the previous year, which was slightly lower than the CCG average of 93% and the national average of 90%.
- Patients experiencing poor mental health were given information about how to access support groups and voluntary organisations. For example, Improving Access to Psychological Therapies counsellors held clinics at the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example, the practice held a quarterly mental health team meeting which was attended by the community psychiatric nurse and psychiatrist.
- The practice maintained a mental health register and performed physical and mental health annual reviews for these patients.

Good



Summary of findings

What people who use the service say

The national GP patient survey results at the time of our visit were published on 7 January 2016. The results showed the practice was performing above local and national averages. There were 233 survey forms distributed and 111 were returned. This represented 2% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 78% and the national average of 73%.
- 83% 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 81% and national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and the national average of 85%.
- 96% 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 86% 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 43 comment cards, 42 of which were positive about the standard of care received. Patients commented that staff were helpful and friendly. They said the practice provided an excellent service and GPs were thorough in investigating concerns.

We spoke with three patients during the inspection who were also members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. The patients were all very positive about the service they received. They expressed satisfaction with all elements of the practice and commented particularly on the helpfulness of the staff.

The practice had patients in one local care home which we contacted for feedback. Staff at the care home told us that the practice provided a very thorough and responsive service. One example was described where a GP had visited a patient approaching the end of their life every other day to help ensure they were comfortable and supported.

Areas for improvement

Action the service **SHOULD** take to improve

- Blank prescription forms should be monitored during use.
- Measures should be implemented to identify and record the collection of prescriptions for controlled drugs, and to record the destruction of prescriptions not collected.
- The provider should satisfy itself that staff follow nationally recognised guidance when undertaking chaperoning duties.

Cape Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Cape Road Surgery

Cape Road Surgery provides primary healthcare services to patients in Warwick and the surrounding villages of Leek Wootton, Haseley, Hatton, Budbrooke, Hampton Magna, Hampton-on-the-Hill, Norton Lindsay, Sherbourne and Barford. The practice has a General Medical Services (GMS) contract with NHS England. The practice is based in Warwick town centre in a converted townhouse which has been extended to better suit this purpose. Disabled access is accommodated by an entrance ramp, ground floor consultation rooms and a disabled toilet. There is no parking attached to the practice and there is limited parking available in the surrounding area due to its town centre location.

Cape Road Surgery has a patient list size of approximately 4,622 including some patients who live in one local care home. A higher than average percentage of the practice's patient group are between 40 and 80 years of age, and a lower than average number are young families. There is a low level of social deprivation within the practice's catchment area.

The practice has expanded its contracted obligations to provide some enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services

available to patients. For example, the practice offers the childhood vaccination and immunisation scheme, extended hours access, facilitating timely diagnosis and support for people with dementia, and minor surgery.

The clinical team consists of a male and a female GP partner and one female salaried GP, a nurse practitioner, a nurse and a healthcare assistant. They are supported by a practice manager, five receptionists and two administrative staff.

Cape Road Surgery's reception operates on weekdays from 8.30am to 12.30pm and 1.30pm to 6pm. Appointments are available between these times. The practice telephone lines continue to direct patients to staff between 8am and 8.30am, 12.30 and 1.30pm, and 6pm to 6.30pm. There are arrangements in place to direct patients to the out-of-hours NHS 111 service when the practice is closed. Extended hours appointments are offered on Monday evenings from 6.40pm to 8.10pm, excepting every fifth week when extended hours appointments were offered on a Saturday morning from 9.10am to 10.40am instead.

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 inspecting, 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 5 July 2016. During our inspection we:

- Spoke with staff and patients.
- Reviewed 43 patient comment cards.
- Reviewed the practice's policies and procedures.
- Carried out visual checks of the premises, equipment, and medicines stored on site.

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.

- We spoke with staff and confirmed they were aware of the procedure for reporting incidents. Staff knew how to access the practice's significant event policy which set how to deal with significant events. They told us they would inform their line manager or the practice manager of any incidents.
- The practice recorded six significant events during the previous year. We reviewed the significant event summary, which included analysis of the types and themes of events as well as details of each event including any learning points. The practice also used a spreadsheet to track the progress of significant events and record actions taken to resolve these.
- The practice manager made contact with patients involved to offer an apology and discuss the outcome.
- Significant events were discussed during monthly clinical meetings and quarterly practice meetings. Significant events were also reviewed and analysed annually, and a summary showing details of learning was emailed to all staff.

