The Chesser Surgery

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 The Chesser Surgery on 4th October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed with the exception of health and safety risk assessment of the premises; however the practice held a risk register and monitored risks for both staff and patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand; however the provider was not sending response letters to all patients who had lodged a complaint.
- 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. However patients reported experiencing long waits when they attended for appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There were areas of practice where the provider should make improvements:

- Review practice procedures to ensure all the recommendations from the legionella risk assessment are actioned.

Summary of findings

- Ensure that a health and safety risk assessment of the premises is undertaken and that sharps bins are safely stored.
- Review practice procedures to ensure all prescribed medicines are linked to patient problems in patients' medical notes in the clinical system.
- Review how they inform patients of any late running of the surgeries and work to reduce the length of time patients have to wait to be seen.
- Review how patients with caring responsibilities are identified to ensure information, advice and support is made available to them.
- Review practice procedures to ensure response letters are sent to all patients who had lodged a complaint.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed with the exception health and safety risk assessment of the premises; however the practice held a risk register and monitored risks for both staff and patients.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were in line with or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP Patient Survey showed patients rated the practice at or above average for many aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice GPs had personal patient lists which facilitated continuity of care of these patients. In the latest national GP patient survey 80% of patients said they always or almost see or speak to the GP they prefer (CCG average 59%, national average 59%).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders; however a response letter was not always sent to patients.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GPs encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments were offered for patients aged over 75 to allow more time for patients to communicate difficult issues and to effectively deal with complexities associated with this age group. This allowed clinicians to perform tasks such as dementia screening, arrange investigations, perform medication reviews, make referrals and signpost to appropriate support services.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice ran nurse led clinics for patients with asthma, chronic obstructive pulmonary disease, diabetes and chronic heart disease.
- The national Quality and Outcomes Framework (QOF) data showed that 84% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 78%. The number of patients who had received an annual review for diabetes was 80% which was in line with the CCG average of 81%.
- The national QOF data showed that 80% of patients with asthma in the register had an annual review, compared to the CCG average of 73% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- All patients with a long term condition who become terminally ill were considered for end of life care planning and were discussed at multidisciplinary team meetings.
- The practice provided a phlebotomy service at the practice which suited older patients who may have difficulty in getting to the hospital and the practice told us this service had improved monitoring of patients with long term conditions.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of urgent care and Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was in line with the Clinical Commissioning Group (CCG) average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice patients had access to antenatal care through weekly midwife led clinics.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice 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 reflects the needs for this age group.
- The practice offered extended hours appointments with GPs and nurses which were suitable for working people.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, carers, travellers and those with a learning disability.
- The practice offered longer appointments and extended annual reviews for patients with a learning disability; All 31 patients with learning disability had received a health check in the last year; the surgery had a system in place in which patients were called for annual reviews on their birthday.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The number of patients with dementia who had received annual reviews was 85% which was in line with the Clinical Commissioning Group (CCG) average of 81% and national average of 84%.
- 95% of 55 patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average 87% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. These patients were prioritised and were seen by a GP as soon as possible.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP patient survey results were published on 7 July 2016. The results showed that the practice was performing in line with local and national averages. Two hundred and seventy three survey forms were distributed and 103 were returned. This represented approximately 2% of the practice's patient list.

- 81% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 74%, national average of 73%).
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%). The practice achieved highest results for getting appointments when compared to other practices in the local CCG.
- 84% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 75% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients. We received 15 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 12 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The Chesser Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Chesser Surgery

The Chesser Surgery provides primary medical services in Carshalton to approximately 6700 patients and is one of 27 practices in Sutton Clinical Commissioning Group (CCG). The practice population is in the fifth less deprived decile in England.

The practice population has higher than CCG and national average representation of income deprived children and older people. The practice population of children and working age people is below the local and in line with the national average; the practice population of older people is above the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded, 66% are white British or mixed British, 6% Asian and 6% are African.

