

Aughton Surgery

Quality Report

19 Town Green Lane
Ormskirk
Lancashire
L39 6SE

Tel: 01695 422384

Website: www.aughtonsurgery.nhs.uk

Date of inspection visit: 04/03/2016

Date of publication: 29/04/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	13
Background to Aughton Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Aughton Surgery on 4 March 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 a system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- The practice had evaluated the needs of its patient population and tailored services offered as appropriate. For example it offered in house

anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. Also, in light of the high number of patients accessing private health care, the practice had facilitated private healthcare practitioners running clinics from the practice premises.

- Information about services and how to complain was available and easy to understand.
- Some patients expressed concern around appointment availability but we saw that the practice was responsive to this feedback and had implemented changes to address these concerns.
- 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 extremely 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.

Summary of findings

- There was a focus on continuous improvement and the practice was involved in a number of pilot projects and studies in an effort to improve patient care.

We saw two areas of outstanding practice:

- A mental health support worker offered a weekly clinic at the practice to support patients with mental health needs in a familiar environment.
- Two dieticians offered weekly clinics at the practice, one of whom specialised in catering for the needs of diabetic patients.

The areas where the provider should make improvement are:

- Ensure an electrical safety certificate is obtained for the practice premises.
- Consider formalising documentation around communication of changes within the practice so that there is a clear audit trail of what information has been disseminated and to whom. For example, through use of meeting agendas and minutes.
- Ensure that modifications to practice made following the inspection regarding emergency equipment checks and DBS risk assessments being documented are fully embedded into practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. Analysis of these events demonstrated the organisation was engaged in reflective practice.
- Lessons were shared to make sure action was taken to improve safety in the practice. All staff we spoke with were aware of the outcome of relevant investigations and resulting changes to practice.
- When there were unintended or unexpected safety incidents, we saw that patients received reasonable support, truthful information, a verbal and 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.
- All staff who carried out chaperone duties had received training for this role. However not all had undergone Disclosure and Barring (DBS) Checks. The practice was able to rationalise this decision, however this had not been formally documented. Appropriate documentation was produced immediately following the inspection.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated some quality improvement and the practice had a plan in place around audits to be completed during the upcoming year.
- 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.

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Long term and regular locum GPs employed by the practice were invited to these meetings in order to facilitate effective patient care.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice broadly in line with others for most aspects of care, with particular areas of strength being around the time offered by GPs in appointments and the GP listening to patients which were both rated above local and national averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Extended hours appointments were offered each Tuesday evening for those patients who could not attend during normal opening hours.
- Online services were offered such as appointment booking and prescription ordering.
- The practice facilitated private podiatry and osteopath appointments to take place on site in recognition of the high proportion of patients wishing to make use of private healthcare, and had good links with a local private hospital.
- 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.

Are services well-led?

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

Good



Summary of findings

- 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 extremely supported by management. Staff told us there was a strong team ethos.
- While communication channels were good across the practice team, they were largely informal and lacked a documented audit trail of what information had been disseminated and to which staff members.
- The practice had a number of policies and procedures to govern activity.
- 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 partners encouraged a culture of 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 practice were attempting to increase membership in the patient participation group.
- There was a strong focus on continuous learning and improvement at all levels. The practice was aware of potential future pressures and was implementing measures to ensure it had the capacity to deal with these pressures.

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. A health care assistant was employed specifically to offer home visit appointments for over 75 year olds.
- Each GP had one 30 minute appointment allocated each week to cater specifically for those patients over the age of 75. This extended appointment meant that multiple health concerns could be addressed during the single visit, minimising the need for the patient to make numerous trips to the practice.
- The practice had a large proportion of patients living in residential care and had developed good working relationships with the care homes.
- Regular multidisciplinary palliative care meetings were held.

