

The Caxton 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?		Outstanding	
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 Caxton Surgery on 8 September 2016. Overall, the practice is rated as good and outstanding in providing a responsive service.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- 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.
- Feedback from patients about their care was consistently positive.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, they had improved opening times, and completed surveys of extended access available. They also completed building improvements such as automated doors with the PPG involved.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice had a clear vision, which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The practice had devised a five point Dementia Action Alliance Action plan; including investigating the ways in which the practice physical environment could be improved to be more welcoming and accessible for patients with dementia, which was in progress.
- The practice had identified and liaised with local employers whose employees included 800 people from an ethnic minority group and provided literature in the most appropriate language to meet their needs.

We saw several areas of outstanding practice including:

- The practice has developed its staff's skillset in order that its clinical staff can deliver care directly at a refuge for domestic abuse patients with highly complex needs.

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.

- 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, 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the Clinical Commissioning Group (CCG) average and national averages.
- The practice had lower emergency admission figures for the 19 ambulatory care sensitive conditions (a range of long-term conditions) than the CCG and national average.
- The practice performance figures demonstrated that the practice ensured that patients were referred promptly on fast track categories of referrals known as 'two week wait' referrals.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Numerous clinical audits demonstrated quality improvement in treatment and care delivery.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice worked closely with the Community Care Co-ordinator who signposted patients to supportive organisations when appropriate to do so.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care for example the practice was above the national averages for its satisfaction scores on consultations with GPs and nurses.
- 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.
- Patients from minority groups spoken with in particular praised the service they received, the level involvement and engagement in their treatment choices and decision-making, this included leaflets and appointment signage in their native language.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified frail and vulnerable patients. These patients were referred to the Community Care Coordinator staff member who offered signposting and supportive information where required.
- The practice held a carers' register, had protocols and systems in place, which highlighted to staff patients who also acted as carers. A monthly carers meeting was held by the practice with refreshments and supported by members of the practices' patient participation group (PPG).
- The practice supported a refuge for domestic abuse patients providing home visits, support, access to information and guidance within a strict and secure confidential framework. Patients with highly complex needs, which practice qualified clinical staff, worked with closely to deliver appropriate care and treatment.

Are services responsive to people's needs?

The practice is rated as outstanding 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 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 had good facilities and was well equipped to treat patients and meet their needs.

Outstanding



Summary of findings

- 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.
- The practice had a hearing loop in place and signposting information with regard to interpreter services.
- The practice provided smoking cessation clinics, 24 hour blood pressure monitoring, hosted diabetic foot screening and referrals to expert patient programmes.
- The practice manager had met with a local ethnic minority employer to ensure that the needs of their employees registered at the practice could be met and that patients understood how GP services delivered care and treatment in the UK.
- The practice had identified and liaised with local employers whose employees were within ethnic minority groups and provided literature in the most appropriate language to meet their needs. The practice manager had raised awareness of the services the practice provided by visiting the employment site and meeting with the managers and staff.
- The practice was proactive and provided anticipatory care, which included the use of blood pressure monitors, phlebotomy (blood taking) and near patient testing for those on anticoagulation medicines and anticipatory care medicines.
- The practice hosted additional services to enable eligible practice patients to be seen by visiting clinical staff at the practice for screening, such as the retinal screening service and abdominal aortic aneurysm (AAA) screening (AAA is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body).
- The practice provided a counselling service and patients had access to appointments at the practice with the Community Mental Health Trust nurse.
- The practice provided a minor surgery service for patients. Patients could arrange their appointment within the practice opening times at a time convenient to them.

Are services well-led?

The practice is rated as good for being well led.

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Good



Summary of findings

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice worked with and reached out to its local communities.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- 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.
- The practice provided GP services to their patients in 12 local care homes in the area.
- Patients in care homes had a Care Home Advanced Scheme (CHAS) management plan and the clinical staff analysed admissions and any deaths in these groups in order to maintain high standards of care. The practice demonstrated that this had successfully impacted on their patients' low unplanned emergency admission rates.
- The practice held a frail and vulnerable register of patients and these were discussed at monthly multi-disciplinary meetings with other health and social care professionals.
- The GPs complete joint visits with the community district nurses where required.
- Patients were referred to the Community Care Co-ordinator staff member who offered signposting and supportive information where required.
- The practice held a carers' register and a carers meeting was held each month hosted by the practice with refreshments and supported by members of the practice's patient participation group (PPG).