The practice operates in purpose built premises. All patient facilities are wheelchair accessible. The practice has access to five doctors' consultation rooms, one nurse and one healthcare assistant consultation room on the ground floor. There is also a room for breastfeeding.

The clinical team at the surgery is made up of two full-time male GPs and two part-time female GPs who are partners, one full-time female practice nurse and one full-time female healthcare assistant. The non-clinical practice team consists of one practice manager, one reception manager and eight administrative and reception staff members. The practice provides a total of 28 GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for GPs.

The practice reception and telephone lines are open from 8:00am till 6:30pm Monday to Friday and Saturdays from 9:00am to 11:30am. Appointments are available from 9:30am to 12:30pm and 3:30pm to 6:30pm every day. Extended hours surgeries are offered on Mondays to Fridays from 6:30pm to 7:30pm and on Saturdays from 9:00am to 11:30am.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Sutton CCG.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

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

How we carried out this inspection

Before visiting, 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 4 October 2016.

During our visit we:

- Spoke with a range of staff including two reception and administrative staff, the practice manager, three GPs, the practice nurse and the healthcare assistant and we spoke with 12 patients who used the service including two members of the practice's Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and maintained a log on the computer system. The practice risk rated and categorised significant events in to three categories red, amber and green in order to effectively deal with them.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a staff had scanned a discharge summary of a patient into an incorrect patient's notes; the paperwork was then correctly filed. Following this incident staff were reminded to be extra vigilant when scanning and staff were assigned one task at a time to avoid distraction and have been instructed to double check if the records have been scanned into correct patient's notes. The layout of the reception had also been changed to support staff to work effectively; we saw evidence during the inspection to support this.

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

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Child Protection level 3, nurses were trained to Child Protection level 2 and non-clinical staff were trained to Child Protection level 1.
- Notices in the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We saw one filled sharps bin that was open in one of the consultation rooms; this bin was immediately removed and stored in a safe place by the practice staff.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice did not use locum GPs.

Monitoring risks to patients

Risks to patients were mostly assessed and well-managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. They also had identified fire marshals. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings); however the practice had not actioned some of the recommendations from the legionella risk assessment including monitoring of water temperatures; we saw that the practice had a plan in place to address these recommendations.
- The practice had not performed a health and safety risk assessment of the premises; however the practice held a risk register and monitored risks for both staff and patients.
- The practice had a red flag protocol which was used by reception staff to identify patients who may require urgent medical attention. It detailed the symptoms or conditions that may require urgent care. Reception staff were asked to instruct the patients to dial 999 immediately or attend A&E if they reported any of these symptoms or conditions; they were asked to inform the duty doctor immediately if they were not clear.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training. 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. A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.6% of the total number of points available, which was above the Clinical Commissioning Group (CCG) average of 93.7 and national average of 94.7%, with an exception reporting rate of 9.9%. During the visit we reviewed a sample of records of patients who had been reported as an exception and found that it was appropriately reported; Unpublished QOF results for 2015/16 indicated that the exception reporting had decreased when compared to the previous year. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.) This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in line with the Clinical Commissioning Group (CCG) and national average. For example, 84% (17.3% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 74% and the national average of 78%. The number of patients who had received an annual review for diabetes was 80% which in line with the CCG average of 81%. The percentage of patients with diabetes on the register for whom the last blood pressure reading was 140/80 mmHg or less was 98% (6.3% exception reporting) which was above the CCG average of 72% and national average of 78%.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 75% (0% exception reporting), which was below the CCG average of 95% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100% (4.8% exception reporting), which was in line with the CCG average of 96% and national average of 98%.
- Performance for mental health related indicators was in line with or above the CCG and national averages; 95% (16% exception reporting) of patients had a comprehensive agreed care plan in the last 12 months compared with the CCG average of 87% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 85% (3.7% exception reporting) which was in line with the CCG average of 81% but below the national average of 84%.
- The national QOF data showed that 80% (0.8% exception reporting) of patients with asthma in the register had an annual review, compared to the CCG average of 73% and the national average of 75%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 94% (6% exception reporting) compared with the CCG average of 91% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits carried out in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit was undertaken to ascertain the number of patients aged over 65 with atrial fibrillation (a condition that causes an irregular and often abnormally fast heart rate) and to ascertain if they had an assessment of pulse rhythm in the last year. In the first cycle the practice identified 61 patients with this condition and 2.5% (23 patients) had their pulse rhythm recorded. In the second cycle, after changes had been implemented the practice identified 13 new patients with this condition and 38% (355 patients) had their

