

# Musters Medical Practice

## Quality Report

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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 Musters Medical Practice on 8 September 2015. Overall the practice is rated as good.

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

- The practice had arrangements in place to deal with information concerning safety. Staff were aware of their responsibilities to raise concerns and report incidents. Information relating to safety was documents, monitored and reviewed.
- Most risks to patients were assessed and well managed, however, the practice needed to ensure oversight of risks related to areas of the building which it occupied.
- The practice used best practice guidance to plan and deliver treatment for its patients. Staff had received training appropriate to their roles and were able to access further training to meet their training needs.

- Patients told us they were treated with dignity and respect and involved in decisions about their care. Staff treated patients and families with compassion.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had very good facilities and was well equipped to treat patients and meet their needs.
- There was clear leadership within the practice and we saw evidence of a very supportive culture amongst practice staff. The practice encouraged feedback and suggestions from staff.

However there were some areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure formal arrangements are in place to identify, assess and manage all risks for those areas of the building that occupied and used by the practice

# Summary of findings

- Ensure there are robust systems in place for the storage of staff appraisal documentation
- Ensure that staff undertaking chaperone duties have a clear understanding of their role and responsibilities
- Ensure that their business continuity plan is updated to reflect current contact details for relevant organisations
- Ensure that oral airways and masks identified on inspection as being in poor condition are replaced

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice had robust systems to deal with emergencies and had a comprehensive business continuity plan in place.

Risks to patients were assessed and managed, however the practice did not have oversight of all the risks relating to the day to day running of the practice. For example in relation to areas such as conducting and documenting regular health and safety checks and risk assessments for manual handling.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were generally better than the average for the locality. For example, the practice performed best within the local area in respect of the lowest rate of emergency admissions between June 2014 and May 2015. Staff had access to local and national guidelines and used these routinely to plan and deliver patient care.

We saw evidence of effective multidisciplinary working and feedback from external stakeholders was very positive.

Staff had received training appropriate to their roles and any further training needs had been identified and planned to meet these needs. Staff told us they had received appraisals in the last 12 months and computer records showed the dates these had been held, however records of appraisals were missing at the time of the inspection.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. For example, 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and national average of 87%.

Patients we spoke with and feedback from the completed comment cards indicated that patients were treated with kindness and respect. Patients told us they felt involved in decisions about their care and treatment and things were explained to them properly.

Good



# Summary of findings

Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice also worked with their patient participation group (PPG) to help improve their services.

The practice had very good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

The practice had effective systems in place to facilitate patient access. These had helped to ensure that the practice had the lowest rate of emergency admissions within the CCG area between June 2014 and May 2015. Data showed that fewer patients from the practice attended A&E as an emergency when compared with others in the area.

Good



## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and the practice values and their responsibilities in relation to this.

There was a clear leadership structure and staff felt supported by management and their colleagues. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and had been involved in the design of the new practice building. Staff had regular access to training and attended staff meetings and events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice had links to local care homes where it offered weekly and fortnightly scheduled visits to proactively deal with patient needs. Feedback from care homes served by the practice was extremely positive.

The practice held monthly multidisciplinary meetings to ensure that older patients at high risk of hospital admission were reviewed and had care plans in place.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing and medical staff had lead roles in the management of chronic diseases.

Staff demonstrated that they had the knowledge and skills required to respond to the needs of patients with long-term conditions and had received additional training in these areas. For example in relation to chronic obstructive pulmonary disease (COPD). (COPD is the name for a collection of lung diseases).

Longer appointments and home visits were available for these patients as required and all of these patients had a named GP. Appointments for those who attended the surgery were offered on flexible times and days.

The practice demonstrated a multidisciplinary approach to the care of these patients.

Good



### Families, children and young people

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

There was a named safeguarding lead at the practice. The staff we spoke with demonstrated knowledge and understanding in relation to safeguarding children and were aware of their responsibilities to report concerns. The practice held regular meetings to discuss children at risk. Feedback from the health visitor was positive regarding the practice.

Good



# Summary of findings

Flexible appointment times were offered for mothers at the beginning and end of the day to help them plan their day around other commitments such as taking children to school. The practice had consistently achieved relatively high rates for childhood immunisations.

The practice offered baby changing facilities and an area where mothers could breastfeed should they not wish to do this in the main waiting area.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. The practice used a text messaging service to remind patients of appointment bookings.

