West Pottergate Medical Practice

Quality Report

West Pottergate Medical Centre
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We conducted a comprehensive announced inspection on 27th July 2015.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. It was also good for providing services for older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), people living in vulnerable circumstances, and people experiencing poor mental health (including people with dementia).

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed, addressed and shared with staff during meetings.
- Risks to patients and staff were assessed and managed. There were risk management plans which included areas such as premises, medicines handling and administration, infection control and safeguarding vulnerable adults and children.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles. Staff were supervised and supported and any further training needs had been identified and planned for.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. They told us that access to appointments with GPs and nurses was good and that they were happy with the treatments that they received.
- Information about services and how to complain was readily available and easy to understand. Complaints were handled and responded to in line with relevant guidelines.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

Summary of findings

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. When incidents occurred these were investigated to help minimise reoccurrences. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Risks to patients were assessed and well managed. Patients including children who were identified as being at risk were monitored and the practice worked with other agencies as appropriate to safeguard vulnerable adults and children. There were enough staff employed to keep patients safe.

Premises were clean and risks of infection were assessed and managed. Records we viewed showed that infection control audits had been carried out to test the effectiveness of the general cleaning and infection control procedures within the practice. These audits demonstrated that the practice had systems in place for identifying and managing risks of infection.

There were Health and Safety and Infection Prevention and Control policies in place. The practice had suitable equipment to diagnose and treat patients and medicines were stored and handled safely.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were in line with the average for the locality and where there were areas for improvement the practice was proactive in dealing with these. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) which was used routinely to improve care and treatment outcomes for patients. Patients' needs were assessed and care was planned and delivered in line with current legislation. Clinical audit cycles were used to monitor treatments and clinical procedures resulted in improved outcomes for patients.

Patients' general health was monitored through health screening checks and patients with long-term medical conditions were reviewed annually to assess and monitor their conditions and ensure that the treatment they received was appropriate. The practice provided a range of health promotion advice and sessions including smoking cessation clinics and advice on healthy diet and lifestyle choices.

Summary of findings

Staff had received training appropriate to their roles and where further training needs had been identified, it was planned to meet these needs. Staff were supervised and their performance was appraised each year. Staff worked with multidisciplinary teams to ensure that patients received effective care and treatment.

Are services caring?

Good

The practice is rated as good for providing caring services. Data from patient surveys showed that patients rated the practice higher than others for several aspects of care, such as how GPs and nurses explained their care to them, involving them in making decisions and listening to them. Patients said they were treated with compassion, dignity and respect and that they were involved in decisions about their care and treatment.

Information to help patients understand the services available was accessible, available in different formats and languages and easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality. We received positive remarks on the 48 comment cards about the care patients experienced at the practice, and the patients we spoke with during the inspection confirmed this.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. CCGs are groups of general practices that work together to plan and design local health services in England.

There was a higher than average amount of patients at the practice in the working age group. The practice had an appointments system which met the needs of these patients by offering early morning appointments from 8.30am and also appointments later in the day until 6pm. They offered online booking for appointments for ease. Urgent appointments were available each week day.

The majority of patients said they could make an appointment with a named GP and that there was continuity of care. The practice considered the facilities and made adjustments to meet the needs of patients with mobility difficulties. The practice was well equipped to treat patients and meet their needs.

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. The ethos within the practice was to provide high quality patient centred care and treatment within a friendly and caring environment. Staff demonstrated that this was reflected in the care and treatment provided to patients. It had a clear vision and strategy and staff knew their responsibilities in relation to this.

There was a robust leadership structure and staff told us they felt supported by management. Staff said that the practice management staff were open and approachable.

The practice had a number of policies and procedures to support staff and to govern activity. There were systems in place to monitor and improve quality and identify risk which we saw evidence of in various policies for example, safeguarding, infection control and medicines management policies.

Staff received an induction, regular performance reviews and attended staff meetings. The practice sought feedback from patients via the NHS Friends and Family Test. The practice had a current patient participation group (PPG) and patients were actively encouraged to join. Information in the waiting room and on their website explained how to join.

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

This practice is rated as good for the care of older people. The GPs carried out visits to patients' homes if they were unable to travel to the practice for appointments. The practice provided a range of health checks for patients aged 75 years and over. Seasonal flu vaccination and shingles vaccination programmes were provided. Nationally reported data showed that outcomes for patients were in line with the national statistics for conditions commonly found in older people. Flu vaccination up take within the practice was higher than the national average. The practice worked closely with other health care professionals and agencies such as the district nursing team, health visitors and palliative care nurses.

The practice had introduced a dedicated direct line for the care homes they supported So that they could provide an effective and responsive service to patients living there.