pulse rhythm recorded. This is a significant improvement when compared to the first cycle; the practice acknowledged that further improvement is required and intends to repeat this audit in the next year.

- Another clinical audit was undertaken to ascertain if antibiotics were prescribed according to local best practice guidelines. In the first cycle the practice identified 36 patients who were prescribed antibiotics of which only 39% (14 patients) were prescribed appropriately. In the second cycle after changes had been implemented the practice identified 26 patients who were prescribed antibiotics of which 42% (11 patients) were prescribed appropriately; this was a slight improvement when compared to the first cycle. However there was a decrease in the number of patients for whom antibiotics were prescribed.
- The practice worked with the Clinical Commissioning Group (CCG) medicines management team and undertook mandatory and optional prescribing audits such as those for antibiotic prescribing.

Effective staffing

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

- The practice had a comprehensive induction programme and induction checklist for all newly appointed staff. It covered topics such as safeguarding, fire safety, health and safety, confidentiality and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received mandatory update training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We found that not all prescribed medicines were linked to patient problems in patients' medical notes in their clinical system.
- The practice used a web-based software system that directly linked GP practices to hospital specialists which provided rapid access to expert advice on referral queries.
- The practice had a robust two week rule protocol which ensured that the patients referred under cancer two week rule pathway is correctly followed up to ensure that are receiving care in a timely manner; they maintained a database of patients who were referred under this pathway.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had weekly clinical meetings where they discussed safeguarding, significant events, audits and general clinical issues. We saw evidence that multi-disciplinary team meetings took place monthly and that care plans were

Good

Are services effective?

(for example, treatment is effective)

routinely reviewed and updated. The practice also had weekly practice nurse meetings which involved the practice nurse and healthcare assistant where they discussed practice nurse specific administrative and clinical issues.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- We found that the consent obtained for minor surgical procedures were satisfactory.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with a learning disability and those requiring advice on their diet, smoking and alcohol cessation and those with dementia. Patients were then signposted to the relevant service.
- The practice had referred 97% (499 patients) of 516 patients who were smokers for smoking cessation in the last year of which 22% (110 patients) had quit smoking compared to the Clinical Commissioning Group (CCG) average of 26%.

The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example:

- The percentage of females aged 50-70, screened for breast cancer in last 36 months was 68% compared with 68% in the CCG and 72% nationally.
- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 50% compared with 55% in the CCG and 58% nationally.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 0% to 98% compared to the CCG rates of 5% to 96%, and five year olds from 86% to 98% compared to CCG rates of 82% to 93%. Flu immunisation target rates for diabetes patients were 95% which was above the CCG and national averages.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 12 patients including two members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP patient survey showed the practice were comparable to the local and national averages. For example:

- 86% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 90%; national average of 89%).
- 81% said the GP gave them enough time (CCG average 88%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with GPs. The practice was in line with or above average for consultations with GPs and nurses. For example:

- 84% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%).
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room 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 identified 0.9% (61 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had a carers identification and referral form which also had local and national support information.