The practice received safety alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager received these by email and forwarded them to clinical staff. Any alerts that required an action were added to a tracker which the practice manager monitored to ensure these were followed up. For example, when medicines alerts were received, a routine check was carried out to identify patients prescribed the medicine and appropriate action was taken. We noted the practice nurse had contacted patients using blood glucose testing strips following a recent alert to advise them to discontinue use of affected lot numbers.

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:

- The relevant current legislation and local requirements were reflected in the practice's arrangements to

safeguard children and vulnerable adults from abuse. Safeguarding policies were accessible to all staff and defined who to contact for further guidance if staff had concerns about a patient's welfare. The practice had appointed a lead member of staff for safeguarding who liaised with other agencies, for example attending monthly meetings with the local health visitor to discuss children's safeguarding. All staff had received training on safeguarding children and vulnerable adults relevant to their role and demonstrated they understood their responsibilities. All GPs were trained to child protection or child safeguarding level 3.

- Information about chaperones was displayed in the patient waiting room. All staff who acted as chaperones had received training for the role as well as 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. Non-clinical staff who acted as chaperones had received up to date training and had access to the practice's chaperone policy. During the inspection it was identified that non-clinical staff were routinely standing outside the privacy curtain when carrying out chaperoning duties.
- The premises were visually clean and tidy, and we observed that appropriate standards of cleanliness and hygiene were maintained. A member of the nurse team had been appointed as the infection control clinical lead and liaised with the local infection prevention teams to stay up to date with best practice. The practice used infection control protocols and staff had received training. Annual infection control auditing was undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Emergency medicines and cold storage medicines such as vaccines were securely and appropriately stored. The practice did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- The practice carried out prescribing audits of medicines to ensure they followed best practice guidelines for safety. Audits identified patients prescribed high risk medicines that were overdue for blood testing and the practice followed up with them to ensure that the medicines could be prescribed safely.
- The practice had applied processes for dealing with repeat prescriptions and reviewing high risk medicines.

Are services safe?

- GPs stored blank prescription pads securely and there was a system to monitor the use of prescription pads and printer forms. However, prescription printer forms were not stored securely once removed from their box.
- There were no measures in place to identify and record who collected prescriptions for controlled drugs from the practice. There was also no system to record which prescriptions were destroyed due to non-collection.
- The practice employed a Nurse Practitioner who was qualified to prescribe medicines for specific clinical conditions. The practice had adopted Patient Group Directions (PGDs) to let nurses administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The practice Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed one personnel file for a non-clinical member of staff and found appropriate recruitment checks had been undertaken prior to employment. These included proof of identification, references, and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were in place for monitoring and managing risks to patient and staff safety and a health and safety policy was in use. The practice had an up to date fire risk assessment carried out in November 2015, and had last provided fire safety training to staff in March 2016. We saw evidence of a recent fire drill that had been conducted on 30 June 2016.
- All electrical equipment was checked to ensure it was safe to use. Portable appliance testing had been carried out in June 2016. Clinical equipment was checked to ensure it was working properly, and equipment had last been calibrated in March 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).
- The practice ensured that the staff on duty at all times met patients' needs in terms of both numbers and skills by using a rotational system and coordinating annual leave.

Arrangements to deal with emergencies and major incidents

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

- The practice computer system used an instant messaging system with an emergency button available to alert all staff in the event of an emergency.
- Basic life support training was provided to all staff every year.
- Emergency medicines were kept securely and staff knew their location. We checked that the medicines were in date and appropriate for the functions of the practice.
- A defibrillator and oxygen were available on the premises for use in an emergency, as well as a first aid kit and an accident book.
- The practice had a recently reviewed business continuity plan in place for major incidents such as power failure or building damage. Printed copies of the plan were also kept off the premises by the practice manager and the two GP partners to ensure this was available in the event of such an incident.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice considered the needs of its patient groups 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.

- Systems were in place to keep all clinical staff up to date with current guidelines. Updates were received by the practice manager and forwarded to clinical staff. Local prescribing guidelines were also available on the practice intranet for rapid access. Staff used this information to ensure the care and treatment they delivered met patients' needs.
- The practice monitored that these guidelines were followed by carrying out risk assessments and internal audits.