The practice used a holistic care approach for all patients aged over 75, where clinicians assessed their health and social care needs. Hearing aid batteries were available from the practice. They identified patients with caring responsibilities and those who required additional support by recording this on their patient record.

People with long term conditions

Good

This practice is rated as good for the care of patients with long term conditions. The practice had effective arrangements for making sure that patients with long term conditions were invited to the practice for annual reviews of their health. Regular medication reviews were undertaken to ensure that their treatment remained effective. Appointments were available with the practice nurses for annual health checks and reviews for long term conditions such as diabetes and respiratory conditions. When needed, longer appointments and home visits were available. For those patients with the most complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. There were structured annual reviews in place to check that the health and medication needs of patients were being met. Patients told us they were seen regularly to help them manage their health.

Families, children and young people

Good

The practice is rated as good for the population group of families, children and young people. Appointments could be booked in person by telephone or online. The premises were suitable for

children and young babies with a play area in the waiting room. Appointments were made available outside of school hours wherever possible. Children under five years of age were always seen by a GP when making an appointment.

Information and advice was available to promote health to women before, during and after pregnancy. The practice monitored the physical and developmental progress of babies and young children.

The practice provided sexual health support, testing and treatment. Chlamydia kits were available in the patient toilets or from the reception desk along with condoms. They offered contraception, maternity services and childhood immunisations with appropriate clinical staff. Data showed they had a higher than national average cervical screening up take result of 83% with national average being 81%. There was information available to inform mothers about all childhood immunisations, what they were for, at what age the child should have them as well as other checks for new-born babies. The Practice held regular immunisation clinics.

There were arrangements for identifying and monitoring children who were at risk of abuse or neglect. Records showed that looked after children (such as children in foster care / under the care of the Local Authority) those subject to child protection orders and children living in disadvantaged circumstances were discussed at the appropriate meetings. Any issues were also shared and followed up at monthly multidisciplinary meetings. All staff were trained to recognise and deal with acutely ill babies and children and to take appropriate action.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the population group of working-age people (including those recently retired and students). The needs of the working age population had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Appointments could be booked online, in person, by telephone and could be booked in advance. The practice had appointments available from 8.30am until 6pm weekdays for convenience.

The practice provided travel advice and vaccination through appointments with the practice nurse team. Information on the various vaccinations was available on the practice website.

When patients required referral to specialist services they were offered a choice of services, locations and dates. These referrals were made in a timely way and monitored to ensure that patients received the treatments they needed.

Summary of findings

People whose circumstances may make them vulnerable

Good

This practice is rated as good for the care of people living in vulnerable circumstances. The practice had a register of patients who had learning disabilities. All patients with learning disabilities were invited to attend for an annual health check.

The practice regularly worked with multidisciplinary teams in the case management 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 and out-of-hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the population group of people experiencing poor mental health (including patients with dementia). The GPs worked closely with drug dependence teams and local chemists to support vulnerable patients, such as those with a drug and alcohol addiction or suffering with poor mental health. The practice engaged in the local Lithium monitoring service. Lithium is used in treating mental illness when other treatments are not effective but needs careful monitoring of its use.

Patients with dementia and memory problems were routinely tested as part of a dementia assessment. Support was offered to the patients, families and carers and double length appointments with the clinicians were booked. The practice had a reminder system in place which messaged or telephoned the patient 24 hours prior to their appointment.

Summary of findings

What people who use the service say

We gathered the views of patients from the practice by looking at 48 CQC comment cards that patients had completed prior to the inspection. The responses we received were overwhelmingly positive with all the patients who completed the cards commenting about the good care and treatment they received, and the kindness of staff at the practice.

We also spoke with three patients during our inspection. Many patients who gave us their views had been patients at the practice for years and their comments reflected this long term experience. Patients had felt their experiences with the practice were positive. They told us that they were treated with respect and the GPs, nurses and all other staff were kind, supportive and helpful.

Data available from the July 2015 National GP patient survey showed that the practice scores were above the national average. 92% of respondents with a preferred GP usually got to see or speak to that GP which had a CCG average of 61% and a national average of 60%. 92% of respondents found it easy to get through to the surgery by phone with a CCG average of 73% and a national average of 73%.

West Pottergate Medical Practice

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 CQC Inspector, a GP specialist advisor and a Practice Manager specialist advisor.

Background to West Pottergate Medical Practice

West Pottergate Medical Centre is located in Norwich, Norfolk. The practice provides services for approximately 4400 patients. The practice shares a large building within the West Pottergate Health Centre with other providers of health services.

The practice is managed by three GP partners who are supported by clinical staff; two practice nurses and two healthcare assistants. The practice also employs a part time practice manager and a team of reception, clerical and administrative staff.