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.
- Performance for diabetes related indicators was either broadly in line with or slightly higher than the national average. For example the percentage of patients on the diabetes register with a record of foot examination and risk classification within the preceding 12 months was 93.09%, compared to the national average of 88.3%.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. The recall system for this review was based around the patient's month of birth to make it more memorable for the patient and to maximise attendance. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice staff were receiving specialist training around shared decision making in order to facilitate and encourage patients to take more responsibility for their health.
- The practice also offered in house anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. This meant that the 83 patients making use of this service at the time of inspection did not need to attend a separate specialist clinic.
- Two dieticians offered weekly clinics at the practice, one of whom specialised in catering for the needs of diabetic patients.

Families, children and young people

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 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 81.85%, which was comparable to the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



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.
- Extended hours appointments were offered on a Tuesday evening for those patients who could not attend during normal working hours.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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)

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

Good



- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 92.86% compared to the national average of 88.47%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 88.46% compared to the national average of 84.01%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice undertook an enhanced service to facilitate the timely diagnosis and support for people with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

- The practice was taking part in a pilot study being run by the National institute for Health Research whereby specialist practitioners worked with the practice and its patients in order to facilitate appropriate diagnosis of bi-polar disorder or schizophrenia.
- A mental health support worker offered a weekly clinic at the practice to support patients with mental health needs in a familiar environment.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing either in line with or slightly below local and national averages. A total of 244 survey forms were distributed and 123 were returned, which was a response rate of 50.4%. This represented 2.1% of the practice's patient list.

- 54% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 65% were able to get an appointment to see or speak to someone the last time they tried (CCG average 71%, national average 76%).
- 83% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).
- 76% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 23 comment cards, 22 of which were positive about the standard of care received. Many of the cards mentioned practice staff by name to praise the care they had delivered. Patients praised the professionalism of the staff and described the services offered as excellent. The one negative card made reference to difficulties getting an appointment. Of the 22 positive comments left, six of these also made reference to some difficulties getting an appointment when required, with some reporting up to a three week wait if a non-urgent appointment was being booked with a preferred GP.

We also spoke with three patients during the inspection. All three patients gave extremely positive feedback about the care they received and thought staff were approachable, committed and very caring. We were told how accommodating staff were by fitting patients in on occasions where they had arrived late for an appointment by mistake. While two of the patients we spoke to said they found it easy to get an appointment when needed, one did express some concern that it could at times be a three week wait before a routine bookable appointment was available.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Ensure an electrical safety certificate is obtained for the practice premises.

- Consider formalising documentation around communication of changes within the practice so that there is a clear audit trail of what information has been disseminated and to whom. For example, through use of meeting agendas and minutes.
- Ensure that modifications to practice made following the inspection regarding emergency equipment checks and DBS risk assessments being documented are fully embedded into practice.

Outstanding practice

We saw two areas of outstanding practice:

- A mental health support worker offered a weekly clinic at the practice to support patients with mental health needs in a familiar environment.

Summary of findings

- Two dieticians offered weekly clinics at the practice, one of whom specialised in catering for the needs of diabetic patients.

Aughton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Aughton Surgery

Aughton Surgery is a semi-rural practice situated on the outskirts of Ormskirk. The practice is housed in a converted telephone exchange building and delivers primary care service to a patient list of 5836 patients via a General Medical Services (GMS) contract with NHS England. The practice is part of NHS West Lancashire Clinical Commissioning group (CCG). There is a car park to the rear of the building.

The average life expectancy of the practice population is above local averages for males and in line with the local average for females, with males on average living to 80 years and females to 82 years (CCG average being 79 and 82 respectively, national averages being 79 and 83 years). The practice's patient population consists of a higher proportion of older people, with 22.4% being over the age of 65 (CCG average 20.4%, national average 17.1%), 11.1% being over the age of 75 (CCG average 8.9%, national average 7.8%) and 2.9% being over the age of 85 (CCG and national averages both 2.3%). The practice also caters for a higher proportion of patients with a long-standing health condition at 59.5%, compared to the CCG average of 55.5% and national average of 54%.

Information published by Public Health England rates the level of deprivation within the practice population group as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by three GP partners (two male and one female) and one female salaried GP. The GPs are supported by two practice nurses (both female) and a health care assistant (HCA). The clinical staff are supported by a practice manager and six administration and reception staff. The practice is a training practice for fourth year medical students.