The practice opened two evenings per week until 7.30pm and supported weekend opening at a local surgery to facilitate access for working age patient.

The practice offered contraception services including coil fitting, coil checks and sexual health services. The practice also participated in delivering weekend morning GP services at a local health centre.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability. It had carried out annual health checks for people with a learning disability and offered longer appointments for these patients.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

The practice worked with a local carers' charity to offer sessions with a support worker at the practice for people with a caring responsibility. The practice had also appointed a carers' champion to aid with identifying carers and ensuring that the appropriate support was in place for these patients.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice conducted regular ward rounds of local care homes who had residents with dementia. Feedback about the practice from care home staff was wholly positive.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

**Good**





# Summary of findings

## What people who use the service say

We looked at the results of the national patient survey from July 2015. Questionnaires were sent to 283 patients and 104 people responded. This was a 37% response rate. The practice performed well when compared with others in the CCG in some areas. For example;

- 95% of respondents found it easy to get through to this surgery by phone compared with the CCG average of 81% and the national average of 73%
- 93% of respondents described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%
- 83% of respondents were satisfied with the surgery's opening hours compared with the CCG average of 75% and the national average of 75%

The practice did not perform as well in the following areas, although these were still broadly in line with other local practices;

- 81% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 81%

- 87% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with the CCG average of 89% and the national average of 85%

We reviewed comments and ratings on the NHS Choices website. The rating for the practice was four stars out of a possible five. There were six reviews left in the last 12 months and five of these reviews were positive.

We spoke with four patients and two members of the PPG during our inspection. Patients we spoke with were very positive about the practice. They told us they found the practice clean and tidy and they did not feel rushed. Patients told us they were treated with dignity and respect.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 completed comment cards. Feedback on forty-seven of the comment cards was overwhelmingly positive. The comments highlighted staff were polite, friendly and helpful as well as delivered a professional service. Two cards contained mixed feedback about the practice.

## Areas for improvement

### Action the service **SHOULD** take to improve

Importantly the provider should:

- Ensure formal arrangements are in place to identify, assess and manage all risks for those areas of the building that occupied and used by the practice
- Ensure there are robust systems in place for the storage of staff appraisal documentation
- Ensure that staff undertaking chaperone duties have a clear understanding of their role and responsibilities
- Ensure that their business continuity plan is updated to reflect current contact details for relevant organisations
- Ensure that oral airways and masks identified on inspection as being in poor condition are replaced

# Musters 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 GP specialist adviser, a second CQC inspector and a practice manager specialist advisor.

## Background to Musters Medical Practice

Musters Medical Practice provides primary medical services to approximately 8953 patients through a personal medical services contract (PMS). Services are provided to patients from a purpose built primary care centre. The practice is co-located with another local practice.

The practice population live in an area of below average deprivation. Income deprivation affecting children and older people is below the national average.

The practice team is comprised of four GP partners, a nurse practitioner, three practice nurses and a health care assistant. The practice is an accredited training practice and at the time of the inspection the practice had three GP registrars (GP registrars are qualified doctors who are training to become GPs through a period of working and training in a practice) working within the practice.

The clinical team is supported by a practice manager and ten reception and secretarial staff.

The practice opens from 8.00am to 6.30pm Monday to Friday. Morning appointments are available daily from 8.30am to 11.30am. Afternoon appointments are available from 4.00pm to 6.00pm Monday, Wednesday and Friday and from 4.00pm to 7.30pm on Tuesday and Thursday.

The practice has opted out of providing out-of-hours services to its patients. This service is provided by Nottingham Emergency Medical Service (NEMS). As part of the Prime Minister's Challenge Fund, the practice participated in offering a Saturday and Sunday morning service for urgent GP consultations in a local surgery.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, 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?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

## Detailed findings

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 whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 8 September 2015. During the inspection we spoke with a range of staff (including GPs, nursing staff and administrative staff) and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

The practice had an open and transparent approach to managing significant events. This was supported by a robust system in place for reporting and recording these. Staff told us that people affected by significant events received timely explanations and apologies where appropriate and we saw evidence that this happened. Staff were aware of the system for reporting significant events and told us that forms could be accessed on the practice intranet. Significant events were discussed informally at daily lunchtime meetings and formally at four weekly significant event meetings. The practice undertook an annual analysis of significant events to detect themes or trends. Significant events included clinical and non-clinical events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example one significant event concerned the mistaken identity of a patient which led to a change in procedure for confirming patient identity.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice had systems in place to monitor patient safety alerts and medicines alerts which ensured that information about safety was disseminated to the relevant members of staff.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe. These included:

- Robust arrangements to safeguard vulnerable adults and children from abuse. The practice arrangements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff were aware of who this was. The GPs attended safeguarding

meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role.