The practice is open from 8.30am to 6pm on Monday to Friday. Urgent appointments are available on the day. Routine appointments can be pre-booked in advance (GPs can be booked up to three months and nurse appointments four months in advance) by telephone, in person or online. Telephone consultations and home visits are available daily as required.

The practice has opted out of providing GP services to patients outside of normal working hours such as nights and weekends. During these times GP services are provided by NHS walk in centre, Norfolk Practices Health Centre, Rouen House, Rouen Street, Norwich, which operates from 9am until 7am seven days per week. NHS 111 is available 24 hours a day, 365 days a year. When the practice is closed, there is a recorded message giving the out of hours' details.

Why we carried out this inspection

We inspected West Pottergate Medical Centre as part of our comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

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.

How we carried out this inspection

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?

Detailed findings

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

We also looked at how well services are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before inspecting we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27th July 2015. During our inspection we spoke with the GP partners, the practice manager, one practice nurse, one health care assistant and three reception/admin staff. We spoke with three patients who used the service. We viewed documents and records relating to the management of the practice. We reviewed 48 comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risks and improve quality in relation to patient safety. Reported incidents and National Patient Safety Alerts were used as well as comments and complaints received from patients to collate risk information. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed 12 months of safety records, incident reports and minutes from meetings where these issues were discussed. This showed that the practice had managed risk and patient safety consistently over time and could show evidence of a safe track record.

The practice had policies and procedures for reporting and responding to accidents, incidents and near misses. Staff we spoke with told us that they were aware of the procedures for reporting and dealing with risks to patients and concerns. They told us that the procedures within the practice worked well. We saw minutes of practice meetings, communicated emails to staff and discussions with the staff, that information was shared so as to improve patient safety. Staff told us that managers communicated with them regularly.

Learning and improvement from safety incidents

Complaints, accidents and other incidents such as significant events were reviewed regularly and discussed at practice meetings to monitor the practice's safety record. A root cause analysis (which is a method of problem solving used to identify the causes of issues or problems) was carried out to determine where improvements could be made and to identify learning opportunities to prevent reoccurrences and to take action to improve on this where appropriate. Staff we spoke with could give examples of learning or changes to practices as a result of complaints or incidents reviewed. For example, a recent significant event occurred where the incorrect patient was seen in the GP consultation. Details of the incident were emailed to staff and listed to be discussed at the next partners' meeting where the outcome would be disseminated back to staff.

Staff we spoke with told us that the practice had a 'no blame' culture and said that there was an open and transparent culture for dealing with incidents or near misses. They told us that they were supported and encouraged to raise concerns and to report any areas where they felt patient care or safety could be improved.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable families, children, young people and adults. Practice training records made available to us, showed that all staff had undertaken relevant role specific training on safeguarding adults and children. Staff we spoke with were able to demonstrate that they understood their responsibilities to keep patients safe and they knew the correct procedures for reporting concerns. The practice had a designated lead for safeguarding vulnerable adults and children who had oversight for safeguarding and acted as a resource for the practice. From training records viewed we saw that the lead had undertaken appropriate safeguarding training. Staff we spoke with knew who the lead was and who they could speak with if they had any safeguarding concerns.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information of any relevant issues when patients attended or failed to attend appointments; for example looked after children or those children who were subject to child protection plans, elderly patients and those who had learning disabilities. Vulnerable families, adults and children were discussed at fortnightly clinical meetings and monthly multidisciplinary team meetings, which were attended by health visitors, district nurses and palliative care nurses. We looked at the records from these meetings and found that information was shared with the relevant agencies, reviewed, followed up, and appropriate referrals were made as required.

A chaperone policy was in place (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The chaperone policy described the clinician's responsibilities for determining when a chaperone would be needed. We saw that where patients were identified as requiring a chaperone that this was recorded within the electronic patient records system so that staff were alerted when the patient visited the practice.

Chaperone duties were undertaken by nurses and health care assistants. The practice manager and relevant staff confirmed that they had undertaken chaperone training.

Good

Are services safe?

From records viewed we saw that criminal records checks had been carried out with the Disclosure and Barring Service (DBS) for clinical staff including health care assistants working at the practice. Staff we spoke with were aware of their roles and responsibilities when acting as a chaperone during patient consultations. Patients we spoke with were aware that they could request a chaperone during their consultation if they chose to and signs were easily visible promoting this.

Patient's individual records were kept on the practice electronic system which collated all communications about the patient and with the patient including scanned copies of communications from hospitals. We saw evidence that staff were able to use it to record and store information around patient safety and safeguarding vulnerable patients.