The practice is open Monday to Friday between the hours of 8:15am and 6:30pm. The practice closes each lunch time between 12:30 and 1:30pm, except on Thursday when it closes between 12:30 and 3:00pm. Appointments are available between 9:00 and 11:30am each morning and between 2:30pm (3:00pm on a Thursday) and 6:00pm each afternoon. In addition, the practice offers extended opening hours on a Tuesday evening between 6.30 and 8:00pm.

Outside normal surgery hours, patients are advised to contact the out of hours service, offered locally by the provider OWLS CIC Ltd.

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

Detailed findings

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 March 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice manager, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and we saw evidence that appropriate details of events previously identified were recorded appropriately and stored electronically, although a standardised template or recording form was not used.
- The practice carried out a thorough analysis of the significant events. Information regarding the outcome of such analysis was fed back to staff and all staff members we spoke with were able to give us relevant examples of significant event analysis and resulting changes to practice to prevent reoccurrence.

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, as a result of the analysis of one significant event the practice updated their procedures for feeding back test results to patients. A second page was added to the test request form which is given to the patient and duplicates the tests being completed. This meant that when the patient contacted the practice subsequently, they would know exactly what to ask for and expect. We were also told that following an incident where the incorrect vaccine was administered to a patient, clinical staff had formulated a checklist proforma to work through with each patient before future vaccinations were given to ensure suitability for the inoculation and prevent the incident being repeated. While staff told us that these changes were revisited and reviewed to ensure the ongoing effectiveness of the modified practice, the review process was not formally documented.

When there were unintended or unexpected safety incidents, we saw that 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 Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, however not all non-clinical staff who carried out this duty 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). When this was discussed with management staff they were able to describe the rationale behind this; a chaperone would not be left alone with a patient, for example should the clinician leave the room. Discussions with staff confirmed that they were aware of this procedure however, this rationale had not been formalised and documented in the form of a risk assessment at the time of inspection and the practice's chaperone policy did not explicitly state that a non-clinical chaperone should not be left alone with the patient. Immediately following the inspection the practice provided risk assessment documentation to justify non clinical staff not requiring a DBS check, and updated the chaperone policy so that it explicitly stated that non clinical members of staff performing chaperone duties would not be left alone with patients.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead. 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 that appropriate action was taken to address any improvements identified as a result.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local 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.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service for clinical staff. Three of the four files contained documentation relating to employment references. We discussed with practice management the file that did not contain evidence of references; this staff member had been known to two separate members of the practice leadership team prior to their appointment who could vouch for their previous work experience.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. A member of administration staff took responsibility to telephone to progress results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There were health and safety risk assessments available. The practice had up to date fire risk assessments and carried out regular fire alarm tests. The practice had also carried out a risk assessment around lone working arrangements in light of the home visits offered by clinical staff. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, the practice did not have an

Electrical Installation Condition Report in place to verify the safety of the premises electrical infrastructure at the time of inspection. The practice manager assured us this would be obtained at the earliest opportunity.

- 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 and staff told us how they were prepared to work flexibly to support colleagues during times of unplanned absence.

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 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. The oxygen cylinder was in date and fit for use, as were the pads for the defibrillator. The defibrillator was fully operational. Staff told us that the emergency equipment was checked regularly by a nominated member of staff. However, these checks were not documented. Immediately following the inspection the practice provided updated check sheets where the emergency equipment had been added to the emergency medicine check recording form. A first aid kit and accident book were 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.

Are services safe?

- 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.

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 peer review case discussions.