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management, patients at risk of hospital admission were identified as a priority and the practice had an effective review and recall system in place.
- The practice enabled longer appointments for patients with long-term conditions and nursing staff with appropriate qualifications conducted spirometry testing and were independent prescribers. (Spirometry is the most common of the lung function tests. Spirometry shows how well you breathe in and out. These tests look at how well your lungs work).

Summary of findings

- The practice had developed in-house templates for each long-term condition prompting clinicians to conduct a more comprehensive review.
- The practice provided in-house phlebotomy (blood taking) and near patient testing for patients on anticoagulation medicines to reduce the need for patients to travel.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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.
- The frailest 2% of practice patients had an admission avoidance care plan in place, which included many patients with long-term conditions. The practice had systems in place to “flag” patients with chronic or life limiting conditions to the out-of-hours service and provide information to enable continuity of care.
- The practice held a list of patients who required palliative care and their GP acted as the lead. The gold standards framework was used for the coordination of end of life care.
- Longer appointments and home visits were available when needed.

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 who were at risk, for example, children and young people who had a high number of A&E attendances. This included a hospital did not attend (DNA) follow up system for children.
- 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 held regular clinical meetings where children at risk, child welfare concerns and safeguarding issues were discussed to ensure awareness and vigilance. The practice held regular meetings with Health Visitors to discuss any concerns and safeguarding.
- The practice had a family planning service, which included contraception and sexual health service and were a Condom Distribution Scheme (CDS) designated centre.
- The practice hosted a sexual health clinic at the surgery.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was of 97%, which was higher than the local CCG average of 83% and national average, 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered triage appointments with nurses qualified for this role for minor illness.
- New technology was available for patients who choose to utilise them, such as online access, text message cancellation, self-check in and dedicated medicines phone lines.

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 reflects the needs for this age group. Appointments and prescriptions could be booked online, by phone and in person.
- The practice provided a prebookable extended hour's service from 8am until 11.30am each Saturday morning.
- The practice provided NHS health checks to those in the over 40 to 74 age groups.
- New technology was available for patients who choose to utilise them, such as online access, text message cancellation, self-check in and dedicated medicines phone lines.
- The practice provided a wide range of employment medicals.
- The practice provided same day access to nurse practitioner and GP appointments.
- Patients could book appointments two to three months in advance.

Good



People whose circumstances may make them vulnerable

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

- The practice enabled all patients to access their GP services.

Outstanding



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities, such as, information sharing, the documentation of safeguarding concerns and in how to contact relevant agencies both in and out of normal working hours.
- The practice provided services to patients who found themselves vulnerable due to domestic abuse. They had developed close working relationships with providers who supported patients who had suffered domestic abuse. The practice acknowledged the need for complete confidentiality, including the secure coding of patient records.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Of the 58 patients on the register at the time of the inspection, 70% of patients had attended for annual health checks. The practice had a learning disability GP lead within the practice who had ensured annual health checks, including visits where required took place.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice held a register of frail and vulnerable patients, which included carers, and this was updated and checked regularly to ensure it was up to date. The practice offered longer appointments for patients with a learning disability and with complex needs.
- Patients gave examples of where staff had gone 'above and beyond' by providing support such as a taxi fare home, staying open later to ensure their needs could be met locally, when partners attending appointments on the same day the reception staff took the initiative and booked them within 15 minutes of each other. Patients from ethnic minorities explained that the practice had guided and supported them for example in applying for pre-payment prescription certificates, which had saved them money.
- All patients on the practice palliative care register were reviewed at a six weekly multi-disciplinary meeting.
- The practice had acted on the new Accessible Information Standard (AIS). This is a legal requirement, which has been established to ensure that people who have a disability, impairment or sensory loss are issued information that they can access and understand and that they can receive any communication support they need. The practice had ensured

Summary of findings

that practice letters, documentation and self-check in information was available in various languages to meet local needs and were working towards obtaining further easy-read material for its patients.