- Information was displayed in the waiting area and on the practice website advising patients they could request a chaperone, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a chaperone policy in place. Some staff we spoke with were not clear on their role as a chaperone, for example where to stand during the procedure and the level of observation.
- There were procedures for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Due to the practice being co-located with another practice, a number of risk assessments and health and safety procedures were shared with the co-located practice for example those related to legionella. However the practice needed to strengthen its systems for assessing and managing health and safety risks in the building areas they occupied /used. Areas which specifically needed to be strengthened included undertaking and documenting regular health and safety checks of their areas of the practice and ensuring that all necessary risk assessments were in place. For example, risk assessments in relation to premises and manual handling.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The infection control lead made us

## Are services safe?

aware of one action which had not been completed regarding the display of sharps posters. Following the inspection we have received assurances that this action has been completed.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicines audits were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the five files we reviewed showed that most of the appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However the practice had not always retained proof of identification although this had been sought at the time as all staff had smart cards allowing them access to electronic patient records which required proof of identity.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff covered absences for colleagues and the GP partners planned their leave to

ensure that there was adequate medical cover. We saw that an additional staff member in reception had been employed as a result of feedback from the friends and family test.

### **Arrangements to deal with emergencies and major incidents**

There was system in place in all the consultation and treatment rooms and in the reception which enabled staff to alert others to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However we saw that masks and infant oral airways were not packaged or sealed and appeared old. The practice assured us that these would be disposed of following the inspection and replaced. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use with the exception of one drug in a doctor's bag which was disposed of on identification.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies of this plan were stored off site. The plan included emergency contact numbers for staff and suppliers. It was evident that the plan had been regularly reviewed and contact details were updated, however there were a number of references to organisations no longer in existence, for example the local primary care trust (PCT).

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Practice staff demonstrated that they used evidence based guidelines and standards to plan and deliver care for patients. These included local clinical commissioning group (CCG) guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date including through regular nursing and clinical meetings. We saw that the practice used clinical audits to monitor the implementation of guidelines.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data for 2013/14 showed that the practice had achieved 98.8% of the total number of points available which was 4.2% above the CCG average and 5.3% above the national average. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- The practice had achieved 97.2% of points available for diabetes related indicators which was 5.8% above the CCG average and 7.1% above the national average.
- The practice had achieved 100% of points available for hypertension related indicators which was 13.4% above the CCG average and 11.6% above the national average.
- Performance for dementia related indicators was 94.3% which was 2.1% below the CCG average and 0.9% above the national average.
- The practice had achieved 99.5% of points available for asthma related indicators which was 1.7% above the CCG average and 2.3% above the national average.
- Performance for mental health related indicators was 99.9% which was 5.6% above the CCG average and 9.5% above the national average.

The practice had an exception reporting rate of 10.1% which was 3% above the CCG average and 2.2% above the

national average. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF) The practice was aware that its exception reporting rate was slightly higher than the CCG average and had reviewed this and assured itself that guidance was followed appropriately before taking the decision to exception report a patient. The decision to take exception report a patient was always taken by a GP.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been five clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included the introduction of new processes to ensure that patients with a long term skin condition with no known cause were reviewed annually in line with clinical guidelines.

Local benchmarking data indicated that the practice performed better than all other practices in the CCG in respect of emergency admissions between June 2014 and May 2015. Benchmarking data also showed that the practice performed better than average in respect of elective admissions, accident and emergency A&E attendances and outpatient first attendances.

Prescribing data showed the practice was consistently underspent in respect of their prescribing budget. This was achieved through adherence to their practice formulary and collaborative working with their prescribing advisor and a local community pharmacist.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.