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 97.9% of the total number of points available, with 8.6% exception reporting across clinical domains (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 clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was either broadly in line with or slightly higher than the national average. For example, the percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 77.92%, compared to the national average of 77.54%. The percentage of patients on the diabetes register with a record of foot examination and risk classification within the preceding 12 months was 93.09%, compared to the national average of 88.3%. The percentage of patients with diabetes on the register who had an influenza immunisation in the preceding 1 September to 31 March was 96.97% compared to the national average of 94.45%.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 84.85% compared to the national average of 83.65%.
- Performance for mental health related indicators was slightly higher than or in line with the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months was 92.86% compared to the national average of 88.47%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 88.46% compared to the national average of 84.01% and the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 90% compared to the national average of 89.55%.

Electronic Prescribing Analysis and Costs (ePACT) had identified the practice as an outlier for its percentage of antibiotic items prescribed that were Cephalosporins or Quinolones between 1/7/2014 and 30/6/2015 (13%, compared to the national average of 5.13%). Discussion with the GPs during the inspection demonstrated that they were aware of this and they were able to reassure the inspection team that action was being taken to address this prescribing trend. The practice had liaised with the local CCG pharmacy team specifically about the issue in order to work towards bringing the practice's prescribing of these medicines in line with national averages. There was an increased awareness amongst the GPs of the need to address this trend and alerts had been placed on the practice's electronic records to serve as a reminder around these particular medicines.

Clinical audits demonstrated some quality improvement, although the GPs recognised completed audit cycles were not fully embedded into practice and they highlighted to us that they were aware it was an area needing development. They had addressed this and had formulated an audit plan for the year ahead.

- There had been five clinical audits completed in the last three years, three of these were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- The practice participated in 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 of audit around the practice's management of fragility fractures resulted in an increase in appropriate follow up action being carried out from 50% of patients to 100%.

Information about patients' outcomes was used to make improvements. For example following an audit of the practice's management of patients prescribed Methotrexate (a medicine used in treatment of cancer and autoimmune diseases) it was found that 81% of patients had had their blood tests repeated within three months of their previous test in order to appropriately monitor effectiveness as per NICE guidance. In order to improve this further, the practice implemented a number of changes to procedures including adding additional alerts on the patient record system and adding specific medication review dates onto the system at the point of the medicine being re-prescribed.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as fire safety, health and safety and confidentiality.
- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- 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

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.

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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every four to six weeks and that care plans were routinely reviewed and updated. In order to ensure effective services were delivered, the practice routinely invited long term and regular locum GPs employed by the practice to multidisciplinary palliative care meetings as well as learning events and training held in the practice.

In light of the practice's high proportion of patients in residential care, the practice had established good links with the care homes where patients resided. Following consultation with a number of these homes, communication channels had been tailored to facilitate a safe system whereby staff at the homes were able to request repeat prescriptions for the patients, with the practice acknowledging receipt of the request by returning a fax to the home.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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.

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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Two dieticians were available on the premises for a combined three sessions each month. One of these dieticians specialised in catering for the needs of diabetic patients. Smoking cessation advice was available from a local support group either in the practice premises or in a number of local community clinics. A mental health support worker held weekly clinics at the practice in order to facilitate patients being seen in a familiar environment.

The practice's uptake for the cervical screening programme was 81.85%, which was comparable to the national average of 81.83%. Screens were offered opportunistically when patients attended for other reasons in an effort to increase uptake. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from the National Cancer Intelligence Network published in march 2015 placed the practice above CCG averages in many areas. For example the percentage of patients aged between 60 and 69 who had been screened for bowel cancer in the last 30 months was 64.2%, compared to the CCG average of 57.1%. The percentage of females aged between 50 and 70 years old who had been screened for breast cancer within six months of invitation was 80.5%, compared to the CCG average of 75.6%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74.6% to 100% and five year olds from 82.9% to 94.7%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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 space to discuss their needs.

Of the 23 patient Care Quality Commission comment cards we received, 22 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. Many of the cards mentioned practice staff by name to praise the care they had delivered.

We spoke with three patients during the inspection, with two of these being members of the patient participation group. They also told us they were extremely happy with the care provided by the practice and said their dignity and privacy was respected. Patient feedback highlighted that staff responded compassionately when they needed help and provided support when required. We were told of examples of staff going above and beyond expectations to ensure patients received a good service, such as fitting a patient in for a consultation when the patient had made a mistake around the appointment time and arrived late.