Medicines Management

Medicines were managed safely so that risks to patients were minimised. Medicines were documented, checked and stored correctly. There was secure storage of medicines, including vaccines, emergency medicines and medical oxygen. We saw documents showing that medicines were stored at the appropriate temperature to ensure that they remained effective. The temperatures of fridges used to store medicines were checked daily to ensure that they did not exceed those recommended by the medicine manufacturer. We checked a sample of medicines and these were found to be in the correct quantities according to the medicines log and in date. Expired and unwanted medicines were disposed of in line with waste regulations.

The practice had staff guidance for administering vaccines and medicines is current and accessible. The practice nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. The practice nurses also administered medicines using Patient Specific Directions (PSDs) that had been produced by the prescriber. We saw evidence that nurses had received appropriate training and had been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber.

The practice followed national guidelines around medicines prescribing and repeat prescriptions. All prescriptions were reviewed and signed by a GP before they were given to the patient. The practice had robust arrangements for reviewing patients with long term conditions to ensure that the medicines they were prescribed were appropriate and that risks were identified and managed. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Staff told us that patients who were prescribed medicines on a longer-term basis were monitored and were contacted to attend regular medication reviews. They told us that letters and text message reminders were sent and follow up calls made as needed.

Information about the arrangements for obtaining repeat prescriptions was made available to patients in printed form and via the practice website. Patients could order repeat prescriptions in person at the practice, by post or online through the secure clinical electronic system (for patients who were registered for online access). Patients we spoke with told us they were given information about any prescribed medicines such as side-effects and any contra-indications. They told us that that the repeat prescription service worked well and they had their medicines in good time.

There was a system in place for the management of high risk medicines such as medicines used in the treatment of terminal and life limiting illnesses, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results. No controlled drugs were kept at the practice.

Cleanliness & Infection Control

We observed the premises to be clean and tidy. The practice had suitable procedures for protecting patients and staff against the risks of infections. Hand sanitising gels were available for patients and staff use. Hand washing sinks with liquid soap, hand sanitising gel and paper towel dispensers were available in treatment rooms. The clinical rooms had non disposable curtains which were inspected regularly and details kept of when they were hung. They were laundered six monthly unless soiled and were last laundered May 2015. The rooms were clean and not cluttered. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. The childrens' toys in the waiting area had a regular cleaning schedule.

The practice had in place infection control policies and procedures for staff to follow, which enabled them to plan and implement measures for the control of infection. These

included procedures for dealing with bodily fluids, handling and disposing of surgical instruments and dealing with needle stick injuries. All clinical staff had undertaken infection control training and staff underwent screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections. All staff were provided with appropriate personal protective equipment including gloves and aprons. Spill kits were available to manage any spillage of bodily fluids.

The practice's managing agents employed an agency for its general cleaning contract. We saw there were cleaning audits to monitor the cleanliness of the general and clinical areas. These audits demonstrated that there were systems in place for identifying and managing risks of infections however a more robust system was needed to ensure the cycle was completed fully as the practice had little control over the managing agents cleaning agency and did not have access to the cleaners' check lists. The practice did regular checks and reported back when problems occurred.

The practice nurses told us that they were responsible for cleaning certain areas in the treatment room in between patient consultations. Nursing staff and the practice manager told us that regular visual checks were carried out on premises, equipment etc. to ensure that they were clean, however these were not recorded.

All staff knew who the infection control lead in the practice was. The named lead was aware of their position and had undergone extra training.

The practice had a policy for the management, testing and investigation of legionella (water borne bacteria found in the environment which can contaminate water systems in buildings). We saw that a risk assessment had been carried out and water temperatures were monitored regularly.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. Medical equipment including blood pressure monitoring devices, scales and thermometers were periodically checked and calibrated to ensure accurate results for patients.

We saw records showing that other equipment required for the safe running of the practice, including fire detecting and fire fighting equipment were checked, and replaced as required, annually by an external company and the fire alarm was tested weekly. The practice had a schedule for testing the portable electrical equipment annually and the PAT test was completed July 2015. Portable appliance testing (PAT) is an examination of electrical appliances and equipment to ensure that they are safe to use.

Staffing & Recruitment

All staff had annual appraisals with training and development needs identified and planned for. The practice had procedures for recruiting new staff to help ensure that they were suitable to work in a healthcare setting. The practice recruitment policy set out the standards it followed when recruiting clinical and non-clinical staff, including identity checks, qualifications and professional registration with the appropriate professional body. We saw evidence that all staff were appropriately qualified and trained, and where appropriate, had current professional registration with the Nursing and Midwifery Council (NMC) and General Medical Council (GMC). We looked at the records for five staff members. We saw evidence that appropriate recruitment checks had been undertaken. Employment references and criminal records checks through the Disclosure and Barring Service (DBS) were in place for each of the five members of staff. There were procedures in place for managing any disciplinary issues.