Management, monitoring and improving outcomes for people

Information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes was used by the practice to monitor patient outcomes. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed the practice had achieved 95% of the total number of points available, compared with the CCG average of 98% and the national average of 95%.

The practice's exception reporting was in line with CCG and national averages overall, but there were two areas where this was higher than average. 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.

The practice's exception reporting for cardiovascular disease was 67%, significantly higher than the CCG average of 35% and the national average of 30%. The practice explained that any exception reporting for these patients was clinically justified, and a number of patients had been excluded from treatment where it was not appropriate. We also saw evidence that during the following QOF year exception reporting for this indicator had reduced to 33%,

in line with the CCG average of 36% and the national average of 31%. The practice ensured high quality care for patients with cardiovascular disease using ongoing monitoring. For example, a monthly search identified newly diagnosed hypertensive patients, for whom the nurse practitioner then conducted a personalised risk assessment and offered appropriate medicine.

Exception reporting was also high for osteoporosis at 100% whereas the CCG average was 12% and the national average 13%. The practice explained that this was because there was only one patient with osteoporosis registered at that time.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average performance. For example, the percentage of patients that had a flu immunization in the previous 12 months was the same as the national average at 94%, and just below the CCG average of 97%. 78% of patients with diabetes had blood glucose levels and cholesterol within an acceptable range, which was also the same as the national average and comparable to the CCG average of 82%.
- Performance for mental health related indicators were also similar to local and national performance. For example, 87% of patients experiencing poor mental health had their alcohol consumption recorded in the previous year, which was slightly lower than the CCG average of 93% and the national average of 90%. 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was significantly higher than the CCG average of 85% and the national average of 84%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had been reviewed within the previous 12 months, including a breathlessness assessment, was 97%. This compared favourably with the CCG average of 92% and the national average of 90%.

The practice had undertaken a number of full cycle clinical audits which demonstrated quality improvement. For example, the practice carried out a monthly medicines management audit and had used this to target and reduce

Are services effective?

(for example, treatment is effective)

its prescribing of specific types of antibiotic. In total the practice had carried out 27 audits over the previous 12 months, which demonstrated their proactive approach to quality improvement.

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 which covered such topics as fire safety, infection prevention and control, and confidentiality.
- The practice used a spreadsheet to help monitor when training and training updates were due for each member of staff. This included regular mandatory training which all staff undertook such as emergency life support, safeguarding, and chaperoning; as well as role-specific training relevant to particular members of staff such as three yearly cervical screening competency updates. Staff administering vaccines had received specific training and kept themselves up to date with changes to the immunisation programmes.
- Staff told us they had regular protected learning time and were encouraged to attend study days as well as make use of e-learning training modules. Clinical meetings were used as an opportunity to share learning from training.
- Staff had annual appraisal meetings to review their development needs, as well as ongoing support through team meetings and informal discussion. The practice facilitated and supported revalidation for GPs.

Coordinating patient care and information sharing

The practice's patient record system and intranet provided staff with the information they needed to plan and deliver care and treatment. This included medical records, risk assessments, care plans 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 with health and social care professionals from other services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, for instance when they were referred, or after they were discharged from hospital. Clinical staff liaised with district nurses, midwives, health visitors and anti-coagulation

nurses. Meetings took place with other health care professionals on a regular basis to review and update care plans for patients with complex needs. District nurses and the community matron met with the practice every month to share information, and clinicians held a quarterly meeting with the mental health team.

The practice was also part of a local buddy group with several other practices which met quarterly to share information such as accident and emergency attendance and to review referrals.

Consent to care and treatment

Staff asked for patients' consent before providing 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 (MCA) 2005. The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions.
- Staff carried out assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young people.
- 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.

Supporting patients to live healthier lives

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

- Staff told us they escalated any concerns about patients to the GP team. The practice carried out chronic disease reviews and NHS health checks, and told us they often identified additional needs when patients attended for these.
- The practice maintained registers for patients who may need extra support, such as those requiring end of life care, carers, and those at risk of admission to hospital.
- Clinical staff had access to a number of referral pathways. For instance, one member of the nurse team told us they signposted patients to the frailty and falls team.

Are services effective?

(for example, treatment is effective)

- The practice offered support and signposted patients to services for those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- An Age UK coordinator worked with the practice to help detect older patients who may require assistance.