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

- 93.3% said the GP was good at listening to them compared to the CCG average of 89.4% and national average of 88.6%.
- 92.7% said the GP gave them enough time (CCG average 87.9%, national average 86.6%).

- 94.3% said they had confidence and trust in the last GP they saw (CCG average 94.2%, national average 95.2%).
- 84.5% said the last GP they spoke to was very good or good at treating them with care and concern (CCG average 83%, national average 85.3%).
- 88.88% said the last nurse they spoke to was very good or good at treating them with care and concern (CCG average 78%, national average 90.58%).
- 87.5% said they found the receptionists at the practice helpful (CCG average 85.8%, national average 86.8%).

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

- 85.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87.4% and national average of 86%.
- 81.56% said the last GP they saw was very good or good at involving them in decisions about their care (CCG average 76%, national average 81.61%).
- 83.12% said the last nurse they saw was very good or good at involving them in decisions about their care (CCG average 66%, national average 85.09%).

Staff told us that translation services were available for patients who did not have English as a first language.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice registration form prompted new patients to tell the practice if they are a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

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.

- Evening appointments were offered each Tuesday between 6.30 and 8pm for those patients who were unable to attend during normal opening hours.
- The practice had volunteered to take part in a pilot scheme to open for three additional days over the Christmas and New Year period in 2015 in order to improve access for patients. Staff provided anecdotal evidence that this reduced demand for appointments following the festive bank holidays. The practice planned to offer similar additional surgeries over the Easter bank holidays.
- There were longer appointments available for patients with a learning disability or complex needs. Each GP was allocated a 30 minute appointment per week which was ring fenced for patients over the age of 75 with complex needs. This allowed multiple health concerns to be dealt with during a single visit, reducing the frequency with which these patients needed to attend.
- Home visits were available for older patients and patients who would benefit from these. The practice had employed a health care assistant specifically to carry out home visits for patients over the age of 75 to minimise their need to visit the practice.
- The practice operated a system whereby patients requiring a review of their medical condition were invited during the month of their birthday. This was also coordinated with any medication review required so as to make it more memorable for the patient in order to maximise attendance and minimise the need for multiple visits to the practice.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- Patients were able to use a range of online services, such as appointment booking and ordering repeat prescriptions. The practice sent text message reminders for appointments where patients had consented to this.
- The practice had recognised that a high proportion of their patients accessed private healthcare and facilitated private podiatry and osteopath clinics in the practice premises on a weekly basis for their patients to access. The practice had also developed strong links with a local private hospital; the practice were in discussion with the hospital to develop outreach clinics where consultants would offer appointments in the practice premises to facilitate patients being seen in a familiar environment.
- The practice was in the process of recruiting two clinical pharmacists along with two other neighbouring practices.
- The practice staff were receiving specialist training around shared decision making in order to facilitate and encourage patients to take more responsibility for their health.
- The practice was also taking part in a pilot study being run by the National institute for Health Research whereby specialist practitioners worked with the practice and its patients in order to facilitate appropriate diagnosis of bi-polar disorder or schizophrenia.
- A mental health support worker offered a weekly clinic at the practice, as did two dieticians, one of whom specialised in catering for the needs of diabetic patients.
- The practice also offered in house anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist clinic for this service.

Access to the service

The practice was open Monday to Friday between the hours of 8:15am and 6:30pm. The practice closed each lunch time between 12:30 and 1:30pm, except on Thursday when it closed between 12:30 and 3:00pm to facilitate staff training. Appointments were available between 9:00 and 11:30 each morning and between 2:30 (3:00 on a Thursday) and 6:00pm each afternoon. In addition, the practice offered extended opening hours on a Tuesday evening between 6:30 and 8:00pm. As well as pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them.

Are services responsive to people's needs?

(for example, to feedback?)

