

Mann Cottage Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mann Cottage Surgery on 19 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence-based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

The area where the provider should make improvement is:

Review how it communicates the benefits of childhood immunisations to patients to improve performance in this area.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

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 compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw a programme of clinical audits that included improvements for patient care, with schedules identified for second cycle audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey (January 2016) showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- A GP acted as the carers lead. A registration pack for carers outlined the different support groups available to them. Once carers were identified, we saw patient records were flagged and that the practice offered more flexibility around appointment times. The practice had identified about 2% of the practice list as carers.

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 (CCG) to secure improvements to services where these were identified. For example, the practice is currently setting up a diabetes support group for patients with diabetes.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with regular appointments available the same day.
- 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.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- The practice dispenser made direct contact with some patients and their carers within days of a patient's discharge from hospital. The purpose of the contact was to provide support with new and existing medicines and to indicate to GPs where a further review may be needed.
- The practice had a member of staff who was the care co-ordinator. They telephoned patients on discharge from hospital to offer support, and to enquire whether a GP visit or other assistance was required.
- The practice was proactive in offering home visits by its dispensary and nursing teams for patients unable to attend the

Summary of findings

surgery with long term conditions such as asthma and diabetes. This responsive approach resulted in improved medicines self-management and more responsive care and treatment by the practice.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The 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.
- There was a strong focus on continuous learning and improvement at all levels.
- Mann Cottage Surgery is a training practice. It did not have any trainees at the time of the inspection, but a GP registrar was due to be placed at the practice within a few weeks.

Good



Summary of findings

The six population groups and what we found

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

Older people

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.
- Older patients with complex care needs or those at risk of hospital admissions had personalised care plans which were shared with local organisations to facilitate continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good



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

- Practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. This included the management of chronic obstructive pulmonary disease and heart disease.
- Data for patients with long-term conditions compared well with national figures. For example, the percentage of patients with diabetes, on the register, who had a flu vaccination in the preceding 1 August to 31 March was 99%, compared to the national average of 94%.
- Longer appointments and home visits were available when needed.
- 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 practice was proactive in offering home visits by its dispensary and nursing teams for patients unable to attend the surgery with long term conditions such as asthma and diabetes. This responsive approach resulted in improved medicines self-management and more responsive care and treatment by the practice.

Summary of findings

- The practice dispenser made direct contact with some patients and their carers within days of a patient's discharge from hospital. The purpose of the contact was to provide support with new and existing medicines and to indicate to GPs where a further review may be needed.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 83% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months, compared to the national average of 75%.
- 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 assessed the capability of young patients using Gillick competency and Fraser guidelines. The competency and guidelines are a means to determine whether a child is mature enough to make decisions for themselves.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 82%, the same as the national average of 82%.
- 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.

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering on-line services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- Patients could book evening appointments on one night per week.
- On-line prescribing was available, which enabled patients to order their prescription on-line.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including 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.
- The practice was fully accessible to patients with limited mobility or who used wheelchairs.

People experiencing poor mental health (including people with dementia)

Good



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

- 81% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose level of alcohol consumption has been recorded over the course of a year was 100%, which exceeded the clinical commissioning group average of 92% and the national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- 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.
- The practice placed an alert on patient's notes to ensure that wherever possible, they were seen by the same staff to assist continuity of care.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above local and national averages. For the survey 233 survey forms were distributed and 136 were returned. This represented approximately 3.5% of the practice's patient list.

- 96% of patients found it easy to get through to the practice by telephone 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 76%.
- 93% of patients described the overall experience of their GP practice as good compared to the national average of 85%.
- 93% of patients said they would recommend their GP practice to someone who has just moved to the local area, compared to national average of 79%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by

patients prior to our visit. We reviewed 25 comment cards which were all extremely positive about the standard of care received. Patients described staff as being caring and respectful, and taking the time to listen to their concerns. Patients told us they were given advice about their care and treatment which they understood and which met their needs. We spoke with four patients during the inspection. Although one said they usually had long waiting times, all four were satisfied with the care they received and thought staff were approachable, committed and caring. We spoke to two members of the patient participation group who also gave us positive comments about the practice staff, the quality of the service, and their effective working relationship.

We looked at the latest submitted NHS Friends and Family Test results, where patients were asked if they would recommend the practice. Data from January to April 2016 showed that 100% of respondents would recommend the practice to family and friends.

Areas for improvement

Action the service **SHOULD** take to improve

- Review how it communicates the benefits of childhood immunisations to patients to improve performance in this area.

Mann Cottage 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 second CQC inspector.

