

Millview Surgery

Quality Report

1a Goldsmith Street
Mansfield
Nottinghamshire
NG18 5PF
Tel: 01623 649528
Website: www.millviewsurgery.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 Millview Surgery on 5 May 2016. Overall the practice is rated as good.

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

- The practice demonstrated an open and transparent approach to safety. There were robust systems in place to enable staff to report and record significant events. Learning from significant events was shared widely.
- Risks to patients were assessed and well managed. There were arrangements in place to review risks on an ongoing basis to ensure patients and staff were kept safe.
- Staff delivered care and treatment in line with evidence based guidance and local guidelines. Training had been provided for staff to ensure they had the skills and knowledge required to deliver effective care and treatment for patients.
- There was a demonstrated understanding of performance within the practice. Systems were in place to support staff in undertaking regular clinical audits. Clinical audits were relevant to recent training, significant events and new guidelines.
- Feedback from patients was that they were treated with kindness, dignity and respect and were involved in decisions about their care.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they generally found it easy to make an urgent appointment but that they sometimes had to wait to see a named GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Adjustments had been made to the premises to ensure these were suitable for patients with a disability.
- There was a clear leadership structure which all staff were aware of. Staff told us they felt supported by the partners and management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

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

There was one area where the provider should make improvements:

- The provider should ensure that there are robust systems in place to record action taken in response to medicines and patient safety alerts received into the practice.

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 systems in place to enable staff to report and record significant events. Staff understood the systems and were encouraged to report events and incidents.
- Learning from significant events was identified and shared with staff and stakeholders to ensure action was taken to improve safety.
- When things went wrong patients received support, information and apologies. They were told about actions to improve processes to prevent the same thing happening again.
- Systems and processes were in place to ensure patients were kept safe and safeguarded from abuse. However, the practice needed to strengthen its systems to document actions taken as a result of safety and medicines alerts received into the practice.
- Risks to patients were assessed and well managed across the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Guidelines were discussed at regular nurse meetings and wider clinical meetings.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. Audits were linked to new guidelines and undertaken to review adherence to guidelines.
- Data showed that the practice was performing well when compared to other practices. For example the practice had consistently achieved highly in the Quality and Outcomes Framework (QOF). Data for 2014/2015 showed the practice had achieved 95.7% of the total number of points available. This was 3.7% above the clinical commissioning group (CCG) average and 1% above the national average.
- Screening rates for cervical cancer, breast cancer and bowel cancer were above local and national averages.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. In addition to formal monthly multidisciplinary meetings, the practice hosted weekly meetings with a smaller multidisciplinary team to ensure oversight and monitoring of their most vulnerable patients.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. A patient charter and an end of life patient charter were shared with patients on the practice website.
- Information for patients about the services available was easy to understand and accessible.
- During the inspection we observed that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had identified 83 patients as carers which was equivalent to 1% of their patient list.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of the local population and delivered services to meet their needs.
- Extended hours appointments were offered most days of the week from 7am to 8am to facilitate access for working patients.
- A range of services were offered by the practice to avoid patients having to travel including minor surgery and joint injections.
- Patients said they generally found it easy to make an urgent appointment but some patients said there could be a wait to see a named GP. The practice was aware of issues related to accessing appointments with some GPs and was reviewing their appointment system on an ongoing basis.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. A business plan had been recently developed with the involvement of all staff within the practice.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. There was a low staff turnover with many staff having been with the practice for a long period of time. Staff felt valued by the partners and management and were invited to make suggestions for improvements on a regular basis. For example, there was a staff suggestion box in the staff room and suggestions were regularly reviewed and responded to.
- There was a supportive culture across the practice. For example, informal meetings were held between administrative staff and the GPs every one to two weeks to facilitate communication and share ideas for improvement.
- The practice had a very engaged patient participation group (PPG) that influenced practice development. For example, as a result of the most recent patient survey the PPG was working with the practice to host a health and wellbeing event.
- There was a strong focus on continuous learning and improvement at all levels. The practice was a teaching and training practice for medical students and trainee doctors. In addition they hosted student nurses.

