

Charnwood Surgery

Quality Report

Charnwood Surgery
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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 Charnwood Surgery on 26 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 systems in place to enable staff to report and record significant events. Learning from significant events was shared with relevant staff.
- 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. However, the practice needed to ensure arrangements were in place to undertake regular fire drills.
- 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.
- Regular clinical audits were undertaken within the practice to drive improvement.
- 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.

Summary of findings

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

There were some areas where the provider should make improvements:

- Ensure that there are robust systems in place to record action taken in response to medicines and patient safety alerts received.
- Ensure arrangements are in place to undertake regular fire drills within 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 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. For example all clinical staff had been trained to child safeguarding level 3 and regular meetings were held with community staff to discuss children at risk.
- However, the practice needed to strengthen its systems to document actions and responsibility for actions taken as a result of safety and medicines alerts received into the practice.
- Risks to patients were assessed and generally well managed across the practice; however, the practice needed to ensure arrangements were in place to have regular fire drills.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages. For example the most recently published results for 2014/15 showed the practice had achieved 96.6% of the total number of points available. This was 0.4% below the clinical commissioning group (CCG) average and 1.9% above the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There were systems in place to ensure staff were up to date with relevant guidelines including regular training and clinical meetings. Templates on the patient record system which were used to support the delivery of patient care were updated annually to ensure any changes to guidelines were embedded.
- Clinical audits were undertaken within the practice to support improvement. Seven clinical audits had been undertaken in the last 12 months.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice worked closely with the community care coordinator who was positive about the engagement demonstrated by the practice.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care. For example, 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- The national GP patient survey identified several areas where the practice was rated below others for aspects of care. We saw evidence that the practice and the patient participation group were aware of areas for improvement and the recent practice survey showed the vast majority of patients responded positively to questions about care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- During the inspection we observed that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had identified 390 patients as carers which equated to 2.9% of their practice list.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the local population and delivered services to meet their needs.
- Extended hours appointments were offered three times per week including on Saturday mornings.
- A range of services were offered by the practice to avoid patients having to travel including minor surgery and joint injections.

Good



Summary of findings

- 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.
- 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 the patient participation group (PPG).

Are services well-led?

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

- 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 providing a safe, high quality service.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a range of policies and procedures to govern activity and held regular governance meetings. Policies were regularly reviewed and updated.
- 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 patient participation group (PPG) was active and met regularly; they worked closely with the practice to identify areas for improvement and supported them to make improvements. For example, the PPG had worked with the practice to review the letter sent to patients who missed appointments. In addition, the PPG supported the practice by reviewing and refreshing noticeboards within the practice and arranging themed displays.
- There was a focus on continuous learning and improvement at all levels.

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 provided for older people as required.
- The practice had worked with a national charity to offer free hearing aid checks to patients. This was set up during the flu season to maximise impact.
- Following feedback received from patients the practice reversed their decision to cease providing phlebotomy services from their branch practice. This followed concerns expressed by elderly patients that it could be difficult for them to access alternative services.
- Older people at risk of admission to hospital were flagged to the care coordinator who worked with the practice who reviewed support arrangements in place with the aim of preventing admissions.

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 96% which was 3% above the CCG average and 7% above the national average. The exception reporting rate for diabetes indicators was 16% which was slightly above the CCG average of 13% and the national average of 11%.
- 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.

Summary of findings

- For patients with more complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care. The practice worked closely with their attached care coordinator to ensure support was in place for patients who required it.

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 a deputy lead and staff were aware of who these were.
- We saw positive examples of joint working with midwives, health visitors and school nurses with regular meetings being held to discuss children at risk.
- Extended hours appointments were offered three days per week, including Saturdays, to ensure appointments were available outside of school hours.
- Vaccination rates for childhood immunisations were in line with 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.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%.
- 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.

Summary of findings

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.

- Homeless people and those living in the vulnerable circumstances were registered with the practice. For example, the practice would use the address of a local hotel or the practice address to register homeless patient.
- The practice offered longer appointments for patients with a learning disability where required.
- The practice had undertaken work with a local alcohol support organisation to identify potential patients with possible alcohol problems and was planning regular support sessions at the practice for patients who had alcohol dependency issues.
- Information was available which informed vulnerable patients about how to access local and national support groups and voluntary 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.
- 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.
- The practice held a register of carers; there were 390 patients identified as carers, this represented 2.9% of the total practice list.