- The practice linked in with local food banks and provided community support such as hosting (with refreshments) the weekly carers support group.

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).

- Clinical staff had received training in the Mental Capacity Act and used this when assessing appropriate patients and the practice carried out advance care planning with their carers for patients with dementia.
- Performance for poor mental health indicators was slightly higher than the national averages. For example, 90% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the Clinical Commissioning Group (CCG) average of 89% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Community Care Co-ordinator provided signposting and support services for patients including housing, social services and voluntary agency details.
- The practice hosted the Community Mental Health Trust (CMHT) nurse each Wednesday and patients could book their own appointments. There were regular meetings held with the involvement of the CMHT nurse.
- The practice ensured that patients had a mental health care plan in place completed by the practice as well as documentation and recordings of the patients' CMHT plans in place. One of the GPs was a doctor who is approved under Section 12 of the Mental Health Act as having special expertise in the diagnosis and treatment of mental disorders.

Good



Summary of findings

- Patients diagnosed with dementia who had received a face-to-face review in the preceding 12 months was 81%, which was slightly lower than the local CCG average of 85% and national average, 84%.
- The practice completed dementia care plans and unplanned admissions care plans, staff received training in, and were Dementia Friends. The patient participation group (PPG) members were Dementia Champions and delivered Dementia Friends training to other local organisations.
- The practice had devised a five point Dementia Action Alliance Action plan; they had completed three action points. Those to be completed included investigating the ways in which the practice physical environment could be improved to be more welcoming and accessible for patients with dementia, which was in progress.
- The practice provided counselling and cognitive behaviour therapy (CBT) services on-site. The practice hosted memory clinics for their patients' first assessment appointments, which were held at practice.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and twenty three survey forms were distributed and 101 were returned, a response rate of 45%.

- 83% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.

- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

We spoke with 10 patients during the inspection including four members of the practice participation group. All patients said they received excellent care and treatment and found staff to be professional, diligent, approachable, committed and caring.

Outstanding practice

- The practice has developed its staff's skillset in order that its clinical staff can deliver care directly at a refuge for domestic abuse patients with highly complex needs.
- The practice had devised a five point Dementia Action Alliance Action plan; including investigating

the ways in which the practice physical environment could be improved to be more welcoming and accessible for patients with dementia, which was in progress.

- The practice had identified and liaised with local employers whose employees included 800 people from an ethnic minority group and provided literature in the most appropriate language to meet their needs.

The Caxton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to The Caxton Surgery

The Caxton Surgery is located in Oswestry, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. The total practice patient population is 12,877. The practice has a higher proportion of patients aged 65 years and above (21%) compared with the practice average across England (17%). The practice provides GP services which has areas of rural deprivation within its locality. The practice supported 2% of patients from ethnic minority groups and up to 800 patients who provided seasonal work for a local employer.

The surgery is based in a purpose built building close to the centre of Oswestry. All patient areas are on the ground floor including the ground floor annex adjoining the surgery where associated and hosted services for patients at the practice attend.

The practice is open Monday to Friday 8.30am to 6pm (excluding bank holidays) and Saturday mornings 8am to 11.30am. In addition, the practice offers pre-bookable appointments and urgent appointments are available for patients that need them. The practice does not provide an out-of-hours service to its own patients but has alternative

arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service provider. The practice is a training practice and often has GPs in training and medical students.

The staff team comprises 34 staff in total, working a mixture of full and part times hours. The practice-attached staff includes an in house Counsellor, a Community Mental Health Trust Nurse, a Midwife, Physiotherapist and a Cognitive Behavioural Therapist.