Background to Mann Cottage Surgery

Mann Cottage Surgery (also known locally as Dr HR Furn Davies and Partners) is based in Moreton-in-Marsh, a town and civil parish of Gloucestershire. In 2014, the practice moved from a Georgian-era building to its current premises, The Four Shires Medical Centre. The Four Shires Medical Centre is a health care campus with a local community hospital, and is so named because the Four Shire stone marked the boundary of the historic counties of Gloucestershire, Warwickshire, Worcestershire and Oxfordshire. Mann Cottage Surgery shares a large, purpose built building with another GP practice, and its patients are drawn from the four counties.

Consulting rooms are on the ground floor, along with rooms for phlebotomy, health visitors, dispensing, midwifery and a baby clinic. The reception room is also situated on the ground floor. There is a patient lift and full disabled access. A large waiting room contains a plasma screen that relays NHS health information. Mann Cottage Surgery is a training practice for doctors and at the time of our visit currently has no trainees. The practice is one of 85 GP practices in the NHS Gloucestershire Clinical Commissioning Group (CCG) area. The practice population is 97% white, with the largest minority ethnic population being Asian or Asian British.

Mann Cottage Surgery has approximately 3,933 registered patients, most of whom live within a five mile radius of the practice. The practice has lower than national average patient populations for all age groups from 0 to 39 years of age. The patient populations from 45 years of age upwards are higher than the national average.

The practice team includes two GP partners (one female, one male). In addition a salaried GP, two practice nurses, a research nurse, and one health care assistant are employed. A specialist nurse, not directly employed by the practice, is based at the premises one day a week. The clinicians are supported by a practice manager, an assistant practice manager, and a team of dispensers, office assistants, secretaries and receptionists. The practice has a General Medical Services contract with NHS England (a locally agreed contract negotiated between NHS England and the practice). Mann Cottage Surgery is a dispensing practice and a member of the dispensary team is available from 9am to 1pm, and 1.30pm to 6pm, Monday to Friday.

The practice is open from 8am for telephone contact (urgent appointment requests only), otherwise it is open from 8.30am to 6.30pm, Monday to Friday. Pre-bookable (up to three months in advance) appointments are available from 8.30am to 12.30pm and from 3pm to 5pm Monday to Friday. A doctor is available for patient contact throughout this period on the normal practice telephone number. The practice offers extended opening hours on Monday until 7.30pm. Extended hours appointments are available if pre-booked up to three months in advance. In addition to pre-bookable appointments, urgent appointments are also available through a triage system.

The practice is a Level One research practice, meaning that it is required to undertake at least two clinical studies per year.

Detailed findings

The practice has opted out of providing Out Of Hours services to their own patients. Patients can access the NHS 111 service and an Out Of Hours GP service.

Mann Cottage Surgery provides regulated activities from its site at Four Shires Medical Centre, Stow Road, Moreton-in-Marsh, Gloucestershire. GL56 0DA.

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

We reviewed a range of information we hold about the practice in advance of the inspection and asked other organisations to share what they knew. We carried out an announced visit on 19 May 2016. During our visit we:

- Spoke with a range of staff. For example three GPs, two nurses and three administrative staff;
- Spoke with four patients who used the service;
- Observed how patients were being cared for and talked with carers and family members;

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 25 Care Quality Commission comment cards where patients and members of the public shared their views and experiences of the service;
- Spoke with the dispensary adjacent to the practice.

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 Care Quality Commission 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, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

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, discussions took place immediately following a significant event, with each event discussed at clinical team meetings held twice every month or sooner if required. Information was cascaded to staff through circulated minutes.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw evidence of this when an urgent blood test result was not seen by a GP until late in the day. The issue was discussed at the weekly partners and staff meetings, and the blood test results flow changed so that all abnormal results or urgent letters were seen immediately by the duty doctor.

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 and this 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. All staff had received the appropriate safeguarding adults training. A salaried GP was a lead member of staff for safeguarding adults, and a GP partner the lead member of staff for safeguarding children. 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. All GPs, practice nurses and the health care assistant were trained to safeguarding children level three.
- A notice in the waiting room, in all the consulting rooms and on the practice website advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control lead who liaised with the local infection prevention teams to keep up-to-date with current practice. There was an infection control protocol in place and staff had received up-to-date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The 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 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. One of the nurses had qualified as an Independent Prescriber

Are services safe?

and could therefore prescribe medicines for specific clinical conditions. He/she received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice had employed two locum GPs in the past year, for a total of 20 days, to cover sickness and holiday absence. The same locums had been employed on a regular basis by the practice for a number of years, and we found that appropriate checks were in place.