Good

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP called them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The facilities were accessible and translation services available; however the practice had no hearing loop. Patients with hearing difficulties communicated by e-mail and used the online appointment booking system; the practice also used sign language interpreters.
- Homeless people were able to register at the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice had a heatwave protocol; during heatwaves, housebound and vulnerable patients at risk were identified and were alerted by practice staff by telephone. The practice had water available for patients and posters were displayed in the waiting area; they also had leaflets to alert patients of the possible effects of dehydration.
- The practice provided a phlebotomy service at the practice which suited older patients who may have difficulty in getting to the hospital and the practice told us the service had improved monitoring of patients with long term conditions.
- The practice GPs had personal patient lists which facilitated continuity of care of these patients. In the latest national GP patient survey 80% of patients said they always or almost see or speak to the GP they prefer (CCG average 59%, national average 59%).
- Patients could electronically check in on the touchscreens available in the reception area. The reception area had screens which displayed the name of the patient when the patients were called in for their appointment.
- The practice offered a text messaging service which reminded patients about their appointments; they also used this service to send seasonal flu vaccination invites. The patients had an opportunity to send a text back to the surgery if they cannot attend an appointment.
- The practice patients had a high prevalence of cardiovascular disease and diabetes; due to this the practice offered early onset diabetes checks and proactively identified patients with atrial fibrillation (a condition that causes an irregular and often abnormally fast heart rate) through clinical audits to effectively manage patients with increased risk of cardiovascular disease.
- The practice proactively promoted patient educational sessions in partnership with the local CCG in topics such as managing your health after 75, looking after an unwell child, living with diabetes and living with Chronic Obstructive Pulmonary Disease (COPD).

Access to the service

The practice was open between 8:00 and 6:30pm Monday to Friday. Appointments were available from 9:30am to12:30pm and 3:30pm to 6:30pm daily. Extended hours surgeries were offered on Mondays to Wednesdays from 6:30pm to 7:30pm and on Saturdays from 9:00am to 11:30am. In addition to pre-bookable appointments that could be booked up to six 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 were in line with or above the local and national averages.

- 85% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 77%; national average of 76%).
- 81% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 80% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them; however many patients told that they had to wait for a long

Good

Are services responsive to people's needs?

(for example, to feedback?)

time (up to 2 hours for emergency surgeries) to be seen while they were in for an appointment; also staff did not inform patients of late running of the surgeries. The practice was aware of this and were planning to pilot a new system to reduce the waiting time.

Listening and learning from concerns and complaints

The practice had an effective 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 looked at 10 complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to; however response letters were not always sent to patients to provide a track record of correspondence for each complaint. The practice manager spoke to all the patients who made a complaint by phone or offered an appointment to meet. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient's relative complained that a nurse missed a booked appointment. The practice investigated this incident and found that an appointment was booked for this patient while the nurse was away from the practice; and said this was due to lack of communication. The practice apologised to the patient and discussed this incident with the reception manager. Following this incident the practice changed its procedure where the reception manager built appointment diaries for nurses.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting detailed business plans which reflected the vision and values and these were regularly monitored.
- The practice had a nursing services overview and action plan which included their plans to improve nursing services for example providing minor illness clinics and triage.

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. The practice had leads assigned for clinical and administrative areas.
- Practice specific policies were implemented and were available to all staff. They had a shared folder in their computer system containing all the practice policies which were regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- The practice had weekly partners meetings with the GP partners and practice manager where practice issues, complaints and significant events were discussed.
- The practice had monthly reception meetings with the practice manager, reception manager and reception staff where reception and administration specific issues, complaints and significant events were discussed.
- The practice also had a quarterly staff meeting which included all clinical and non-clinical staff; however these were not minuted.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of health and safety risk assessment of the premises; however the practice held a risk register and monitored risks for both staff and patients.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear leadership structure in place and staff felt supported by management.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.
- We spoke to a member of staff who had started working at the practice as an administrative and reception staff member and had been supported and trained to undertake more senior roles in the practice.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

Are services well-led?

Good

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The practice had an active PPG with eight members which met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. The practice was in the process of developing a new patient survey in collaboration with the PPG.
- 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 to improve how the practice was run.
- The practice were in the process of conducting a staff survey to ascertain any issues and suggestions from staff.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice were in the early stages of taking part in the warmth project which aimed to give vulnerable patients the support and understanding they need in order for them to make lasting changes that would reduce their fuel bills and improve their health and overall well-being.