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 91% which was 6% below the CCG average and 2% below the national average. The exception reporting rate for mental health related indicators was 10% which was below the CCG average of 17% and above the national average of 11%.
- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months,

Summary of findings

which was 8% below the CCG average and 6% below the national average. This exception reporting rate for this indicator was 7% which was below the CCG average of 9% and the national average of 8%.

- Monthly multidisciplinary meetings were held within the practice to ensure the needs of these patients were being met.
- The practice had a system in place to follow up patients who had attended A&E who may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and training was planned to enable staff to become dementia friends.

Summary of findings

What people who use the service say

We reviewed the result of the national GP patient survey which was published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 306 survey forms were distributed and 113 were returned. This represented a 37% response rate.

Results showed:

- 63% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 74% and the national average of 73%.
- 81% 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 86% and the national average of 85%.

- 76% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 67% of patients said they would recommend this GP practice to someone new to the area compared to the CCG average of 80% 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 nine comment cards which were all positive about the standard of care received. Patients described staff as dedicated and said they found them helpful and caring.

We spoke with 11 patients during the inspection including three members of the patient participation group (PPG). All 11 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that there are robust systems in place to record action taken in response to medicines and patient safety alerts received.
- Ensure arrangements are in place to undertake regular fire drills within the practice.

Charnwood 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 adviser, a practice manager specialist adviser and an Expert by Experience (an Expert by Experience is someone with experience of using GP services).

Background to Charnwood Surgery

Charnwood Surgery provides primary medical services to approximately 13,225 patients through a general medical services contract (GMS), this is a nationally agreed contract with NHS England.

Services were provided from two sites; a main surgery located in purpose built premises close to Derby city centre and a branch surgery in Mackworth. The main surgery has car parking, parking for the disabled and is accessible by public transport. The practice is co-located in a building with another GP practice. There are consulting rooms on the ground floor and first floor of the building with the first floor being accessible by lift.

The practice has a branch surgery: Mackworth Branch Surgery, 5 Tufnell Gardens, Mackworth, DE22 4DY. We did not visit the branch surgery during the inspection.

The level of deprivation within the practice population is above the national average with the practice falling into the second most deprived decile. Income deprivation affecting children and older people is above the local and national averages.

The clinical team comprises of six GP partners (three male and three female), one salaried GP (male), three advanced nurse practitioners (one male and two female), four practice nurses and two health care assistants.

The clinical team is supported by a full time practice manager, a reception manager and a range of reception and administrative staff.

The practice is an accredited training practice for GP registrars and Foundation Year Two doctors. The practice also provided placements for medical students who were training to become 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 on Monday, Tuesday and Friday, from 7am to 6.30pm on Wednesday and from 8am to 8pm on Thursday. In addition the practice opened on Saturday mornings from 8am to 11am. Consulting times are from 8.10am to 10.40am and from 3pm to 5.30pm on Monday, Tuesday and Friday; from 7.20am to 10.40am and from 3pm to 5pm on a Wednesday and; from 8.10am to 10.40am and from 3pm to 7.30pm on Thursday.

The branch surgery opens from 8am to 6pm on Monday, Tuesday, Thursday and Friday and from 7am to 3.30pm on Wednesday.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United (DHU) and is accessed via 111.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew including the clinical commissioning group (CCG), NHS England and Healthwatch. We carried out an announced visit on 26 May 2016. During our visit we:

- Spoke with a range of staff (including GPs, advanced nurse practitioners, nurses, the practice manager and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There were effective systems in place to enable 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 with verbal and/or written apologies and told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events on an ongoing basis and reviewed these to ensure actions had been completed and any learning shared and 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 clinical diagnosis the practice reviewed guidance 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.