Staff at the practice include:

- Five male GP partners, four salaried GPs (three female and one male) and two GP Registrars providing 7.85 whole time equivalent (WTE) hours.
- Two nurse practitioners/prescribers, two practice nurses and three healthcare assistants providing 4.77 WTE hours.
- The management team includes a practice manager, assistant practice manager and an administration manager. A medical secretary, a receptionist/finance staff member, a receptionist/data staff member, a receptionist/secretary, three receptionist/prescriptions staff, and four receptionists support the practice. In total 14 staff providing a total 11.36 WTE hours.
- The practice staff includes a Community Care Co-ordinator and a Help2Quit staff member who provide 0.69 WTE hours.

The practice has a Personal Medical Services (PMS) contract with NHS England. This is a contract for the practice to deliver Personal Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example, they offer minor surgery, phlebotomy (taking blood samples) and extended opening hours on Saturday mornings 8am to 11.30am to offer patients better access. The practice provides a

Detailed findings

number of clinics, for example long-term condition management including asthma, diabetes and high blood pressure. The practice offers NHS health checks and smoking cessation advice and support.

Why we carried out this inspection

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

How we carried out this inspection

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 September 2016. During our inspection, we spoke with a range of staff, which included the practice management, nursing staff, administrative and receptionist staff and GPs. We spoke with 10 patients who used the service including four members of the patient participation group.

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 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, a written apology and were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice maintained a significant events summary spreadsheet and we found that they had reported 12 events in the last year. The practice judiciously reviewed each incident and conducted a timely analysis. Following the completion of the investigation, they implemented changes in practice, policy or protocols with staff involvement and maintained workflows, which demonstrated that this had taken place. The practice compiled an annual presentation for staff on the learning and changes that had consequently taken place.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. Staff demonstrated their awareness of the most recent alerts. We also found that the practice had investigated a software issue found with the electrocardiogram (ECG) equipment used at the practice. (An ECG is a simple test used to check the heart's rhythm and electrical activity). The practice conducted an investigation, a review of the ECG software, the practice's urgent ECG protocol was updated and apologies given. All staff spoken were aware of the changes in the protocol and the measures taken to reduce the risk of reoccurrence.

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:

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards, for GPs this was level three in safeguarding children. The lead GP was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records. The practice liaised with professionals involved in safeguarding including the school nurses to ensure their electronic records flagged patients and families at risk appropriately and removed those who were no longer on the register.
- Chaperones were available when needed. All staff who acted as chaperones had received appropriate training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room and repeated in consulting and treatment rooms.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of current Infection Prevention and Control (IPC) guidance. IPC audits of the whole service had been undertaken annually. Staff had their handwashing technique assessed regularly and feedback was given when appropriate. We saw the practice took action following audits and changes in IPC guidance and had appropriate levels of personal protective equipment available for staff. We were assured that actions on such areas as some carpeted areas in consulting rooms were planned for the future and no clinical procedures were completed in these rooms. The practice were to consider a phlebotomy room.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical staff for this extended role. Patient Group Directions had also been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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 and infection control and legionella. (Legionella is a term for a particular bacterium, which can contaminate water systems in buildings). There were actions required following the recent legionella risk assessment that the practice manager was in the process of actioning.

- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 stored securely. The layout of the building had been considered when siting emergency medicines, for example, where immunisations took place, emergency allergy medicines were to hand.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were accessible to key staff off site.

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Changes to guidelines were shared and discussed at practice meetings.

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 showed that the practice had achieved 97% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were similar to the national average; the clinical exception reporting for this indicator overall was 7%, which was better than the Clinical Commissioning Group (CCG) average of 11% and the national average of 11%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects.
- Performance rates for all the mental health related indicators were slightly higher than both the local and national averages. For example, 90% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 89% and national average of 88%. Clinical exception reporting for this indicator overall was also lower at 5%; compared with the CCG average of 10% and national average of 11%.

- The percentage of patients with asthma, who had an asthma review in the preceding 12 months was 76%, which was similar to the CCG average and national average of 75%. Clinical exception reporting was also lower at less than 1%, compared with the CCG average of 6% and national average, 7.5%.
- Patients in care homes had a Care Home Advanced Scheme (CHAS) management plan and the clinical staff analysed admissions and any deaths in these groups in order to maintain high standards of care. The practice demonstrated that this had successfully impacted on their patients' low unplanned emergency admission rates.