The practice identified the learning needs of staff through appraisals, meetings and supervision. Staff were able to access the training to meet their identified learning needs and to develop on their role. Staff had access to mentoring,



# Are services effective?

## (for example, treatment is effective)

clinical supervision and support from their colleagues, management and the practice partners. Staff told us they could also access support from colleagues within the locality. Staff told us they had received appraisals in the last 12 months and we saw evidence to indicate dates appraisals had been held. However, documentation relating to these appraisals could not be found at the time of the inspection meaning we could not be assured that appraisals had been robust.

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

### Coordinating patient care and information sharing

Information required to plan and deliver care and treatment was easily accessible to staff through the patient record system and the practice's internal computer system. Information included care plans, medical records and test results. We saw that information such as NHS patient information leaflets were also available. We saw evidence that relevant information was shared with external service providers in a timely way, for example when patients were referred to other services.

The practice worked closely with community based staff including the district nurses and the health visitors. Feedback from attached staff was positive about the practice although they noted the challenges of working from a different patient record system. The practice held monthly multidisciplinary and palliative care meetings which were attended by the GPs, practice nursing staff as well as community based staff.

The practice worked closely with a care co-ordinator who was employed by the local community health trust. The care coordinator carried out reviews of patients by telephone post discharge from hospital and liaised with social care and voluntary organisations to ensure patient needs were met and to reduce hospital admissions. The practice held weekly community development team meetings with the care coordinator. These meetings were attended by a GP, the practice nurse manager, community matron, district nurse, social worker, a member of the therapy team and a community psychiatric nurse.

### Consent to care and treatment

Patients' consent to care and treatment was always sought 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. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. We saw evidence of the recording of this. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. Feedback from local care homes was positive in respect of practice staff's knowledge regarding issues of capacity and best interest.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. For example the practice held a register of patients who were carers. Patients were then signposted to relevant services. A representative from a local carers' charity attended the surgery on a regular basis to meet with carers identified by the practice carers' champion.

The practice undertook regular visits at set times each week to the local care and nursing homes it served. Both practice staff and care home staff reflected that this proactive approach to visiting patients before they may have become acutely unwell had reduced the need for urgent call outs to visit patients.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 86.1% which was higher than the CCG average of 83.4% and significant higher than the national average of 74.3%. The practice had a robust recall system for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and data showed that attendance rates were above average for the practice.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two

## Are services effective?

(for example, treatment is effective)

year olds ranged from 93.8% to 98.6% and five year olds from 95.2% to 97.6%. Flu vaccination rates for the over 65s were 79%, and at risk groups were 53.62% which were both above the national average.

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



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were very polite and helpful towards patients both at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The waiting area was situated far enough away from the reception desk to ensure that the risk of conversations being overheard was minimised. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice had a small private room situated next to the reception area which was accessible through a door from the back office and from the waiting area.

The majority of the CQC comment cards we received were overwhelmingly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection who praised the practice staff. We spoke with four patients during the inspection and their views aligned with the comment cards.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. Practice scores for satisfaction in respect of consultations with doctors were in line with local and national averages. For example:

- 92% said the GP was good at listening to them compared to the CCG average of 92% and national average of 90%.
- 90% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%

- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and national average of 87%.

The practice was above average for all of its satisfaction scores in relation to consultations with nurses. For example:

- 95% said the nurse was good at listening to them compared to the CCG average of 93% and national average of 91%.
- 98% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 99% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%

### Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. This aligned with patient feedback on the comment cards we received. Patients noted that they felt listened to and supported by staff.

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 and results were in line with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%
- 96% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 94% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%

## Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language although the vast majority of the practice population did not require these.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room and information on the practice website told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a carers' champion and kept a register of all people who were carers. Carers were supported by being offered appointments with a carers support worker from a local carers' charity. The support worker attended the practice on prearranged days and met with patients to discuss any issues or problems related to their caring role. The practice carers' champion also

attended locality events and training for carers' leads to enable them to fulfil this role. Written information was available for carers to ensure they understood the various avenues of support available to them.

The practice had a system in place to ensure that all relevant staff were made aware of bereavements. Notifications of death were received by a member of the administration team and the most relevant GP was made aware to ensure follow-up action. Information was recorded in the patient's next of kin's notes and a bereavement visit was organised where appropriate. A blue form was also circulated and signed by all relevant staff (including all GPs) to confirm they have been made aware of this patient's death. The practice also ensured that attached staff and hospitals were made aware as appropriate. Patient comments praised the practice for their care and compassion following death of family members.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was due to commence INR monitoring within the practice which had previously been a community based role undertaken by the community health trust. (International Normalised Ratio or INR monitoring is the use of a blood test to check how long it takes for blood to clot to ensure that warfarin is working safely and effectively).