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 in the practice manager's room which identified local health and safety representatives. The practice had an 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).

- 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.
- The practice had two locum GPs who were booked by one of the practice partners and used regularly.

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. 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 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 patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100%, of the total number of points available, with 7.9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015 showed:

- Performance for diabetes related indicators exceeded the national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was that of a healthy adult, was 88%, compared to the national average of 81%.
- The percentage of patients with high blood pressure having regular blood pressure tests was comparable to the national average. For example, the percentage of patients with high blood pressure in whom the last blood pressure reading was a satisfactory level was 86%, compared to the national average of 84%.
- Performance for mental health related indicators exceeded the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other

psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100%, compared to the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been 12 clinical audits completed in the last two years, ten of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice was a Level One research practice, meaning that it was required to undertake at least two clinical studies per year.
- Findings were used by the practice to improve services. For example, following new National Institute for Health and Clinical Excellence (NICE) guidelines, an audit of women on hormone replacement therapy (HRT) led to improved processes and the creation of a template for HRT reviews. Review months were highlighted on the patients' prescriptions, and the review now included a blood pressure check.

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. This covered such topics as safeguarding, infection prevention and control, 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 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 accessing on-line resources and discussion at practice nurse 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,

Are services effective?

(for example, treatment is effective)

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

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Practice nurses attend a monthly multi-disciplinary team meeting to review patients.

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.
- 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff had undertaken training and 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.

- The process for seeking consent was monitored through records audits.

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, those requiring advice on their diet, smoking and alcohol cessation and those aged over 75 years. Patients were then signposted to the relevant service.
- The practice had a health advisor who offered non-medical support with health and well-being issues for adult patients. We saw evidence that this support included self-managing a long term health condition or changing health behaviours.
- Dieticians held clinics at the adjacent hospital and were available to refer to locally. Smoking cessation advice was available from a local support group and referrals could be made to the local 'Slimming World' group.
- One health care assistant had a particular interest in weight management and provided appointments for patients. We saw evidence that support given to patients by the practice to help them manage their weight had led to successful weight reduction.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the clinical commissioning group (CCG) average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using a system of alerts for those patients with an identified learning disability, by using information in different languages, and by ensuring a female sample taker was available.
- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age were at 60%, which was comparable with the clinical commissioning group (CCG) average of 63%, and the national average of 58%.
- Childhood immunisation rates for the vaccines given were below CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 80% to 91% compared to the CCG

Are services effective?

(for example, treatment is effective)

range from 94% to 96%. Childhood immunisation rates for the vaccines given to five year olds ranged from 84% to 95% compared to 90% to 95% within the CCG. When we spoke to the practice, they indicated that some of their patients have a strong belief in the efficacy of complementary medicines as an alternative to immunisations for children under five years old. The practice also indicated that it is currently reviewing its vaccination programme, to help patients better realise the benefits of childhood immunisation. Practice staff have attended mother and baby clinics held locally and the practice has hosted clinics, to talk to new mothers about the benefits of childhood immunisation. The

practice explained that their more recent data is in line with local and national figures. We saw data for the period 1/7/15-1/4/16 that showed that childhood immunisation rates for the vaccines given to five year olds ranged from 92% to 96%, which is comparable with the CCG range.

- 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 patient 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 and could offer them a private room to discuss their needs.
- We noted that the practice had installed an electronic booking-in system to speed up the process and help maintain patient privacy.

All of the 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the latest national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice exceeded the clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 94% of patients said the GP gave them enough time (CCG average 89%, national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).

- 92% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 97% of patients said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They 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. We also saw that care plans were personalised.

Results from the national GP patient survey (January 2016) 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:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 89% and national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

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

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified about 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. For example, a registration pack for carers outlined the range of different support groups. A lead patient assistant who was a member of staff, acted as a carer's champion.

A registration pack for carers indicated the different support groups available for them. Once carers were identified, we saw patient records were flagged and that the practice arranged more flexibility around appointment times.

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

The practice hosted a talking therapy service for patients, available at a few weeks' notice. Talking therapy is a type of treatment that involves talking with a therapist to better manage mental and physical health problems.

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. For example, the practice was currently setting up a diabetes support group for patients with diabetes.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice was proactive in offering home visits by its dispensary and nursing teams for patients unable to attend the surgery with long term conditions such as asthma and diabetes. This responsive approach resulted in improved medicines self-management and more responsive care and treatment by the practice. For example, the chronic disease specialist nurse visited a patient and provided a full health assessment which allayed the patient's fears that they had chronic obstructive pulmonary disease (COPD). The patient, who was diagnosed with asthma, was finding it difficult to use their inhaler. The nurse helped the patient to use their inhaler and now the patient was able to better manage their inhaler and received regular doctor's visits.
- Same day appointments were available for children and those with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS. Patients were referred to other clinics for those vaccines only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to improve access for mobility impaired staff.
- The practice hosted a range of patient services. For example, a talking therapy service was available at the practice.