Staff told us there were usually enough staff to maintain the smooth running of the practice and to ensure that patients were kept safe. At the time of our inspection there were three GPs with a practice patient list of just over 4,400 patients. GPs and the practice manager told us that they worked to ensure that they provided a flexible and safe service. Staffing levels were regularly reviewed to ensure that there was appropriate cover to deal with day-to-day appointments and home visits. There were arrangements in place to ensure that locum GPs were sourced if required to deal with any changes in demand to the service as a result of both unforeseen and expected situations such as seasonal variations (winter pressures or adverse weather conditions).

Good

Are services safe?

Monitoring Safety & Responding to Risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included accident reporting, checks of the building, the environment, medicines management, staffing, dealing with emergencies and equipment.

We saw that a log of incidents, complaints and significant events had been kept at the practice and they had all been appropriately investigated. We saw that reviews of incidents and significant events over time had been completed to identify if there were any reoccurring concerns across the service.

The practice had policies and procedures in place for recognising and responding to risks. Staff we spoke with told us that they were aware of these procedures. Staff were able to demonstrate the correct action to take if they recognised risks to patients; for example they described how they would treat and escalate concerns about adults or children or a patient who was experiencing a physical or mental health issue or crisis. We saw that any risks were discussed at GP partners' meetings and within team meetings.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. There were procedures in place for staff to refer to when dealing with emergency situations. We saw records showing all staff had received training in basic life support. Emergency medicines and oxygen was available at a dedicated place within the practice as were anaphylaxis medications (containing medicines to treat severe allergic reaction). All staff asked knew the location of these medicines. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date, documented and fit for use.

The practice had a business continuity plan to deal with a range of emergencies that might impact on the daily operation of the practice. Risks identified included power failure, water failure, adverse weather, epidemic/pandemic, unplanned sickness, accident or terrorism and access to the building. The document also contained details of the relevant people to contact in the event of any incident, which might disrupt the running of the day-to-day operation of the practice.

A fire risk assessment had been undertaken that included actions required to maintain fire safety. We saw that the fire safety and evacuation procedure was displayed throughout the practice. Fire alarm tests were conducted weekly. Staff we spoke with were aware of the procedures to follow in the event of a fire or other untoward event which would require the building to be evacuated. The last fire drill was completed in June 2015.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice GPs and nurses carried out reviews for patients with long term conditions. The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient has fair access to quality treatment. We saw that NICE guidelines were available to all clinicians and distributed each month by the administration team. Information and new guidance were made available in information folders and shared with staff during regular meetings so as to ensure that practices were in line with current guidelines to deliver safe patient care and treatments.

We found the GPs were utilising clinical templates to provide thorough and consistent assessments of patients' needs. Records we saw showed us that the practice's performance in assessing and treating patients with long term conditions in 2014/2015 such as asthma and chronic respiratory illnesses, were above with the local Clinical Commissioning Group (CCG) averages and had improved from the previous data.

Clinical staff we spoke with were open about asking for and providing colleagues with advice and support.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, child protection alerts management and medicines management.

The practice had a robust system for completing clinical audit cycles, a process by which practices can demonstrate on going quality improvement and effective care. Clinical audits are ways in which the delivery of patient treatment and care is reviewed and assessed to identify areas of good practice and areas where practices can be improved. The practice had various audits and showed a long history of audit completion for example, osteoporosis medication, diabetes criteria and medications, prostate cancer diagnosis and follow ups, side effects monitoring of a drug that maintains normal heart rhythm and medication prescribed to prevent blood clotting disorders.

We looked at the data and information we held about the practice. This included information taken from the 2013/2014 Quality and Outcomes Framework (QOF). The practice's overall QOF score for the clinical indicators was 762.41 points out of a possible 900 points which equated to 84.7% and was generally in line with the national average. The practice also had a low clinical exception rate (data allowed to be exempt from the figures). The patient up take of the influenza vaccination was 81.09% which was higher than the national average of 73.24% but their diabetes monitoring points were 80.4% and was lower than the CCG average by 5.6% and national average by 9.7%. GPs and practice nurses were proactive in following up on the data from 2013/2014. The practice manager and senior GP partner showed us data for the next year's QOF results which showed a score of 558.2 out of a possible 559 point (this data was provided to us by the practice and has yet to be validated). The data submitted had been improved significantly demonstrating that they were providing effective assessments and treatments for patients with a range of conditions such as dementia, learning disabilities and mental health disorders. They also showed us data from the preceding three years which showed the practice consistently scored above average on QOF prior to the 2013/2014 score.