The practice had an average uptake for the cervical screening programme, with 82% of women aged 26 to 64 attending within the previous five years. This CCG average uptake was 83% while the national average was 82%. The practice nurses used failsafe methods to audit and follow up smear test results, and patients were contacted by letter and phone to encourage screening uptake. Female sample takers were also always made available.

The practice's uptake for breast and bowel cancer screening. 72% of women aged 50 to 70 had been screened for breast cancer in the past three years, which was in line with the CCG average of 75% and the same as the national 72%.

For bowel cancer, 56% of patients aged 60 to 69 had been screened over two and a half years, whereas the CCG

average was 64% and the national average 58%. Of those, 51% had attended for screening within six months of invitation compared with 62% across the CCG and 55% nationally. The practice told us that clinicians spoke to patients about screening opportunistically to reinforce the importance of this, but that they intended to begin writing to patients to encourage uptake.

Childhood immunisation uptake for the vaccinations given was high, with many achieving a completion rate of 100%. For example, childhood immunisation rates for the vaccinations given to children under twelve months ranged from 98% to 100%, similar to the CCG rates of 97% to 98%. Vaccination rates for under five year olds ranged from 96% to 100%, compared with the CCG overall update of 93% to 98%.

Patients had access to appropriate health assessments and checks, including NHS health checks for patients from 40 to 74 years of age. The practice also offered enhanced health checks for patients aged over 75. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we saw that members of staff were accommodating and courteous to patients, treating them with dignity and respect.

- Curtains were available in all consulting rooms, to protect patients' dignity and support their privacy during examinations, investigations and treatments.
- Clinicians closed doors to consultation and treatment rooms when they were seeing patients, and we could not overhear conversations taking place inside.
- Staff on the reception desk were able to take patients to a private room to discuss their needs if they appeared distressed or needed to discuss something of a personal nature.

We received 43 comment cards, 42 of which were positive about the standard of care received. Patients commented on the kindness and caring attitude of the staff and referred to the professionalism of all staff. Patients expressed high levels of satisfaction in all areas of care.

We spoke with three members of the patient participation group (PPG). They told us the practice offered personalised care with staff and clinicians providing continuity of care. The PPG told us they found the practice open and receptive to suggestions, and felt their contribution to the service was valued.

The practice had patients in one local care home which we contacted for feedback. Staff at the care home told us that the practice provided a very thorough and responsive service. One example was described where a GP had visited a patient approaching the end of their life every other day to help ensure they were comfortable and supported.

Results from the national GP patient survey showed that patients were happy with how they were treated by practice staff. The practices satisfaction scores were higher than average for consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.

- 98% 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%.
- 91% 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%.
- 95% 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% national average of 91%.
- 94% 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

The PPG members and comment cards reported that patients felt involved in making decisions about their care and treatment. Staff provided the information they needed to make an informed decision and allowed them enough time.

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 higher than 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 90%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 93% 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 translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available.
- A large number of information leaflets were available providing patients with information about health and support services.

Are services caring?

- A poster in the reception area informed patients that practice newsletters were available to read on the practice website.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the waiting area and told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (just over 1% of the practice list). There were notices in the waiting area asking patients to inform the practice if they were carers, and reception staff were aware of how to record this information. There was also a dedicated page

on the practice website providing information about carers and urging people to notify reception if they felt they may be a carer. Written information was available in a carers corner of the waiting area to direct patients to the various avenues of support available to them. Information about how to join the carers register was also displayed on a TV screen in the patient waiting area, and the practice told us they were actively trying to encourage carers to register by making this information available.

The practice manager told us that if families had suffered bereavement their GP contacted them by phone. Staff were made aware of recently bereaved patients and this information was discussed at clinical meetings to ensure that support was made available.

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.

- Extended hours access was offered for working patients and those patients who could not attend during normal opening hours. These were available on Monday evenings from 6.40pm to 8.10pm, excepting every fifth week when extended hours appointments were offered on a Saturday morning from 9.10am to 10.40am instead.
- The practice offered online access to appointment booking and repeat prescription ordering.
- There were longer appointments available for patients with a learning disability.
- GPs made home visits to patients whose clinical needs made it difficult for them to attend the practice. This included older patients.
- Same day appointments were available for patients with medical problems that required an urgent consultation, as well as for children.
- There was disabled access, a hearing loop and information about available translation services was displayed in the patient waiting area.
- The practice offered travel health clinics where patients could access travel vaccinations available through the NHS. Those travel vaccinations only available privately were available through the practice for a fee.
- There was a suggestions box and patients were asked to complete an NHS Friends and Family Test in the waiting area. The practice had an active Patient Participation Group (PPG) whom they met with regularly to discuss any feedback or ideas for improvement.
- Improving Access to Psychological Therapies counsellors held clinics at the practice.
- The practice engaged with an Age UK coordinator to support older people. Health checks were offered to patients aged over 75 to identify health problems or areas where further support may be required.
- The practice maintained registers for patients with a number of long term conditions and used these to

target and improve care for those groups. For instance, the practice had a mental health register which it monitored to ensure patients received annual reviews of their physical and mental health.