The practice used local and nationally recognised pathways for patients whose symptoms may have been suggestive of cancer. The frailest 2% of practice patients had an admission avoidance care plan in place, which included many patients with long-term conditions. The practice had systems in place to "flag" patients with chronic or life limiting conditions to the out-of-hours service and provide information to enable continuity of care. The data related to patient attendance at A&E departments showed that the number of patients attending A&E as an emergency was lower than the CCG and national average. For example, the number of emergency admissions for 19 ambulatory care sensitive conditions (ACSCs) in 2014/15 per 1,000 population was 12, when compared with the CCG average of 14 and national, 15. ACSCs are conditions where effective community care and case management can help prevent the need for hospital admission.

There had been a wide range of clinical audits completed in the last two years as well as an asthma patient audit completed by nursing staff in June 2015. There was evidence of quality improvement including clinical audit. We reviewed four audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services and information about patients' outcomes was used to make improvements, for example:

- Recent action was taken following a minor surgery histology results and recording audit. The findings were that although results were received and acted upon the practice internal systems for oversight of all the results had failed. As a result, the practice appointed a member of staff to be responsible and they planned a repeat audit for January 2017.

Are services effective?

(for example, treatment is effective)

- An audit was completed on patients on three specific medicines and whether medicine risks and the indications for use had been recorded and noted as discussed with the patient, such as the risk of acute kidney injury. The repeat audit findings demonstrated a significant reduction in the number of patients on all three medicines and an improvement in recording that the risk had been discussed with patients.

Effective staffing

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

- 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 had undertaken additional training in areas including medicine prescribing, respiratory care and in managing diabetes in primary care.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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.
- Staff were Dementia Friends and the patient participation group (PPG) members were Dementia Champions and delivered Dementia Friends training to other local organisations.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at nurse meetings.
- 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, clinical supervision, facilitation, and support for revalidating GPs. All staff had had a regular annual appraisal; their training and development needs were planned for or had been met. Staff felt they were able to approach the senior management team if they had any additional training needs.

- There was clinical capacity within the practice to meet anticipated workload demands, including internal cover for holiday leave and other planned absences.

Working with colleagues and other services

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.
- 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 professionals 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.
- When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure patients were offered timely appointments.
- The practice identified patients approaching the end of their life and there were processes in place to monitor and appropriately discuss the care of patients with end of life care needs.
- We saw that referrals for care outside the practice were appropriately prioritised and the practice used approved pathways to do so with letters dictated and prioritised by the referring GP.
- We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated where patients' needs had changed.
- The practice worked with the Community Care Coordinator to ensure that their patients' health and

Are services effective?

(for example, treatment is effective)

social care needs were being assessed and met. The Community Care Coordinator explained the practice effectively referred and encouraged patients to self-refer to the service. Patients were signposted to partner organisation colleagues and patients were able to offer examples of this joined up approach to the inspection team.

- The practice had a strong liaison relationship with the voluntary sector and third parties fostered and strengthened by the practice's Community Care Coordinator.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Clinical staff had received training in the Mental Capacity Act and used this when assessing appropriate patients and the practice carried out advance care planning with their carers for patients with dementia.
- 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.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Help2Change (a local health initiative) support and advice was available at the practice such as, smoking cessation advice and help to slim advice.
- 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.

- The practice held a register of patients living in vulnerable circumstances including patients living with a learning disability. All patients with a learning disability had received an annual health assessment.
- Patients from Bulgaria, an ethnic minority group, were provided with an immunisation schedule to assist patients in their understanding of the practice supporting them to live healthier lives.

Data from 2014, published by Public Health England, showed that the practice encouraged its patients to attend national screening programmes and were aware of the need to continue to improve in this area:

- 68% of eligible females aged 50-70 had attended screening to detect breast cancer. This was slightly lower than the CCG average of 77% and the national average of 72%.
- 58% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was slightly lower than the CCG average of 62% but the same as the national average of 58%.

