

Patford House Surgery Partnership

Quality Report

8a Patford Street,
Calne,
Wiltshire.
SN11 0EF

Tel: 01249 815407

Website: www.patfordhousesurgery.co.uk

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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 Patford House Surgery Partnership on 14 April 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.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients 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.
- 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.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

The areas where the provider should make improvement are:

- The provider should review its vaccination programme, to help patients realise the benefits of childhood immunisation.

Summary of findings

- The provider should review its access arrangements, so that patients have a greater likelihood of seeing the GP of their choice.
- The provider should seek support to recruit members to its patient participation group, to better reflect the patient population it serves.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw a programme of clinical audits that included improvements for patient care, with schedules identified for second cycle audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey (January 2016) 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.

Good



Summary of findings

- 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.
- A nurse acted as a carer's lead and the practice received a carer support award for its work from Carer's Support UK in 2015.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice is working with the CCG to look at data sharing arrangements that will enable all practices in the area to access health data more easily.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with regular appointments available the same day.
- We saw innovative approaches to providing integrated person-centred care. For example, the practice is part of a locality-wide initiative where patients are referred to a central location. Groups such as the Alzheimer's Society, health visitors and midwives work together to co-ordinate patient care and improve patient outcomes.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, following patient feedback, the practice remains open for routine appointments over the lunchtime hour, instead of providing a triage service during this time. We saw evidence that same day emergency appointments are almost always available.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- 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 this.
- 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 knowing about 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.
- Older patients with complex care needs or those at risk of hospital admissions had personalised care plans which were shared with local organisations to facilitate continuity of care.
- The practice was responsive to the needs of older people, and offered home visits, a health and wellbeing monthly clinic and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. This included the management of chronic obstructive pulmonary disease and heart disease.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice set up a support group for patients with diabetes.
- The practice maintains a register of patients requiring treatment for a thyroid disorder. The register is reviewed annually.

A multi-morbidity clinic ran monthly and supported patients with complex health needs.

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.

Good



Summary of findings

- 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. The practice assessed the capability of young patients using Gillick competency and Fraser guidelines. The competency and guidelines are a means to determine whether a child is mature enough to make decisions for themselves.
- The practice performs dedicated surgeries at a local boarding school twice weekly, and assists in health education sessions for other schools in the area.
- 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.

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 offered a range of extended hours appointments, including early morning appointments.
- 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.
- Patients could book evening appointments on one night per week.
- We saw evidence that the practice invariably met all requests for same day appointments.
- Electronic prescribing was available, which enabled patients to order their prescription on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.

Good



People whose circumstances may make them vulnerable

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

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

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- An alert was placed on a vulnerable patient's notes to automatically schedule a double appointment in order to provide extra time for consultation.
- The practice accesses a scheme that aims to provide a safe environment for vulnerable people or anyone who might find themselves needing help or support. We saw evidence that people who choose to carry an ICE (in case of emergency) contact card reported feeling safer and less vulnerable in public places.

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).

- The practice regularly worked with multi-disciplinary teams in the case management of people 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 hosted talking therapy services.
- The practice is accredited by the Alzheimer's Society as being dementia friendly, and patients are provided with dementia help cards.

We saw evidence that the practice reviewed the medicines and care needs of dementia patients every six months.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. For the survey 243 survey forms were distributed and 119 were returned. This was a response rate of 49% and represented 2.82% of the practice's patient list.

The data indicated:

- 76% of patients found it easy to get through to the practice by telephone compared to the clinical commissioning group (CCG) average of 80% and national average of 73%.
- 77% 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 89% and national average of 76%.
- 94% of patients described the overall experience of their GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 85% of patients said they would recommend their GP practice to someone who has just moved to the local area, compared to the CCG average of 82% and national average of 79%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We reviewed 34 comment cards which were all very positive about the standard of care received. Patients described the standard of care as excellent. Staff were described as caring and respectful, and really taking the time to listen to their concerns. Patients told us they were given advice about their care and treatment which they understood and which met their needs. We spoke with four patients during the inspection who told us they were happy with the care they received and thought staff were approachable, committed and caring.

The practice had been unable to recruit many patients to a patient participation group but we spoke to two members who gave us positive comments about the practice staff, the quality of the service, and their effective working relationship. The practice was engaging with patients through surveys, the friends and family test and through patient comments. We looked at the NHS Friends and Family Test for April 2016 where patients are asked if they would recommend the practice. Data showed that 94% of respondents would recommend the practice to family and friends.

Areas for improvement

Action the service SHOULD take to improve

- The provider should review its vaccination programme, to help patients realise the benefits of childhood immunisation.
- The provider should review its access arrangements, so that patients have a greater likelihood of seeing the GP of their choice.
- The provider should seek support to recruit members to its patient participation group, to better reflect the patient population it serves.