The practice showed us data collected from January 2014 to December 2014 which confirmed they had a low level of A+E attendances by patients, which was 180 and was lower than the national average of 328. Emergency admissions was 71 which was lower than the national average of 89 and acute cancer admissions was 6 which again was lower than the national average of 11.

The practice kept a register of patients who were receiving palliative care and were monitoring and planning care in line with the needs of these patients. The practice held regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

Good

Are services effective?

(for example, treatment is effective)

The practice was commissioned for the enhanced service (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These were, childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, annual health checks for patients with learning disabilities, minor surgery, patient participation group, remote care monitoring and rotavirus and shingles immunisations.

Effective staffing

Practice staff included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw staff were up to date with essential training courses, such as basic life support, fire safety and safeguarding adults and children.

GPs were up to date with their continuing professional development requirements and all had either been revalidated or had a date for revalidation. (Every GP is appraised annually and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council (GMC) can the GP continue to practise and remain on the performers list with NHS England.)

The practice nurses were registered with the Nursing and Midwifery Council (NMC). To maintain registration they had to complete regular training and update their skills. The nurse we spoke with confirmed their professional development was up to date and we saw training logs and certificates which evidenced this.

The staff we spoke with confirmed they had received annual appraisals. They told us it was an opportunity to discuss their performance and any appropriate training they either needed or wanted to attend. All the staff we spoke with felt they were well supported in their role and confident in raising issues with the practice manager or GPs. We saw evidence of the induction programme in staff files and the staff described how they had undertaken it and been supported through the first few weeks of settling into the practice and familiarising themselves with relevant policies, procedures and practices. The practice employed staff who were skilled and qualified to perform their roles. Appropriate checks had been made on new staff to ensure they were suitable for a role in healthcare. We looked at employment files, appraisals and training records for five members of staff. We saw evidence that all staff were appropriately qualified and trained, and where appropriate, had current professional registration with the Nursing and Midwifery Council (NMC) and General Medical Council (GMC). We saw that staff undertook relevant training and reflective practice to enable them to maintain continuous professional development to meet the revalidation requirements for their professional registration. Staff we spoke with told us that the GPs provided opportunities for learning and that they undertook a range of online and face-to-face training. Records we viewed confirmed this.

The practice had dedicated leads for overseeing areas such as safeguarding. The practice nurses had undertaken specific training in health promotion and the treatment of minor illness such as, acute asthma, smoking cessation and sexual health screening. The nurses provided services including new patient medicals, long term condition reviews, family planning and cervical screening.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs, including those with complex needs. There were clear procedures for receiving and managing written and electronic communications in relation to patient's care and treatment. Correspondence including test results, X-ray results, letters including hospital discharges, out of hour's providers and the NHS 111 summaries were reviewed and actioned by the appropriate clinician.

The practice held monthly multidisciplinary team meetings to discuss the needs of complex patients including those with end of life care needs, vulnerable families and children on the at risk register. These meetings were attended by district nurses, health visitors and palliative care nurses and decisions about care planning were discussed and minuted. We looked at the records for the last four meetings and found that detailed information was recorded, reviewed and shared to ensure that patients received coordinated care, treatment and support.

Information Sharing

The practice used electronic systems to record and store patient data. Staff used an electronic patient record to co-ordinate, document and manage patients' care. The computer systems were protected by smart cards and passwords. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from the hospital, to be saved in the system for future reference. Electronic systems were in place for making

Good

Are services effective?

(for example, treatment is effective)

referrals and, in consultation with the patients; these could be done through the Choose and Book system. (The Choose and Book system is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

There was a system for making sure test results and other important communications about patients were dealt with. These were passed to GPs to review and act on as required.

The practice maintained registers for patients with life limiting illnesses, those identified as vulnerable or frail and patients with mental health conditions or those with learning disabilities. GPs and nurses at the practice worked closely with palliative care nurses and other agencies who supported patients with life limiting illnesses. They held a monthly palliative care meeting to ensure that care and support was delivered in a co-ordinated way so that patients received care and treatment that met their changing needs. Regular monthly multidisciplinary meetings were held to discuss patients' needs. Other health and social care professionals including district nurses and health visitors attended to help ensure that patients received coordinated care and treatments as needed.

Staff were alert to the importance of patient confidentiality and the practice had appropriate policies and procedures in place for handling and sharing patient information.

Consent to care and treatment

We found the clinicians were aware of the Mental Capacity Act 2005 and Children Acts 1989 and 2004 and were able to describe how they implemented it in their practice. Clinicians demonstrated an understanding of legal requirements when treating children. They understood Gillick competency. This is used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. The Mental Capacity Act is designed to protect people who cannot make decisions for themselves or lack the mental capacity to do so, by ensuring that any decisions made on their behalf are in the person's best interests.