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

Good



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

- Personalised care was offered by the practice to meet the needs of its older population. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Longer appointments were also provided for older people on request.
- Services were provided to a number of older people in nursing homes. We spoke with managers from two nursing homes who were positive about the level of care provided by the practice.
- Nursing staff undertook home visits to elderly housebound patients to ensure they received chronic disease reviews, annual flu and shingles vaccinations and anticoagulation services.

People with long term conditions

Good



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

- Clinical staff had lead roles in managing patients with long-term conditions and those patients identified as being at risk of admission to hospital were identified as a priority.
- Performance for diabetes related indicators was 90.8% which was 9.2% above the CCG average and 1.6% above the national average. The exception reporting rate for diabetes indicators was 11.6% which was in line with the CCG average of 11.8% and the national average of 10.8%.
- Longer appointments and home visits were available when needed to facilitate access for these patients.
- All these patients had a named GP and were offered regular reviews to check their health and medicines needs were being met.
- For patients with the most complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care. In addition to formal multidisciplinary meetings being held on a monthly basis, the practice hosted smaller multidisciplinary meetings on a weekly basis to ensure they maintained oversight of vulnerable patients.

Summary of findings

Families, children and young people

Good



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

- Systems were in place to identify children at risk. The practice had a dedicated child safeguarding lead and staff were aware of who this was. We saw positive examples of joint working with midwives, health visitors and school nurses.
- Extended hours appointments were regularly offered from 7am to 8am to ensure appointments were available outside of school hours.
- Vaccination rates for childhood immunisations were in line with or above local averages.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice offered services which were accessible and flexible. For example extended hours appointments were offered most days from 7am to 8am to facilitate access for working patients.
- The practice was proactive in offering online services including appointment booking and online prescription services.
- A range of health promotion and screening services were offered and promoted that reflected the needs of this age group. Uptake rates for cervical cancer screening, bowel cancer screening and breast cancer screening were above local and national averages.
- Fitting of coils and contraceptive implants was offered at the practice.
- A range of services were offered at the practice to facilitate patient access including minor surgery and joint injections.
- Text messaging was used to confirm appointments and issue reminders.

People whose circumstances may make them vulnerable

Good



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

- The practice added flags to the records of patients living in vulnerable circumstances including homeless people and those with a learning disability.

Summary of findings

- Homeless people and those living in the vulnerable circumstances were registered with the practice. For example, the practice provided services to all women and their families who were resident at a local refuge.
- The practice offered longer appointments for patients with a learning disability and had adapted their appointment structure for learning disability reviews to enable input from a GP and the practice nurse. This, in conjunction with adapted written communications, had resulted in the practice completing learning disability health checks for 91% of its eligible patients.
- Information was available which informed vulnerable patients about how to access local and national support groups and voluntary organisations. In addition the practice participation group (PPG) was arranging a wellbeing event which would be attended by a range of local organisations.
- Translation services were provided where these were required and various pieces of information and signage were available in more than one language.
- In order to effectively support vulnerable patients, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care. In addition to formal multidisciplinary meetings being held on a monthly basis, the practice hosted smaller multidisciplinary meetings on a weekly basis to ensure they maintained oversight of vulnerable patients.
- 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. Safeguarding concerns were regularly discussed at the weekly multidisciplinary meetings.

People experiencing poor mental health (including people with dementia)

Good



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

- Performance for mental health related indicators was 99% which was 7.9% above the CCG average and 6.2% above the national average. The exception reporting rate for mental health related indicators was 15.2% which was in line with the CCG average of 14.9% and above the national average of 11.1%.

Summary of findings

- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 3.7% above the CCG average and 3% above the national average. This exception reporting rate for this indicator was 18.2% which was above the CCG average of 8.4% and the national average of 8.3%.
- Weekly and monthly multidisciplinary meetings were held within the practice to ensure the needs of these patients were being met.
- Feedback from local nursing homes who cared for patients with dementia was positive and aligned with our findings.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey which were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 286 survey forms were distributed and 113 were returned. This represented a 40% response rate and 1.4% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 68% and the national average of 73%.
- 80% 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 83% and the national average of 85%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 79% of patients said they would recommend this GP practice to someone who has just moved to the area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients described staff at the practice as friendly and helpful and said they were always listened to. Patients said they could get appointments when needed and felt they received a good level of service.