Patford House Surgery Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a CQC pharmacist and a second CQC inspector.

Background to Patford House Surgery Partnership

Patford House Surgery is located in Calne, a town and civil parish of Wiltshire. In 2012, it merged with another practice in the same parish to form a Partnership, with which it shares a patient list. The practice occupies a Grade II listed, three-storey building that has been leased since 2001. Consulting rooms are on the ground and first floors, as well as rooms for phlebotomy, nurse consultations and treatment. The second floor houses a library of medical books and is also used for clinical meetings. The third floor is primarily used as a document storage facility. There is a patient lift and full disabled access. A ground floor office for receptionists is situated to the rear of the practice, and a quiet space for patients is accessed through a separate entrance. A large waiting room contains a plasma screen that relays NHS health information. The practice is a training practice for medical students and trainee GPs. At the time of our inspection there were no trainee GPs being supported by the practice. Patford House Surgery Partnership is one of 57 GP practices in the Wiltshire clinical commissioning group (CCG) area. The practice population is 98% white, with the largest minority ethnic population being Asian or Asian British.

Eight miles to the North of Calne is Sutton Benger, a village where the branch surgery is located (Chestnut Rd, Sutton Benger, Chippenham. SN15 4RP). Patford House Surgery is the main practice and approximately 90% of patients are seen at this location. The Partnership has approximately 8,816 registered patients. The practice has a lower than national average patient population aged from birth to five years of age. The patient population aged from 45 to 49 years of age is markedly higher than the national average. The practice team includes two GP partners (both male) and two salaried GPs (one male, one female). In addition two practice nurses, one nurse practitioner and three health care assistants are employed. The clinicians are supported by a practice manager, a deputy practice manager, and a team of medical secretaries and receptionists. The practice has a Personal Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice).

There is a dispensary at the Sutton Benger site offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy premises. The practice dispenses medicines for approximately 25% of the partnership's patients and was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients from their dispensary. As part of our inspection we reviewed the services provided from the dispensary and the medicine management systems and processes.

Patford House Surgery is open from 8am for telephone contact to 6pm, Monday to Friday. Appointments are from 8.40am to 11.20am and from 2.10pm to 6pm. Any urgent calls between 6pm and 6.30pm are answered in the surgery by a GP or receptionist. Early appointments and extended hours appointments are only available if pre-booked (up to

Detailed findings

two months in advance). Early appointments are from 7.10am to 8.30am on Wednesday and Thursday, and extended hours appointments until 7.30pm on Monday. The branch surgery is open from 8am for telephone contact, Monday to Friday. Appointments are from 8.45am to 12.45pm and from 2pm to 6.30pm. The branch site is closed on Tuesday afternoon. On Tuesday afternoon, phone calls to Sutton Benger surgery are redirected to Patford House, and another local GP practice sees its patients. Pre-booked (up to two months in advance) extended hours appointments are available until 7.30pm on Monday.

The dispensary at Sutton Benger is open from 8.45am to 12.45pm and from 4pm to 6.30pm on Monday, Wednesday, Thursday and Friday. On Tuesday, the dispensary is open from 8.45am to 12.45pm. The arrangements for managing medicines, including emergency medicines and vaccines in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

The practice has opted out of providing a full Out Of Hours service to its own patients. Patients can access NHS 111 and an Out Of Hours GP service is available to patients at its branch site.

Why we carried out this inspection

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

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

How we carried out this inspection

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. We carried out an announced visit on 14 April 2016. During our visit we:

- Spoke with a range of staff. For example three GPs, two nurses and three administrative staff;
- Spoke with four patients who used the service;
- Observed how patients were being cared for and talked with carers and family members;
- Reviewed the personal care or treatment records of patients;
- Reviewed Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service;
- Spoke with the Health Connectors service and the pharmacy adjacent to the practice.

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 Care Quality Commission 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.

- 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, discussions took place immediately following a significant event at the daily clinical team meetings, with each event discussed individually. Information was cascaded to staff through circulated minutes. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw evidence of this when the practice dispensed the wrong quantity of medicine to a patient, an error which came to light when the patient informed practice staff. Staff spoke to us about how they managed the incident, which was noted immediately. We saw evidence that checks were re-enforced at the next dispensary meeting, and staff reminded about the importance of accurate checking of prescriptions.

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 and this reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

received training relevant to their role. All GPs and nurses were trained to safeguarding children level three whilst the practice manager was trained to level two. All staff had received the appropriate safeguarding adults training.

- A notice in the waiting room and in all the consulting rooms advised patients that chaperones were available if required. Although staff who acted as chaperones were not trained for the role, they had read and understood the practice's chaperone policy, and had all received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A nurse manager was the infection control lead who liaised with the local infection prevention teams to keep up-to-date with current practice. There was an infection control protocol in place and staff had received up-to-date training. Annual infection control audits were undertaken at the main and branch sites, and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice and its branch site kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There is a dispensary at the Sutton Benger site offering pharmaceutical services to those patients on its practice list who live more than one mile (1.6km) from their nearest pharmacy premises. The practice dispenses medicines for approximately 25% of the partnership's patients and was signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients from their dispensary.