- Receptionists dealt with all queries both in person and on the phone, and were responsible for booking appointments. They also assisted GPs in contacting patients.
- Patients with a long term condition were offered an annual birthday review.
- The practice had a member of staff who was the care co-ordinator. They telephoned patients on discharge from hospital to offer support, and to enquire whether a GP visit or other assistance was required.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.
- The practice dispenser made direct contact with some patients and their carers within days of a patient's discharge from hospital. The purpose of the contact was to provide support with new and existing medicines and to indicate to GPs where a further review may be needed.
- The practice used telephone consultations and sent appointment reminders by text message service.

Access to the service

The practice is open from 8am for telephone contact (urgent appointment requests only), otherwise it is open from 8.30am to 6.30pm, Monday to Friday. Pre-bookable (up to three months in advance) appointments are available from 8.30am to 12.30pm and from 3pm to 5pm Monday to Friday. A doctor is available for patient contact throughout this period on the normal practice telephone number. The practice offers extended opening hours on Monday until 7.30pm. Extended hours appointments are available if pre-booked up to three months in advance. In addition to pre-bookable appointments, urgent appointments are also available through a triage system.

Results from the national GP patient survey (January 2016) showed that patient satisfaction with how they could access care and treatment exceeded local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and national average of 78%.
- 96% of patients said they could get through easily to the practice by phone (CCG average 84% and national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

- 52% of patients said they usually got to see or speak to the GP they prefer (CCG average 42% and national average 36%).

Patients told us on the day of the inspection that they were able to get 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.

The practice telephoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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.

Patients with a learning disability were monitored through a learning disability register and offered an annual health check with a practice nurse who had specialist experience with this group of patients. The practice system alerted staff to patients with a learning disability who would benefit from flexibility around length and times of appointments.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The Practice Manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Feedback was gained through feedback forms available at reception and in the waiting area, and comment cards on the practice website. A Friends and Family Test suggestion box and a patient suggestion box were available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints.

We looked at three written and verbal complaints received by the practice in the last 12 months. These were all discussed and reviewed, and learning points noted. We saw that these were handled and dealt with in a timely way. Complaints were a standing agenda item at monthly meetings. We saw evidence lessons were learnt from patient complaints and action taken to improve the quality of care. For example, a patient whose child was ill was booked in incorrectly, and the appointment delayed. The practice spoke to the patient to apologise. Staff were reminded to carefully check patient details, advise patients about appointment delays, and ensure children's appointments are prioritised.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice mission was to provide the highest quality, innovative, patient-centred care in a safe and supportive environment.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and was 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 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.

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. A GP partner was the Caldicott Guardian (a senior member of staff responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing), and the practice manager was the information governance lead. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners 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, truthful 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. The practice manager was described by staff as engaged, professional, dynamic and extremely competent in their role.

- Staff told us the practice held regular team meetings monthly and whole team away days once every year.
- 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. We noted that an away morning for the practice partners took place annually.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The patient participation group provided feedback on a newsletter produced to inform patients about the practice services. Feedback from patients was also gathered through surveys, compliments and complaints received.
- The practice had gathered feedback from staff through an annual staff survey, and through monthly staff meetings, appraisals and discussion. Staff told us they

Are services well-led?

Good 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff suggested that new patients with complex mental health needs should be seen by the same nurse and GP to ensure the patients received a continuity of care whenever they attended the surgery. As a response, patients in this population group had an alert on their medical records to indicate which nurse or GP to make appointments with.

- We saw effective leadership within the practice nurse and nurse practitioners team.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Mann Cottage Surgery achieved Level One research practice status, meaning that it was required to undertake at least two clinical studies per year. For example, one research study

investigated whether a medicine commonly used to treat raised blood pressure could be beneficial for people with chronic kidney disease, by reducing the onset of cardiovascular disease. When we spoke to the practice, they informed us it was still too early in the research programme to provide feedback.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice was part of a local GPs cooperative formed to develop new services. For example, the practice had launched an online service that allowed patients to request help at any time of day and to receive a timely call back during normal surgery hours.
- Mann Cottage Surgery was a training practice. Although it currently had no trainees, a registrar was due to be placed at the practice within a few weeks.