We spoke with five patients and a member of the patient participation group (PPG) during the inspection. Patients were generally satisfied with the care they received but two patients told us there could be a long wait for a routine appointment with a specific GP.

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should ensure that there are robust systems in place to record action taken in response to medicines and patient safety alerts received into the practice.

Millview Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience.

Background to Millview Surgery

Millview Surgery provides primary medical services to approximately 8300 patients through a personal medical services contract (PMS).

The practice is located in purpose built premises close to Mansfield town centre. The practice has car parking, parking for the disabled and is accessible by public transport.

The level of deprivation within the practice population is above the national average. Income deprivation affecting children and older people is similar to the national average.

The clinical team comprises six GP partners (three male and three female), three practice nurses, and two healthcare assistants. The clinical team is supported by a full time practice manager, a reception manager, an IT coordinator and a team of reception and administrative staff.

The practice is an accredited training practice for GP registrars and Foundation Year Two doctors. At the time of the inspection there were two GP registrars working in the practice. (A GP registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice).

The surgery opens from 8am to 6.30pm Monday to Friday. Consulting times are from 8.30am to 11.30am each morning and from 3pm to 6pm each afternoon. Extended hours appointments were offered most mornings from 7am to 8am. The practice closed one afternoon per month for staff training.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Central Nottinghamshire Clinical Services (CNCS) and is accessed via 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 May 2016. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and a range of reception and administrative staff) and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place which enabled staff to report and record significant events.

- Staff told us they would inform the practice manager or a senior member of staff of any incidents initially. There was a recording form available on the practice's computer system and staff knew how to access this. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed as soon as practicable and were provided with support, information and explanations. Where appropriate, patients were provided verbal or written apologies and told about actions to improve processes to prevent the same thing happening again.
- Significant events were discussed within the practice at the earliest opportunity. The practice also undertook analysis of significant events to ensure any themes or trends were identified and learning had been embedded.

We reviewed information held by the practice related to safety including reports of incidents and significant events and minutes of meetings where these were discussed. Learning was identified following incidents and events and there were systems in place to ensure this was shared with relevant staff to improve safety within the practice. For example, following a delayed cancer diagnosis the practice review guidance regarding early cancer diagnosis and an educational presentation was given to all clinicians.

Processes were in place to ensure safety alerts and alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) were disseminated within the practice and we saw evidence that appropriate action was taken. However, the practice did not centrally document alerts received and action taken in response to these or who was responsible for taking action. Following the inspection, the practice created a spreadsheet to log alerts and document what action has been taken in response to these.

Overview of safety systems and processes

There were well embedded systems and processes in place to keep patients safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislations. Appropriate policies were in place and were easily accessible to all staff. Policies detailed who staff should contact within the practice if they were concerned about the welfare of a patient. There were lead GPs for child and adult safeguarding. Vulnerable adults were appropriately coded and discussed at the weekly multidisciplinary meeting. Children at risk were discussed at regular meetings with the health visitor attached to the practice. GPs attended external safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level (level 3).
- Notices in two languages were displayed in the waiting room and in consulting rooms to advise patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice nurse was the infection control clinical lead who had received training to support them in their role and liaised with the local infection prevention teams to keep up to date with best practice. There were infection control policies and protocols in place and staff had received up to date training. The practice had recently been audited by the local infection prevention control team who had identified a number of issues. An action plan had been developed to address areas of concern. Some actions had been completed such as ensuring all staff had infection control update and the replacement of the treatment room flooring. A range of other areas for improvement had been identified and there was evidence that actions were in progress to address these.

Are services safe?