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 which reflected local requirements and relevant legislation. 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. As well as lead GP for adult safeguarding, there was a lead GP and a lead advanced nurse practitioner for child safeguarding who held regular meetings with community staff including health visitors and school nurses to discuss children at risk. 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, advanced nurse practitioners and practice nurses were trained to the appropriate level to manage child safeguarding (level 3).
- There were notices in the waiting room and in consultation rooms to advise patients that they could request a chaperone if required. We were told that a member of clinical staff usually acted as a chaperone but a non-clinical member of staff could be used with the patient's consent. The practice could demonstrate that 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 two lead practice nurses shared the role of infection control clinical lead within the practice. We observed the practice premises to be clean, tidy and well organised and saw that there were mechanisms in place to maintain appropriate standards of cleanliness and hygiene. There was an infection control protocol in place and staff had received up to date training. Comprehensive infection control audits were undertaken on a regular basis and we saw evidence that

Are services safe?

action had been taken to address any improvements identified as a result. For example, following issues with their cleaning provider, the practice had ended their contract and contracted with a new cleaning provider.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. There was a dedicated member of administrative staff responsible for overseeing this and recalling patients taking high risk medicines to ensure they were adequately monitored. Blank prescriptions were securely stored and there were systems in place to monitor their use.
- The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Three advanced nurse practitioners had qualified as independent prescribers 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There were systems in place to ensure appropriate pre-employment checks were undertaken. For example, we reviewed three 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 (DBS).

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 staff area which identified local health and safety representatives. The practice had up to date fire risk

assessments; however, the practice had not undertaken a recent fire drill but we were assured that a fire drill was planned for June 2016 and we received confirmation following the inspection that this had been undertaken on 15 June 2016.

- All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment had been 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 building security, manual handling and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Rotas and staffing levels were continually monitored and reviewed to ensure there was enough capacity to meet the needs of patients. The practice employed a range of full and part time staff who provided cover for each other and worked flexibly when needed. Faced with challenges in recruiting GPs, the practice had recruited a number of advanced nurse practitioners to support their clinical team.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. In addition there were panic buttons in consulting rooms to summon help in an emergency and we saw evidence that these were regularly tested.
- All staff received annual basic life support training and there were emergency medicines available in a secure area of the practice.
- The practice had a defibrillator and oxygen available on the premises with adult oxygen masks available. A first aid kit and accident book were available.
- 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.
- Nursing staff met on a weekly basis and reviewed the templates used for the annual management of patients with long term conditions.
- The practice monitored that guidelines were followed through risk assessments, audits and checks of patient records.
- Templates on the clinical systems were compliant with guidelines and supported clinical staff to treat patients in line with guidelines. The practice had developed their own bespoke templates for areas such as baby checks and minor surgery.

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 97% of the total number of points available. This was 0.4% below the clinical commissioning group (CCG) average and 2% above the national average.

The practice had an overall exception reporting rate within QOF of 12% which was 0.4% above the CCG average and 2% 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 96% which was 3% above the CCG average and 7% above the national average. The exception reporting rate for diabetes indicators was 16% which was slightly above the CCG average of 13% and the national average of 11%.
- Performance for indicators related to hypertension was 98% which was 1% below the CCG average and 0.2% below the national average. The exception reporting rate for hypertension related indicators was 3% which was marginally below the CCG average of 4% and the national average of 4%.
- Performance for mental health related indicators was 91% which was 6% below the CCG average and 2% below the national average. The exception reporting rate for mental health related indicators was 10% which was below the CCG average of 17% and above the national average of 11%.
- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 8% below the CCG average and 6% below the national average. This exception reporting rate for this indicator was 7% which was below the CCG average of 9% and the national average of 8%.

There was evidence of quality improvement including clinical audit:

- There had been seven clinical audits completed in the last 12 months, three of these were completed audits where the improvements made had been implemented and monitored. For example, as a result of a recent audit of the use of aspirin monotherapy for stroke prevention in atrial fibrillation the number of patients provided with this treatment was demonstrated to have been reduced.
- 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 an induction programme for all newly appointed staff. Inductions were specific to each role

Are services effective?

(for example, treatment is effective)

and also covered general topics such as health and safety and confidentiality. New starters had performance reviews with their line manager at three months and six months.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For those reviewing patients with long-term conditions such as diabetes, the practice supported staff to undertake training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. Nursing staff within the practice met on a weekly basis to discuss any issues including new guidelines, alerts and templates which needed to be updated.
- 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 had been planned.
- The practice maintained a comprehensive training matrix which identified mandatory training and required frequency for clinical and non-clinical staff and assisted in ensuring that staff kept up to date with training. Staff received training that included: safeguarding, fire safety awareness, basic life support, equality, diversity and human rights and information governance.