The practice had policies and procedures in place for obtaining patients' consent for care and treatment. The procedures included information about patients' right to withdraw consent. GPs and nurses we spoke with had a clear understanding of the practices' consent policies and procedures and told us that they obtained patients' verbal or written consent before carrying out physical examinations or providing treatments. Clinical staff we spoke with were aware of parental responsibilities for children. The nurse we spoke with told us that they obtained parental consent before administering child immunisations and vaccines.

Health Promotion & Prevention

There was a wide range of information leaflets about health promotion and healthy lifestyle choices available within the waiting room where patients could see and access them. We saw information about mental health, memory assessment, carers' support, counselling, pregnancy, diabetes, domestic violence advice and support that was prominently displayed in waiting areas with helpline numbers and service details. There was information and guidance available on diet, smoking cessation, allergies and alcohol consumption. There was information available about the local and national help, support and advice services. This written information was available in English and various other languages.

All newly registered patients were offered routine medical check-up appointments with a health care assistant or nurse. The GP was informed of all health concerns detected and these were followed up in a timely way. Nurse led clinics and pre-bookable appointments were available including sexual health, family planning, coronary heart disease prevention, diabetic and asthma clinics. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Information about the range of immunisation and vaccination programmes for children and adults were well signposted throughout the practice and on the website. Childhood immunisation clinics were held regularly.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We gathered the views of patients from the practice by looking at the 48 CQC comment cards that patients had completed and from speaking in person with three patients. The response from patients was overwhelmingly positive with patients reporting that staff at the practice were helpful, kind, polite and supportive.

We reviewed the most recent information available from the National GP patient survey published July 2015. 254 surveys were sent out and 114 returned which was a 45% completion rate. We saw that 94% said that the last GP they saw or spoke with was good at listening to them which had a CCG average of 89% and a national average of 89%. Also 87% of respondents said that the last GP they saw or spoke with was good at treating them with care and concern which had a CCG average of 85% and a national average of 85%. The majority of the responses for the practice were above the national average.

Staff were aware of the practices' policies for respecting patients' confidentiality, privacy and dignity. During the inspection we spent time in the reception area. This gave us the chance to see and hear how staff dealt with patients. We observed that there was a friendly atmosphere and that the reception staff were polite and pleasant to patients.

There was information on the website and in reception explaining that patients could request a chaperone during examinations. Patients we spoke with told us that they knew they could have a chaperone during their consultation should they wish to do so. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that doors were closed during consultations and treatments and conversations taking place in these rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. They told us that GPs and nurses were very good and they took their concerns seriously. They spent time explaining information in relation to their health and treatments in a way that they could understand. Patient feedback on the comment cards we received was also extremely positive and each of the 48 patients who responded told us that they were happy with their involvement in their care and treatment.

The national GP Patient survey information we reviewed showed that patients' responses were positive to questions about involving them in planning and making decisions about their care and treatment. For example, 93% said the last GP they saw or spoke with was good at explaining tests and treatments which was a CCG average of 86% and a national average of 86%. Also 86% said that the last GP they saw or spoke with was good at involving them in decisions about their care which was a CCG average of 82% and a national average of 81%. The practice scored highly on the majority of the responses.

Staff told us that only a small proportion of patients registered with the practice did not have English as a first language. They reported that translation services were available and posters within the waiting room and information on the practice website highlighted that to patients. The practice had an electronic appointment check-in system, which was set up to reflect the most common languages used in the area. Staff had access to an interpretation and translation service via telephone plus an interpreter could be booked to attend the practice when needed.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke with on the day of our inspection and the comment cards we received highlighted staff responded compassionately when they needed help and provided support when required.

The practice had policies and procedures in place for identifying and supporting patients who voluntarily spent time looking after friends, relatives, partners or others, who needed help to live at home due to illness or disability. Patients who were carers for others were identified as part of the new patient registration. Carers were provided with information and support to access local services and benefits designed to assist them.

Good

Are services caring?

The practice had arrangements for obtaining patients' wishes for the care and treatment they received as they approached the end of their lives. Staff told us families who had suffered bereavement were called by the GP. The staff told us that the practice sent out a condolence card to the bereaved family members.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided, for example screening programmes, vaccination programmes and family planning. These were monitored by the Clinical Commissioning Group (CCG) for the local area, and the practice engaged regularly with the CCG to discuss local needs and priorities.

The facilities and premises coped with the services which were planned and delivered, with sufficient treatment rooms and equipment available. The practice had good access with no stairs or steps and a large waiting room. All clinical rooms had wide door frames and large rooms with space for wheelchairs and prams/pushchairs to manoeuvre.