We observed the practice to be clean and tidy and noted that recent improvements had been made to the cleaning arrangements in response to an external infection control audit.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place to handle repeat prescriptions which included the review of high risk medicines. We saw evidence that the practice had recently reviewed and strengthened their procedures for repeat prescribing following a significant event. The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant administered vaccinations in line with Patient Specific Directions.
- There were systems in place to ensure appropriate pre-employment checks were undertaken. For example we reviewed four personnel files and found proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were in place to monitor and manage risk to patients and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as slips and trips risk, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Rotas and staffing levels were reviewed on a weekly basis to ensure there was adequate cover in place. A number of reception and administrative staff worked on a part time basis and could provide cover for colleagues when they were off due to annual leave or sickness. For example, the maternity leave of a recent member of administrative staff had been covered by colleagues. GP rotas were planned at least four weeks in advance and measures were in place to ensure the practice could cope with demand and peak times. For example, there were more GPs in on a Monday and Friday.

Arrangements to deal with emergencies and major incidents

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

- Staff could alert any colleagues to an emergency using the instant messaging system. This was available in all treatment and consulting rooms.
- All staff received annual basic life support training and the practice had recently undertaken a training exercise for all staff which included dealing with a mock medical emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. GPs carried some emergency medicines in their bags. Processes were in place to ensure these were checked regularly.

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 and suppliers.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically and discussed relevant updates to these in clinical meetings. Staff also attended regular training which supported their knowledge about changes to guidelines.
- The practice monitored that guidelines were followed through risk assessments, audits and 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 recently published results showed the practice had achieved 95.7% of the total number of points available. This was 3.7% above the clinical commissioning group (CCG) average and 1% above the national average.

The practice had an overall exception reporting rate within QOF of 10.1% which was 0.6% above the CCG average and 0.9% above the national 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).

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

- Performance for diabetes related indicators was 90.8% which was 9.2% above the CCG average and 1.6% above the national average. The exception reporting rate for diabetes indicators was 11.6% which was in line with the CCG average of 11.8% and the national average of 10.8%.

- Performance for indicators related to hypertension was 100% which was 1.4% above the CCG average and 2.2% above the national average. The exception reporting rate for hypertension related indicators was 5.3% which was marginally above the CCG average of 3.1% and the national average of 3.8%.
- Performance for mental health related indicators was 99% which was 7.9% above the CCG average and 6.2% above the national average. The exception reporting rate for mental health related indicators was 15.2% which was in line with the CCG average of 14.9% and above the national average of 11.1%.
- 87% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 3.7% above the CCG average and 3% above the national average. This exception reporting rate for this indicator was 18.2% which was above the CCG average of 8.4% and the national average of 8.3%.

The practice had achieved a 91% uptake rate for learning disability reviews. This was achieved by adapting the appointment structure following feedback and through the use of adapted health promotion leaflets and personal action plans. The practice liaised closely with their local learning disability facilitator. Services were provided to a local residential home for people with learning disabilities and feedback from the manager of the service was positive about the practice.

There was evidence of quality improvement including clinical audit.

- The practice recorded all clinical audits which were undertaken within the practice on a central spreadsheet. This enabled them to see when further cycles of audits were required.
- Topics for audits were determined by significant events, new guidelines and from training courses attended by clinical staff.
- There had been 11 clinical audits undertaken in 2015 and 2016, six of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit of the assessment of feverish children in response to new NICE guidance in 2014. Following the initial audit the practice had placed laminated copies of the NICE traffic light guidance in consulting rooms and a paediatric

Are services effective?

(for example, treatment is effective)

oxygen saturation monitor. The second cycle showed some improvements in recording of observations. The practice also planned to introduce a template to improve recording.

- Cervical cytology was audited on an annual basis to review the practice's overall and individual clinician's rates of inadequate samples. The practice rate for inadequate samples from the most recent audit was 0.8% compared to a national average of 2.2%.
- The practice participated in local audits, benchmarking and peer review.