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered later opening hours two evenings per week until 7.30pm
- Longer appointments were available for patients with additional needs including patients with a learning disability
- The practice had ease of access for disabled patients including ramps, lifts, wide corridors and doors and a low level area of reception
- Baby changing facilities were available
- A hearing loop and translation services were available
- The practice had close links with its two local care homes and named GPs conducted regular visits.
- The practice provided maternity and contraception services including coil fitting, coil checks and sexual health services
- The practice used a text messaging service to remind patients about appointments and
- As part of the Prime Minister's Challenge Fund, the practice participated in offering a Saturday and Sunday morning service for urgent GP consultations in a local surgery

### Access to the service

The practice reception was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning. Appointments were available from 4.00pm to 6.30pm Monday, Wednesday and Friday and from 4.00pm to 7.30 Tuesday and Thursday. Patients could access urgent care appointments on a weekend

morning at a local practice. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was generally better than local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone compared to the CCG average of 81% and national average of 73%.
- 93% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.
- 67% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

Community staff and care home staff we spoke with also noted the ease of access to the service, including being able to get through on the telephone promptly.

Data showed that the practice had the lowest rate of emergency admissions within the CCG area between June 2014 and May 2015. The practice also performed better than the CCG average in respect of A&E attendances.

### 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; however there were inconsistencies between information in the policy, the leaflet and on the website in respect of timescales for acknowledgement. The practice assured us this would be rectified. 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 including leaflets and information about complaints advocacy services. Patients we spoke with told us they had not had cause to complain but would be confident in accessing the relevant information should they require this.

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

We looked at 13 complaints received in the last 12 months and found that they had been acknowledged and responded to in a timely way. The practice had investigated complaints thoroughly and apologies were offered where appropriate. The GP partners told us that all complaint responses were reviewed by a peer before being sent to the complainant.

Complaints were analysed annually to detect themes and trends and learning was shared with the whole practice

team as well as members of the patient participation group (PPG). The PPG are a group of patients who work with the practice to improve services provided to patients. For example learning from a complaint about a referral being mislaid was shared with the clinical and administrative teams and the practice instigated a system of using electronic patient notes to generate a task for a referral.

# 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 first section in the patient booklet and the home page on the practice website stated that the practice aimed to provide the highest standard of personal care for the families and individuals registered with them. Aims were also detailed within the practice's statement of purpose.

The partners told us that the practice vision had been focussed on their move to their current premises which took place in October 2014. The practice had worked with their staff and patient participation group (PPG) to achieve this. Staff and PPG members we spoke with were proud of their achievements. The practice told us that following the opportunity for staff and patients to settle in to the new practice, they wanted to develop future business plans. The partners outlined future plans including recruitment of an additional partner and the development of a new practice website in collaboration with the PPG.

Staff we spoke with shared the aims and values of the practice and felt involved with the practice's vision and strategy. All staff we spoke with emphasised that patient care was their priority.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff as hard copies and electronically
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- The practice had a regular schedule of meetings to ensure that staff were kept up to date with relevant information and learning

- The practice held quarterly practice development meetings which involved all practice staff and members of the PPG

### Leadership, openness and transparency

The partners prioritised safe, high quality and compassionate care. The partners were very visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Formal meetings were held weekly covering topics on a rolling basis such as palliative care and significant events. Additional informal meetings were held daily at lunchtime and offered staff the opportunity to debrief. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We noted that there was an open culture amongst the partners in respect of discussing business issues. Staff told us that the partners were open about the financial running of the practice and the practice was operated in a very open and transparent manner. Staff said they felt valued, respected and supported, particularly by the practice partners. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the PPG and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG had been very involved in representing the patients in the development of the new practice building.

The practice reviewed the results of their friends and family test and recent results showed that 96% of patients would recommend the practice. Following feedback from the friends and family test, the practice had recruited an additional receptionist.

## Are services well-led?

Good 

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

The practice had also gathered feedback from staff through lunchtime meetings and generally through more formal 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 we spoke with had worked at the practice for a long period

of time and told us they were very happy working there. Staff told us they felt involved and engaged to improve how the practice was run. There was a regular section on the agenda of the quarterly practice meetings for staff to make suggestions.