The appointment system was effective for the various population groups that attended the practice. The higher working age population registered at the practice were able to obtain appointments Monday to Friday from 8.30am (before work) until 6pm (after work). Longer appointments were available for patients with learning disabilities, those suffering from poor mental health and those with long-term conditions or complex needs. Home visits were available for those with limited mobility or otherwise unable to get to the practice.

The GPs worked closely with drug dependence teams and local chemists to support vulnerable patients such as those with a drug and alcohol addiction or experiencing poor mental health. The practice was engaged in the local Lithium monitoring service. Lithium is used in treating mental illness when other treatments are not effective but needs careful monitoring of its use.

Tackling inequity and promoting equality

The practice had registers of patients who were living in vulnerable circumstances and those with learning difficulties, and staff were able to give examples of how these helped them deal sensitively with patients, for instance offering extra support to attend or longer appointments.

The premises and services met the needs of patients with disabilities. The entrance was accessible to prams/pushchairs and wheelchairs and allowed for easy access to the treatment and consultation rooms. The corridors and waiting rooms were clear and more than adequately sized.

Accessible toilet facilities were available for all patients attending the practice including baby changing facilities and the practice provided private facilities for breast feeding.

Access to the service

Patients could make appointments by telephone, calling at the practice, or online. Repeat prescriptions could be ordered online, by post or via reception at the practice. The practice was open from 8.30am to 6pm Monday to Friday. Urgent appointments were available on the same day. Routine appointments could be pre-booked in advance in person, by telephone or online. Home visits were available daily as required.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for patients who needed them and those with long-term conditions.

We gathered the views of patients from the practice by looking at the 48 CQC comment cards that patients had completed and spoke in person with three patients. The response from patients was overwhelmingly positive with patients reporting that they could get through on the telephone easily and appointments were accessible. Staff were friendly and approachable and the patients were very happy with their GP practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. The practice manager handled written complaints but all staff were aware of the complaints procedure and would in the first instance attempt to deal with complaints when they occurred. Information on how to complain was contained in the patient leaflet, on the practice website, and was displayed in reception. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at a summary of complaints and could see that these had been responded to in a timely manner, and a full investigation undertaken. The patient was then contacted with a full explanation and where necessary an apology.

The practice summarised and discussed complaints at practice meetings, or where necessary on a one to one basis with staff members or as part of their appraisal. The practice was able to demonstrate learning and changes as a result of complaints, such as rewriting of practice information or re-training a member of staff. We saw minutes of meetings where shared learning and action points were discussed.

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 and strategy to deliver high quality care and promote good outcomes for patients in an open and friendly environment. Staff we spoke with were aware of the vision and values for the practice and told us that they were supported to deliver these. The practice was active in focusing on outcomes in primary care. We saw that the practice had recognised where they could improve outcomes for patients and had made changes accordingly through reviews and listening to staff and patients.

Governance Arrangements

There were arrangements in place to ensure the continuous improvement of the service and the standards of care. The policies and procedures were clear and accessible to staff. Staff told us that they were aware of their roles and responsibilities within the team. Some members of staff had lead roles, these included palliative care, infection control and safeguarding. There was an atmosphere of teamwork, support and open communication.

There were policies and procedures in place, which underpinned clinical and non-clinical practices. We saw evidence that processes and procedures were working in the practice. The practice used information from a range of sources including their Quality and Outcomes Framework (QOF) results and the Clinical Commissioning Group to help them assess and monitor their performance.

From a review of records including minutes from staff meetings, appraisals, complaints and significant event recording we saw that information was regularly reviewed to identify areas for improvements and to help ensure that patients received safe and appropriate care and treatments.

Leadership, openness and transparency

All staff we spoke with told us that GPs and the practice management team were approachable. They told us that they were encouraged to share new ideas about how to improve the services they provided and that the practice was well managed. They told us that there was an open and transparent culture within the practice and that both staff and patients were encouraged to make comments and suggestions about how the practice was managed, what worked well and where improvements could be made.

There was good communication between clinical and non-clinical staff. The practice held fortnightly meetings and met more frequently where required to discuss any issues or changes within the practice.

Practice seeks and acts on feedback from users, public and staff

The practice sought feedback from patients on a regular basis through the NHS Friends and Family Test. They were actively encouraging patients to join the patient participation group (PPG) and met regularly with the current members. Update reports from PPG meetings were displayed in the waiting room.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice had a whistleblowing policy which was available to all staff and those we spoke with said that they would feel confident in reporting any concerns.

Management lead through learning & improvement

The practice had management systems in place which enabled learning and improved performance. We spoke with a range of staff who confirmed that they received annual appraisals where their learning and development needs were identified and planned. Staff told us that the practice consistently strived to learn and to improve patient's experience and to deliver high quality patient care.

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at five staff files and saw that regular appraisals took place which included a personal development plan.