The practice uptake for the cervical screening programme of 97% was higher than the CCG average of 83% and national average of 82%. The clinical exception reporting for this indicator was 20%, which was higher than the Clinical Commissioning Group (CCG) average of 5% and the national average of 6%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. The practice was aware and planned to address the clinical exception reporting were able, for example, some patients had chosen to receive screening care in their country of origin. 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.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 99% and five year olds from 92% to 95%.

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.
- Notes had been made on patient records to record any special needs such as hearing or vision problems to enable the practice to communicate with patients.

Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients valued the practice and praised the GPs, nurses and all staff inclusively. Patients individual GPs were singled out with praise by their patients.

We spoke with 10 patients during the inspection and common themes included the staff had a friendly warmth and welcoming approach. Staff ensured that if a problem was mentioned it was sorted out immediately and of the very responsive and hands-on practice manager in this respect. Patients reported they felt listened to and that staff made time for them. Patients from minority groups spoken with in particular praised the service they received which included the leaflets and appointment sign in their native language. All reported excellent care and treatment and found staff to be professional, diligent, approachable, committed and caring.

We spoke with four members of the patient participation group (PPG). They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected that staff responded compassionately when they needed help and provided support when required.

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.
- 98% of patients of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 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. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded very positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.

Are services caring?

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

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

- Patients from ethnic minority groups who we spoke with praised the service they received and their involvement and engagement in their treatment choices and decision-making.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area, which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

They regularly updated the carer's register and the carers' noticeboard and provided advice to carers and signposted them to relevant services.

The practice had devised a carers' identification protocol and held a carers meeting with refreshments on the first Thursday of every month, which was run by the practice

patient participation group volunteers. The practice's computer system alerted GPs if a patient was also a carer. The practice so far had identified 194 patients as carers (1.5% of the practice list). The Community Care Co-ordinator provided signposting information for carers at the practice. 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 family's needs, and/or by giving them advice on how to find a support service.

The practice had links with other support agencies such as local food banks and together with the Community Care Co-ordinator ensured referrals were made appropriately.

GP's moved their own cars off the car park to make more space for patients, which was a small, but practical way of showing real care for patients' needs. People from an ethnic minority group provided comments which demonstrated that they felt well supported to cope emotionally with care and treatment. This included the observation that to see their country's language on the computer touch screen made them feel the practice was waiting for them to attend and that they were welcome.



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.

- The practice provided extended hours appointments on a Saturday morning 8am to 11.30am.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- The practice had recently installed an automatic door and a number of patients commented on this welcome feature. A bench adjacent to the porch was also useful for patients needing to wait until the practice was open due to public transport timetables.
- There were longer appointments available for patients with a learning disability and the GPs visited local residential locations.
- The practice supported a refuge for domestic abuse patients providing home visits, support, access to information and guidance within a strict and secure confidential framework. Patients with highly complex needs, which practice qualified clinical staff, worked with closely to deliver appropriate care and treatment.
- A GP at the practice provided ophthalmology (eye) examinations with a slit lamp, which had resulted in a reduction in the need for patients to attend the hospital for secondary care.
- Home visits were prioritised in line with NHS England's guidelines. Home visits were available for patients whose clinical needs resulted in difficulty attending the practice.
- Patient Access was available to all patients aged 16 and over. Patient Access allowed patients to book appointments, order repeat prescriptions, update address details and view all aspects of their medical record online 24 hours a day.
- The practice was responsive to the needs of older people, and offered yearly health checks to all those aged 75 and over.
- Emergency admissions to hospital were reviewed and patients contacted on discharge to review their care needs if required.