As part of our inspection we reviewed the services provided from the dispensary and the medicine management systems and processes.

- The practice carried out regular medicines audits at its main and branch sites, with the support of the local clinical commissioning group 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

Are services safe?

in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. 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 certain vaccines against a patient specific prescription or direction from a prescriber when a doctor or nurse was on the premises.

- There were systems in place to monitor the temperature of all the fridges and all medicines were secure.
- Processes were in place for handling requests for repeat prescriptions which included the review of high risk medicines.
- 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. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- 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 for misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three 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.
- The practice had employed two locum GPs in the past year – one each at its main and branch sites. The locum at the branch site had been employed on a regular basis by the practice for a number of years, and we found that appropriate checks were in place.

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 practice manager's room which identified local health and safety representatives. The practice had an up to date fire risk assessment 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.
- 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 that 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 at both its main and its branch site.

- 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. The practice had a defibrillator available on both 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 fit for use. However we saw the practice did not carry atropine, a medicine used for emergencies when administering contraceptive coils. We spoke to the practice and they provided evidence on the day that our concern had been addressed.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 99.1% of the total number of points available, with 11.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed:

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was that of a healthy adult was 86%, compared to the national average of 81%.
- The percentage of patients with high blood pressure having regular blood pressure tests was better than the national average. For example, the percentage of patients with high blood pressure in whom the last blood pressure reading was a satisfactory level was 90%, compared to the national average of 84%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients whose alcohol consumption has been recorded in the preceding 12 months was 92%, compared to the national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits undertaken in the last year, six of these were a cycle of completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit looking at prescribing showed that the practice prescribing of a drug to relieve the symptoms of anxiety was markedly above the level of other practices in the same clinical commissioning group (CCG). This was discussed at the next practice meeting and led to a review of the practice policies, computer prompts, and recording processes. Following audit, fewer patients were prescribed this medicine and patients had their care reviewed and their treatment changed in line with current practice.

Effective staffing

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

- The practice had an induction programme for all newly-appointed staff. They 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.
- 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 accessing on-line resources and discussion at practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 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, when they were referred to or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff had undertaken training and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs assessed the patient's capacity and recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those aged over 75 years. Patients were then signposted to the relevant service.
- Patients had access to complementary therapy at Patford House Surgery. The practice hosted chiropody and osteopathy services.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the clinical commissioning group (CCG) average of 77% and the national average of 82%. 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 a system of alerts for those patients with an identified learning disability. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccines given were below CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 73% to 95% compared to the CCG range from 83% to 97%. Childhood immunisation rates for the vaccines given to five year olds ranged from 95% to 99% compared to 92% to 97% within the CCG. When we spoke to the practice, they indicated that some of their patients have a strong belief in the efficacy of complementary medicines as an alternative to immunisations for children under two years old.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. At both practice premises we found:

- Curtains were provided in consulting rooms to maintain patient 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 and could offer them a private room to discuss their needs.

We noted that the practice had installed an electronic booking-in system to speed up the process and help maintain patient privacy at Patford House Surgery. This facility was not available at the branch site.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was either above or comparable with the clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the CCG average of 81% and national average of 89%.
- 92% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).

- 89% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 89% of patients said they found the receptionists at the practice helpful (CCG average 90%, national average 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 told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey (January 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or comparable to local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86%, national average 82%).
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Staff told us 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.

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting room, on the television screen and in the patient information centre told patients how to access a number of support groups and organisations. The patient information centre contained a lending library with books on general health matters

Are services caring?

and various health information leaflets. The patient participation group had told us patients had fed back the usefulness of the information displayed on the television screen and the patient information centre.

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. For example, a registration pack for carers outlined the range of different support groups. A nurse acted as a carers lead.
- The practice received a carer support award for its work from Carer's Support UK in 2015.

A registration pack for carers indicated the different support groups available for them. Once carers were identified, we saw patient records were flagged and that the practice arranged more flexibility around appointment times. There were three protected telephone slots for carers every week, and the practice hosted a quarterly clinic for carers at the practice. 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 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.