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. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

We saw that practice staff worked effectively with other health and social care professionals to 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 community based health and 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 staff social workers and district nurses. The practice was supported by a community trust employed care coordinator who was positive about the interaction with the practice.

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. These included patients receiving end of life care, carers, homeless patients and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

Services were offered within the practice to support patients including access to in-house physiotherapy services.

Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 84% and the national average of 82%. Telephone reminders were made to patients who did not attend for their cervical screening test.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed:

- The uptake rate for breast cancer screening was 76% which was marginally below the CCG average of 79% and above the national average of 72%.
- The uptake rate for bowel cancer screening was 53% which was below the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% compared to the CCG average range of 94% to 98%. For five year olds the practice ranged from 90% to 97% compared to the CCG average range of 91% 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 years. 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.

During our inspection we observed that staff treated patients in a friendly and courteous manner. All of the nine completed CQC comment cards we received were positive about the service experienced. Patients described staff as dedicated, kind and helpful with some individual staff being singled out for praise.

We spoke with 11 patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients highlighted the compassionate care provided by the practice.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. The practice below average for some of its satisfaction scores on consultations with GPs and nurses and in line with the average for others. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 89%.
- 96% 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%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

- 89% 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%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.

Results showed the majority of patients found receptionists at the practice helpful; however satisfaction scores were slightly below local and national averages:

- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice was aware of areas for improvement and their patient participation group (PPG) had undertaken in survey in 2016 to review patient's satisfaction with their visit to the practice. Results from the survey were generally positive. For example:

- 97% of patients said they received a friendly welcome from reception staff on arrival.
- 98% of patients said they received a warm and friendly welcome from a medical practitioner.

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. However, results were slightly below local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.

Are services caring?

- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. In addition information was available in a range of languages for patients in the waiting area.
- Patient self check in screens in the waiting area offered a number of different language options.
- The practice had a portable hearing loop.
- Some information leaflets were available in easy read format.

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 390 patients as carers which was equivalent to 2.9% of the practice list. The practice had information displayed in the waiting area and on the practice website to inform carers about the support that was available to them and to encourage them to identify themselves to practice staff. The care coordinator acted as the lead for carers within the practice contacting identified carers and providing them with information as required. Monthly sessions were run by the care coordinator in association with the local carers association to support carers.

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. The practice also told us they had a deceased task group who ensured that no correspondence was sent out the patient.

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. For example, the practice worked with the CCG to provide an in-house physiotherapy service for patients which reduced the distance patients had to travel and reduced waiting times.

In addition:

- The practice offered a range of extended hours covering one evening per week, one early morning and each Saturday morning. This helped to facilitate access for working people or for patients who required a working relative to help them get to the practice.
- There were longer appointments available for patients with a learning disability and for those who required them.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for the disabled including toilets and dedicated parking spaces. Although the doors at the front of the building were not automatic, there was an intercom which patients could use to request support from the reception staff.
- The practice had a portable hearing loop.
- Information was displayed in the waiting area to advise patients they could ask for a private room if they wished to breastfeed in private.
- Translation services available and some leaflets were available in alternative languages.
- There was a lift to facilitate access to consulting rooms on the first floor.
- A television information screen had been installed in the waiting area as patients had requested more access to information.
- A phlebotomy service had been reintroduced at the branch surgery following feedback from patients.

Access to the service

The practice opened from 8am to 6.30pm on Monday, Tuesday and Friday; from 7am to 6.30pm on Wednesday and; from 8am to 8pm on Thursday. In addition the practice opened on Saturday mornings from 8am to 11am. Consulting times were from 8.10am to 10.40am in the morning and from 3pm to 5.30pm in the afternoon on Monday, Tuesday and Friday; from 7.20am to 10.40am in the morning and from 3pm to 5pm in the afternoon on a Wednesday and; from 8.10am to 10.40am in the morning and from 3pm to 7.30pm in the afternoon on Thursday. Consulting times on a Saturday morning were from 8.30 to 10.30am.