Effective staffing

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

- The practice had role specific induction programmes for all newly appointed staff including GP registrars. Inductions covered topics such as safeguarding, infection control, fire safety, health and safety and confidentiality. Newly appointed staff spent a period of two weeks shadowing experienced staff.
- A duty doctor was available each day to deal with emergency access and support the staff team including trainee doctors, nurses and administrative staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff including for those reviewing patients with long-term conditions. For example nursing staff had undertaken training in the management of patients with diabetes and asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Nursing staff ensured they stayed up to date with changes to immunisation programmes through regular training, access to online resources and discussions and meetings.
- A system of appraisals and reviews of practice development needs ensured that the practice identified the learning needs of staff. In addition to internal training which was provided online and face to face, staff could access external training to enable them to cover the scope of their work and develop their role. Staff also had access to support through meetings, coaching and mentoring, clinical supervision and

support for revalidating GPs and nurses. Most staff had received an appraisal within the last 12 months with the exception of the practice manager due to having started a new role. A date for their appraisal was planned.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Not all training was logged centrally meaning it could be difficult for the practice manager to identify who needed what training and when. The practice had invested in an online training package last year and planned to use this to log internal and external training as well as online training.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the patient record system and their internal computer system. This included care and risk assessments, care plans, medical records and investigation and test results. We saw that robust arrangements were in place for processing incoming and outgoing correspondence. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

We saw evidence that practice staff worked effectively with other health and social care professionals meet the needs of their patients and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. These were attended by a range of health and social care professionals including social workers and district nurses. In addition, the practice had decided to host a smaller weekly multidisciplinary meeting to ensure there was ongoing oversight of their most vulnerable patients. Data showed that the practice's attendance rate at A&E was below the local average. For example between March 2015 and February 2016, the practice A&E attendance rate was 289.9 per 1000 patients compared with the CCG average of 303.6 per 1000 patients.

We spoke with the managers of three local care and nursing homes where patients were registered with the practice. These included older patients, patients with

Are services effective?

(for example, treatment is effective)

dementia and patients with learning disabilities. Feedback from the managers was positive about the practice and they provided examples of compassionate care being provided to their residents. For example one patient had required intensive support near to the end of their life and the nursing home told us they had found the practice to be very responsive to the needs of the patients.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Clinical staff undertook assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young people.
- Where there were concerns about a patient's capacity to consent to care or treatment clinicians undertook mental capacity assessments and recorded the outcome.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 86.1%, which was comparable to the CCG average of 84.7% and above the national average of 81.8%. The

practice proactively contacted patients who did not attend for cervical screening tests. Data showed the practice was ranked fourth out of 27 practices in the CCG in respect of uptake rates for cervical screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake rates were above local and national averages. For example 81.9% of eligible patients had been screen for breast cancer in the last 36 months compared to the CCG average of 77.9% and the national average of 72.2%. At 63.5% the uptake rate for bowel cancer screening was also above the local average of 59.5% and the national average of 58.3%.

Childhood immunisation rates for the vaccinations given were generally in line with or above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 96.6% compared with CCG averages ranging from 93.4% to 97.4%. Rate for five year olds ranged from 95.2% to 100% compared with CCG averages ranging from 90% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Doors to consultation and treatment rooms were kept closed during consultations and conversations could not be overheard.
- Reception staff offered to speak with patients in a private area if they wanted to discuss something sensitive or they appeared distressed.
- Curtains were provided in consulting rooms to maintain dignity during examinations and treatments.

We received 14 completed CQC comment cards which were positive about the service experienced. Patients described the service they received as excellent and said staff were helpful, caring and treated them with dignity and respect.

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

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 86% 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 95% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

GP patient survey feedback about interactions with reception staff was positive:

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about their care. In addition they told us they felt listened to and supported by staff and were given sufficient time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was positive and aligned with these views. We saw that care plans for patients were personalised to account of individual needs and patient wishes.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% 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 areas informing patients this service was available.

Are services caring?

- Some information leaflets were available in easy read format and in other commonly spoken languages within the practice population.