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

- 66.27% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 78.3%.
- 54.41% patients said they could get through easily to the surgery by phone (CCG average 69%, national average 73.26%).
- 20.79% patients said they always or almost always see or speak to the GP they prefer (CCG average 42%, national average 36.17%).
- 92% said the last appointment they got was convenient (CCG average 94%, national average 91.8%).
- 65.5% of patients said they do not normally have to wait too long to be seen (CCG average 59.4%, national average 57.7%).

Of the 23 CQC comment cards returned, seven made reference to some difficulties getting an appointment when required, with some reporting up to a three week wait if a non-urgent appointment was being booked with a preferred GP. However, other comments returned also complimented the practice on the availability of appointments and stated patients were able to be seen when needed. One of the three patients we spoke to during the inspection echoed these concerns around appointment availability, but the others told us that they were able to get appointments when they needed them.

The practice were in the process of appointing two part time clinical pharmacists and management staff felt that the addition of these staff would free up GP time and improve appointment availability.

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 saw that information was available to help patients understand the complaints system. The practice website advised patients to speak to the practice manager should they have any concerns and an information leaflet was available from the reception area that detailed the complaint handling process.

There had been six verbal and seven written complaints received in the last 12 months. We reviewed three of these in detail and found that they were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had linked a theme of complaints and recognised that these would be appropriately addressed through changes to practice brought about via the training around shared decision making currently being undertaken.

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.

- Staff demonstrated good knowledge and understanding of the vision and values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

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.
- GPs took lead responsibility for such areas as safeguarding, business and staff matters and Caldicott Guardian (the Caldicott Guardian is the lead person responsible for protecting the confidentiality of patient information and enabling appropriate information sharing) as well as for clinical areas such as anticoagulation, mental health and child health.
- A number of practice specific policies were implemented and were available to all staff on the practice's shared computer drive.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 very approachable and always took the time to listen to all members of staff.

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.

There was a clear leadership structure in place and staff felt supported by management. Staff reported that the management team had created a strong team ethos and that the practice employees were an extremely close-knit group.

- Communication channels within the practice were good and staff could demonstrate their awareness of any changes that had been implemented. However, these communication channels were largely informal in nature. There was a lack of formalised documentation to provide an audit trail of how information had been disseminated and to whom. While the GPs met on a weekly basis with each other and the practice manager, these meetings did not follow a formal agenda. Whole staff meetings were not formally held. Rather, changes tended to be communicated to other staff during ring-fenced time on Thursday afternoons when the practice was closed. These discussions were not minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident 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 by the practice.
- We spoke to a locum GP who told us how the practice supported them; allowing 15 minute appointment slots to ensure they had sufficient time to manage the workload.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG members we spoke to confirmed the group was in its infancy due to difficulties recruiting a sufficient number of members. They were able to confirm that the practice was proactively attempting to recruit new members to the group to make it more representative of the patient population. The practice responded to patient feedback around difficulties accessing appointments by modifying the appointment system in May 2015. This change increased the number of prebookable routine appointments in an attempt to reduce frustration caused by the uncertainty of having to telephone on the day. The practice had since conducted a further patient survey of 30 patients to gauge patient satisfaction with practice opening times and establish whether modifications to opening times would be of benefit to patient access.
- The practice had gathered feedback from staff through meetings, appraisals and discussion. 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 introduction of the patient recall system based around month of birth was implemented following a suggestion made by one of the administrative staff at the practice.

Continuous improvement

There was a strong 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, such as the study being run by the National Institute for Health Research whereby specialist practitioners worked with the practice and its patients in order to facilitate appropriate diagnosis of bi-polar disorder or schizophrenia. The practice were engaged in training offered by a clinical psychologist around facilitating shared decision making to encourage patients to take increased responsibility for their care. It was also in the process of recruiting two clinical pharmacists along with two other local practices.

The practice was aware of the changing pressures of the local patient population; namely a proposed local housing development of 400 houses which could see the practice's patient list size increase by approximately 1200 patients. The practice had acknowledged the impact that would have on its capacity to operate effectively from the existing practice premises and had secured planning permission for a new, larger practice premises to be built.