Access to the service

The practice reception was open on weekdays from 8.30am to 12.30pm and 1.30pm to 6pm. Appointments were available between these times. The practice telephone lines continued to direct patients to staff between 8am and 8.30am, 12.30 and 1.30pm, and 6pm to 6.30pm. The practice had made arrangements to direct patients to the out-of-hours NHS 111 service when the practice was closed. Extended hours appointments were offered on Monday evenings from 6.40pm to 8.10pm, excepting every fifth week when extended hours appointments were offered on a Saturday morning from 9.10am to 10.40am instead.

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

- 90% of patients were satisfied with the practice's opening hours compared to the CCG and national averages which were both 78%.
- 89% 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%.

Comment cards collected on the day of the inspection informed us that people 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.
- One of the GP partners and the practice manager were the designated complaint leads for the practice.
- Information about how to make a complaint was displayed on the waiting area television screen, in the practice information booklet and on the practice website. There was also a specific complaints leaflet available and this was clearly presented on the reception desk.
- Learning from complaints was shared with staff and used to improve services.

Are services responsive to people's needs? (for example, to feedback?)

We looked at four complaints received in the last 12 months and found they had been responded to in a reasonable timeframe. Staff had discussed complaints, and training was implemented where appropriate to reinforce learning points. For example non-clinical staff were given

training in the prescription process to help them better assist and communicate with patients, following a patient complaint regarding how a missing prescription was dealt with.

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 defined its mission as 'To get our patients well and keep them well whilst still providing a traditional personal touch from cradle to grave'. There were values in place of openness, fairness, respect and accountability; and practice staff worked in a way that supported this. The practice had a business development plan which reflected the current aims and strategy.

The practice had a focus on meeting its challenges in terms of premises and succession planning. A new GP had been recruited to commence later in the year. The practice recognised its need for larger premises with modern facilities to accommodate a growing population and new regulations. There was no car parking available at the current premises and the town centre location meant limited options providing parking were available. The practice had identified a suitable premises and was working to develop this.

The practice was a member of a GP Federation with a number of other practices and told us they were open to sharing information and incorporating learning from other practices.

Governance arrangements

The practice's governance framework supported the delivery of the business development plan and good quality care, and ensured that:

- Staff were aware of their roles and responsibilities and more broadly those of their colleagues.
- Practice policies were available to staff and were effectively implemented.
- A programme of continuous clinical and internal audit was used to monitor quality and to foster improvement.
- Arrangements were in place to identify and manage risks.

Leadership and culture

On the day of inspection the GP partners demonstrated that they had the background knowledge and expertise to

run the practice. They told us they prioritised personalised care that met the needs of their patients. Staff told us the partners and the practice manager were open and made time for dealing with staff concerns.

The practice had systems in place to ensure they complied 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.

The practice had systems in place to ensure that when things went wrong with care and treatment any people affected would be given reasonable support, truthful information and a verbal and written apology.

Staff told us that they felt supported by the management structures in place at the practice.

- The practice held quarterly team meetings.
- All staff members had the opportunity to raise any issues at team meetings.
- The practice staff we spoke with during our inspection said they felt valued and respected in their roles. The practice team was well established and staff described a family culture where they felt they could approach and rely on their colleagues.

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 patient participation group (PPG) met quarterly with the practice and both discussed and provided feedback. Patient feedback was also gathered via a suggestions box, and a Friends and Family Test, and any complaints received. The practice had involved the PPG in its recruitment of a new partner and kept them up to date with the project to move premises to seek their input as much as was reasonable.
- The practice had gathered feedback from staff through quarterly practice meetings and formally via appraisals. Staff told us they would feel confident raising concerns with colleagues and giving feedback to the practice and that they felt invested in how the practice was run.