The branch surgery opened from 8am to 6pm Monday, Tuesday, Thursday and Friday and from 7am to 3.30pm on Wednesday.

The practice offered an all-day advanced nurse practitioner led triage service to enable patients to get rapid access to clinical support and to be provided with an appointment if required. During our inspection we observed patients being triaged at lunch time and being offered appointments the same afternoon where these were needed. In addition appointments for GPs could be booked one week in advance.

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 for satisfaction with opening hours but below local and national averages regarding telephone access.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 75%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

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

The practice was aware of areas of patient dissatisfaction regarding access to appointments and getting to see a preferred clinician. The practice explained that facilitating access to a preferred clinician was particularly challenging due to a number of staff working part time and working across two sites. However, the practice had invested in a new telephone system to improve access and the practice

Are services responsive to people's needs?

(for example, to feedback?)

patient survey from 2016 demonstrated that 81% of patients surveyed were happy with the appointment booking service. As part of their action plan in response to the survey the PPG were working with the practice to review how telephone access could be further improved by connecting the telephone systems at the main surgery and the branch surgery. The PPG also planned to do more work to promote online booking of appointments.

The practice was currently advertising for additional clinical staff to further increase appointment capacity. The practice was initially advertising for an additional advanced nurse practitioner but planned to advertise for a GP if this recruitment was unsuccessful.

Listening and learning from concerns and complaints

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 26 complaints received in the last 12 months, 16 of which were written complaints. 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 discussed at relevant meetings. Complaints were logged centrally and reviewed to ensure learning had been embedded. We saw that changes were made as a result of complaints to improve the service offered to patients. For example, the practice had made the decision to cease providing phlebotomy services from the branch surgery; however following a number of complaints, they reversed this decision and reinstated the service.

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 area and staff knew and understood the values.
- The partners and the practice manager were clear about areas for development and improvement within the practice and we saw that these were discussed at regular management and partners' meetings. Plans included areas such as recruitment and the development of a new website for the practice which was shortly due to be completed.

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. The practice manager had been in post for nine months at the time of the inspection and staff told us they had helped to streamline roles and responsibilities within the practice.
- 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.
- An understanding of the performance of the practice was maintained and the practice engaged regularly with the clinical commissioning group (CCG) and other local practices in the area.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, the practice audited areas such as rates of non-attendance at appointments on an ongoing basis to review and improve the services they offered.
- 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.

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. Records showed that one of the practice's GPs had given a presentation at a meeting to colleagues regarding the requirements of the duty of candour.

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

- Staff told us the practice held regular team meetings. For example, the nursing staff met on a weekly basis to discuss issues and changes. These meetings were attended once per month by the practice manager to ensure effective communication. Other clinical staff within the practice also met on a regular basis.
- Feedback from staff was that the practice manager had been instrumental in bringing individual staff and groups of staff together within the practice.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and the management in the practice.

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

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

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and compliments, concerns and complaints received.
- The PPG was active and had a core group of 12 members who met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of the most recent patient survey the PPG had developed an action plan which included areas such as reviewing the telephone access.
- The PPG and practice were positive about their working relationship. The practice felt supported by the PPG and the PPG told us there was a high level of engagement from clinical and non-clinical staff with representatives often attending their meetings. The PPG had been involved in a wide range of improvements and initiatives within the practice including reviewing letters sent to patients who did not attend appointments, making notices more patients friendly and updating the noticeboards, working with patients to encourage the use of self-check in screen and been involved in the development of the new website.
- The practice had gathered feedback from staff through meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff were empowered to improve processes such as the practice nurses working together to improve the template for wound care. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was involved in collaborative working with other local practices to consider how practices could work together to fund primary care mental health support to deal with the higher than average prevalence of patients with a mental health condition in the local area.

There was a commitment to education within the practice in respect of teaching and training medical students, foundation doctors and GP registrars.

The practice was looking at how they could continue to improve services and had plans in place to implement the following initiatives:

- Increased use of email to contact patients (with their consent) to reduce the postal costs to the practice
- An online promotion week was planned for June to help get patients registered for online appointment and prescription services.

Following a recent exercise to identify potential patients with alcohol problems within the practice population, work was ongoing with a local alcohol support organisation to formalise plans for support sessions to be run from the practice by an alcohol key worker.