- The practice provided in house phlebotomy services and some near patient testing for patients such as those on anticoagulation medicines.
- The practice hosted additional services to enable eligible practice patients to be seen by visiting clinical staff at the practice for screening, such as the retinal screening service and abdominal aortic aneurysm (AAA) screening (AAA is an enlarged area in the lower part of the aorta, the major blood vessel that supplies blood to the body).
- Translation services were available for patients who did not have English as a first language and the practice website had links to health leaflets in a variety of languages.
- The practice website had patient information on the Accessible Information Standard (AIS) and had links for example to mental health self-help leaflets in different formats. (The AIS is a new law to make sure that people who have a disability, impairment or sensory loss are given information they can easily read or understand). Information leaflets could be made available to patients via the clinical staff in easy read formats.
- The practice manager had met with a local ethnic minority employer to ensure that the needs of their employees registered at the practice could be met and that patients understood how GP services delivered care and treatment in the UK.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday and the practice extended hours included Saturday mornings 8am to 11.30am. In addition, pre-bookable appointments and urgent appointments were also available for people that needed them. The practice provided limited GP and nurse telephone consultations/triage as they had found their patients did not want a triage service.

Results from the national GP patient survey, July 2016, showed that patient's satisfaction with how they could access care and treatment was slightly higher when compared to local and national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the national average of 73%.



Are services responsive to people's needs?

(for example, to feedback?)

The feedback we received from patients about access to the service was overwhelming positive. Patients told us that they were able to access appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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 in various formats to help patients understand the complaints system. Complaints leaflets were available on request at reception and following inspection feedback the practice assured us that these would be freely available in the waiting room.

There had been 14 complaints received in the last 12 months. We found these were satisfactorily handled and dealt with in a timely way. There was openness and transparency when dealing with the complaint, which included the complainants' involvement. Lessons were learnt from individual concerns and complaints. There was an analysis of trends, action was taken as a result, to improve the quality of care, and this was shared with all practice staff. Complaint records reviewed demonstrated that complaints were recorded and well documented.

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 told us about their desire to provide patients with caring, responsive and professional care. Staff members told us that they put patients at the heart of everything they do.
- The practice had a clear strategy and supporting business plan, which reflected the vision and values and were regularly monitored.
- The practice met with other practices in the Clinical Commissioning Group (CCG) locality to consider and develop local robust health strategies and discuss supportive business plans to meet the needs of the local population.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous 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. An example included the practices workforce planning risk assessment and the mitigation in place to reduce risk.

Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology
- The practice 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 at the practice held regular meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt valued, respected and supported. Staff told us the partners were approachable and took the time to listen to all members of staff. 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.

Staff at the practice were enthusiastic, driven toward patient health improvement and demonstrated patient focussed objectives such as:

- Nursing staff were autonomous in ensuring that patients with long-term conditions had their condition management needs met and that performance in relationship to this was achieved. The GPs were involved in respect of any clinical change.
- GPs each had lead responsibilities these were actively monitored and GP leads ensured that audit results were appropriately cascaded to staff and that learning from these was embedded in their systems.

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 met every two months at 6pm and had decided they did not want a formal structure of chair or vice chair as they felt this had the potential to inhibit discussion. The four members we spoke with said that meetings were well managed and were enthusiastically supported by the practice manager. GPs attended when asked or for example when involved with a presentation such as with dementia awareness.
- The PPG had been involved in the past with discussions around the practice telephone system and changes in the appointment system.
- One PPG member was clearly a knowledgeable and enthusiastic user of technology was a strong advocate of the work that the practice was doing in this area in introducing more online services for patient access. Recognising these skills the PPG had the surgery application ('app') on their phone to show other patients how to download the app, connect to the service and use it for day-to-day communication with the practice.

- Another PPG member championed the introduction of a carers group at the practice and this has now had five monthly meetings with the support of the practice.

The PPG had helped to develop an action plan which included:

- Improvements in the signage along the consulting corridor of the practice for dementia patients.
- The staff improvements to the practice car park and GP staff park off-site.
- Members concerns that their membership did not reflect the wide patient profile of the practice. The practice were doing all they could to encourage new membership and took the role of the PPG seriously.

The practice had gathered feedback from staff through staff meetings, appraisals and daily discussions. Staff said they could add to the practice meeting agenda and in meetings discuss their thoughts and ideas. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

There was clear evidence of staff development, continuity and succession planning with a focus on teaching and training at all levels.