Patient and carer support to cope emotionally with care and treatment

A wide range of information was available in the patient waiting area in the form of leaflets and posters. This included health promotion information and information about how to access local and national support groups and organisations. Information about support organisations was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 83 patients as carers which equated to 1% of the practice list. One of the

GPs within the practice was the carers lead and the practice was seeking to increase the identification of carers. A wide range of information was displayed in the waiting area for carers and young carers which directed them to avenues of support available to them. In an effort to increase their identification of carers the practice had added a section onto their templates for chronic disease reviews to ask about any carers or caring responsibilities. The carers support policy for the practice was published on the practice' website along with a copy of a form to complete to register as carer with the practice.

Staff told us that if families had experienced bereavement, their usual GP contacted them where this was considered appropriate. Where required appointments were offered and advice given regarding how to access support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice extended hours appointments most days from 7am to 8am to facilitate access for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those who required them. Appointments and written materials were adapted to meet the needs of these patients as required.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- A range of family planning services were offered including the fitting of coils and contraceptive implants.
- There were facilities for the disabled including automatic doors, toilets and dedicated parking spaces. The reception desk had a lowered area for patients using wheelchairs.
- A hearing loop was available in the reception area. Patients were called to appointments via a digital screen display and an audio announcement.
- Translation services were available for patients who required them and this was advertised in the waiting area. A number of information posters and leaflets were displayed in languages other than English to facilitate communication.
- There was an open breastfeeding policy within the practice although a private room would be provided if required. Baby changing facilities were available.
- The practice offered online booking services and provided text message confirmation and reminders for appointments.
- A range of services were provided within the practice to reduce the need for patients to travel. These included, joint injections, minor operations and cryotherapy.

- Care was provided to residents of a local refuge for women and the practice had put measures in place to ensure they could easily register with the practice. All women resident at the refuge were registered with a PO Box address to help ensure staff could easily identify them. All staff had received training in dealing with victims of domestic violence.
- The practice delivered an anticoagulation service that was available to patients including those who were housebound. (Anticoagulation services monitor and manage patients who take oral anticoagulant drugs).

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and from 3pm to 6pm every afternoon. Extended hours appointments were offered most mornings from 7am to 8am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 75%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

People told us on the day of the inspection that they were able to get urgent appointments when they needed them. However, some patients found it hard to access routine appointments and told us there could be a long wait to see the doctor of their choice. The practice told us they were aware of issues related to access and had been working with their patient participation group to try to address these. They also explained that because they had a number of part time GPs this meant that there could sometimes be a wait if a patient wanted to see a specific GP.

The screen in the waiting area advised patients to go to reception if they had been waiting for more than 20 minutes. Patients said appointments usually ran on time.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice had effective systems in place for to handle complaints and concerns.

- The practice complaints policy was in line with regulations for handling complaints and contractual obligations for GPs in England. The practice's procedures for handling complaints reflected recognised guidance.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system including leaflets and posters.
- The practice kept comprehensive records of written and verbal complaints.

We looked at 10 complaints received in 2015/2016. We found that complaints were responded to in a timely

manner in line with the practice's complaints procedures. People making a complaint were provided with explanations and apologies where appropriate. They were also told about any improvements made as a result of their complaint.

Learning from complaints was identified and complaints were classified as significant events where this was considered appropriate. The practice regularly reviewed complaints to ensure any trends were analysed and to ensure learning had been embedded. We saw examples of where changes had been made as a result of complaints. For example, procedures for releasing medical records to third parties had been reviewed and reinforced with administrative staff following a complaint.

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 shared with patients on the practice website and in practice reading material. The mission statement focussed on providing a high quality care for all patients whilst maintaining dignity and respect.
- Staff within the practice knew and understood the values and were engaged with these.
- The practice had a robust strategy and had recently developed a business plan for the next five years. The business plan reflected the vision and values and the practice planned to monitor their progress against identified actions at management and partnership meetings.

Governance arrangements

The practice had a robust governance framework which supported the delivery of their aims and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these.
- A comprehensive understanding of the performance of the practice was maintained. The practice used information available from the clinical commissioning group and from their locality group to measure their performance. The practice also used data from the quality and outcomes framework (QOF) to measure their performance from year to year. The practice had achieved consistently high QOF results.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. A wide range of relevant audits were undertaken within the practice and there were robust systems in place to ensure audit cycles were completed to review if changes made had resulted in improvement.