- Home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS. Those vaccines only available privately were referred to other clinics.
- There were disabled facilities a hearing loop and translation services available.
- The practice had a lift to improve access for mobility impaired staff.
- The practice hosts a range of patient services. For example, a talking therapy service was available at the practice.
- The practice hosts chiropody and osteopathy complementary therapies.
- Receptionists deal with all queries both in person and on the phone, and are responsible for booking appointments. They also assist GPs in contacting patients.
- Patients with a long term condition were offered an annual birthday review.
- The practice had a member of staff who was the care co-ordinator. They telephoned patients on discharge from hospital to offer support, and to enquire whether a GP visit or other assistance was required.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.
- An alert was placed on a vulnerable patient's notes to automatically schedule a double appointment in order to provide extra time for consultation.
- The practice is accredited by the Alzheimer's Society as being dementia friendly, and patients are provided with dementia help cards. The practice is part of a locality-wide initiative where patients are referred to a central location. Groups such as the Alzheimer's Society, health visitors and midwives work together to co-ordinate patient care and improve patient outcomes.

- We saw evidence that the practice reviewed the medicines and care needs of dementia patients every six months.

Access to the service

Patford House Surgery is open from 8am for telephone contact to 6pm, Monday to Friday. Appointments are from 8.40am to 11.20am and from 2.10pm to 6pm. Any urgent calls between 6pm and 6.30pm are answered in the surgery by a GP or receptionist. Early appointments and extended hours appointments are only available if pre-booked (up to two months in advance). Early appointments are from 7.10am to 8.30am on Wednesday and Thursday, and extended hours appointments until 7.30pm on Monday. Urgent appointments were also available through a triage system. The branch surgery is open from 8am for telephone contact, Monday to Friday. Appointments are from 8.45am to 12.45pm and from 2pm to 6.30pm. The branch site is closed on Tuesday afternoon. On Tuesday afternoon, phone calls to Sutton Benger surgery are redirected to Patford House, and another local GP practice sees its patients. Pre-booked (up to two months in advance) extended hours appointments are available until 7.30pm on Monday.

The dispensary at Sutton Benger is open from 8.45am to 12.45pm and from 4pm to 6.30pm on Monday, Wednesday, Thursday and Friday. On Tuesday, the dispensary is open from 8.45am to 12.45pm.

Results from the national GP patient survey (January 2016) showed that patient satisfaction with how they could access care and treatment was varied.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 76% of patients said they could get through easily to the practice by phone (CCG average 80% and national average 73%).
- 29% of patients said they usually get to see or speak to the GP they prefer (CCG average 64% and national average 36%). When we spoke to the practice, they indicated that the GPs do not work every day, and divide their time between the main and branch sites. We saw evidence that emergency appointments are available daily with a GP.

Are services responsive to people's needs?

(for example, to feedback?)

People told us on the day of the inspection that they were able to get appointments when they needed them. We saw that the practice had used locum GPs for holiday cover, for a GP who attended clinical commissioning group (CCG) meetings one day per week, and for sickness absence.

Patients with a learning disability were monitored through a learning disability register and offered an annual health check with a practice nurse who had specialist experience with this group of patients. The practice system alerted staff to patients with a learning disability who would benefit from flexibility around length and times of appointments.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. For example, through feedback forms available at reception and in the waiting area, and comment cards on the practice website. A Friends and Family Test suggestion box and a patient suggestion box were available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints.

We looked at seven written and verbal complaints received by the practice in the last 12 months. These were all discussed and reviewed, and learning points noted. We saw that these were handled and dealt with in a timely way. Complaints were a standing agenda item at monthly meetings. We saw evidence lessons were learnt from patient complaints and action taken to improve the quality of care. For example, a patient with complex needs complained that they had been issued with the wrong medicine by two different GPs. The practice now ensures that when medicine request slips are sent out, each medicine is listed on a separate line.

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 which was displayed in the waiting areas and staff knew and understood the values. The practice mission was to provide the highest quality, efficient and friendly service in a safe and supportive environment.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and was 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:

- There was a clear staffing structure and 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

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- 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. The practice manager was described as approachable, engaged and professional in their manner.

- Staff told us the practice held regular team meetings and whole team away days once every year.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted that an away morning for the practice partners took place once every quarter.
- Staff said they felt respected, valued and supported. 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. The practice proactively sought patient feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys compliments and complaints received. Although the practice had been unable to recruit many patients to a patient participation group, its members carried out patient surveys and submitted proposals for improvements to the practice. The content and design of a patient information board in the practice was influenced by the PPG. The board was described in the patient survey as 'eye catching, well set out and informative.' Following suggestions from the patient survey, the practice has made more car parking spaces available for patients and is open for half an hour over

Are services well-led?

Good 

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

lunchtimes. There were two members of the PPG. When we spoke to the practice, they recognised that the need to review and recruit new members to the PPG to make the group more effective.

- The practice had gathered feedback from staff through an annual staff survey, and through monthly 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.
- We saw effective leadership within the practice nurse and nurse practitioners team.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice is part of a locality-wide initiative where patients are referred to a central location. Groups such as the Alzheimer's Society, health visitors and midwives work together to co-ordinate patient care and improve patient outcomes.