We saw evidence that where improvements were not made, the practice analysed why this was and considered ways to effect improvements. Further audits were then planned.

- There were well-embedded arrangements to identify, record and manage risk within the practice including the implementation of mitigating actions.

Leadership and culture

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

We saw that the partners within the practice were committed to the improvement of services across the local area and supported the CCG in the planning and delivery of care. For example one of the GP partners supported the CCG in the monitoring of the performance of the community dermatology service and had also recently contributed to work on orthopaedic elective pathways. In addition they were providing clinical support to the CCG on mental health and disabilities.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice encouraged a culture of openness within the practice and we saw that when things went wrong there were systems in place to ensure affected people received support, information and appropriate apologies. The practice written records of verbal interactions in addition to written correspondence.

The practice made efforts to engage with patients via their printed material and via their website. For example, the practice had published a patients' charter on their website. This outlined their aims and told patients about the level of service they could reasonably expect to receive from the practice. In addition to this the practice had shared a charter for the care of people who were nearing the end of their life which outlined what they could expect from the practice.

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

Are services well-led?

Good 

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

- A range of meetings were held within the practice on a regular basis. For example, partnership meetings were held on a weekly basis with practice nurse involvement once a month. In addition monthly clinical meetings were held to discuss new guidelines, audits and significant events.
- Following feedback from staff, the partners had decided to introduce regular informal meetings with administrative staff to improve team working. These were held every one to two weeks and feedback from staff was positive.
- Three inhouse whole team meetings were held annually which provided an opportunity for all staff to meet together.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Regular team social events were held including an annual Christmas dinner for all staff and an annual outdoor summer event for staff and their families.
- Staff valued and supported in their roles, particularly by the partners and management within the practice. There was a low staff turnover and many staff had worked in the practice for a number of years. For example the practice manager had been with the practice for 19 years. In addition two of the GP partners had been former trainees at the practice.
- We saw evidence that staff had been involved in discussions about how to develop the practice and staff were encouraged to identify opportunities for improvements. For example, the practice had recently worked with the Local Medical Committee (LMC) to develop a business plan. As part of this, all staff were interviewed and provided an opportunity to give feedback.
- The partners in the practice encouraged a culture of team working and support. For example, GPs within the practice used a dedicated administration room each day over following morning surgery. This enabled them to undertake their administrative tasks and enabled discussions around referrals and difficult cases.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Friends and Family Test (FFT) and had received positive feedback from this. Further feedback had been obtained via surveys which were undertaken as part of the revalidation of a number of doctors within the practice. Feedback was consistently and strongly positive.
- Feedback was also gathered through the patient participation group (PPG) and through surveys and complaints received. The PPG had been established since 2011 and met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in response to feedback from annual survey the practice and the PPG were working together to hold a health and wellbeing event in June. A range of health interest groups were attending to provide information, answer questions and offer advice. This was advertised within the practice and on the practice website.
- The practice had gathered feedback from staff through regular meetings, appraisals and discussions. In addition to this the practice had a staff suggestion box and staff were encouraged to use this to make suggestions for improvement. Suggestions and actions taken were logged and shared with all staff. For example suggestions had been made about working patterns and staff uniforms. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, we saw that there was a commitment across the practice to training and development.

For example;

- There was a demonstrated commitment to medical education. The practice was a well-established training practice and all GPs were involved in training with two GPs being trainers, one an associate trainer and one a

Are services well-led?

Good 

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

clinical supervisor. Feedback from trainees we spoke with and formal feedback was consistently and strongly positive about the training environment provided by the practice.

- Regular placements were offered for nursing students and the practice had hosted three to date in 2016.
- Support was being provided to the lead nurse to undertake their prescribing qualifications
- The practice had upskilled staff within the practice to undertake phlebotomy and become qualified as healthcare assistants.
- The practice had taken on an apprentice through a local apprentice scheme and they were being provided with training in reception tasks.