

Maple Practice

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Maple Practice on 19 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events and learning from these was discussed and shared at practice meetings.
- Risks to patients were assessed and well managed, including infection prevention and control, however, some fabric chairs in the shared waiting area were stained and there was no process in place to ensure they were appropriately cleaned.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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 responsibility for the care of patients at a care home with nursing and visited on a weekly basis.
- Data from the national GP patient survey rated the practice higher than the clinical commissioning group (CCG) and the national average for telephone access.
- The practice had good facilities and made good use of all available space 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review the cleaning schedule to help ensure regular deep cleaning or the replacement of the fabric chairs in the shared waiting area is carried out.

- Continue to develop a patient participation group.
- Continue to identify and support patients who are also carers.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP) Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system 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 systems, processes and practices to help keep patients safe and safeguarded from abuse, including a designated safeguarding lead GP and appropriate training for all staff members.
- Risks to patients were assessed and well managed including those related to infection prevention and control; however, some fabric chairs in the shared waiting area were stained and there was no process in place to ensure they were appropriately cleaned.

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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for staff employed at the practice for over a year.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, multi-disciplinary meetings were held on a quarterly basis.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for telephone accessibility.

Good



Summary of findings

- Patient's views gathered at inspection showed that they felt they were treated with compassion, dignity and respect and involved in decisions about their care and treatment.
- We observed that staff treated patients with kindness and respect and maintained patient confidentiality.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local patient 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 and there was continuity of care, with urgent appointments available the same day, with extended hours being provided at the practice on a Monday and Wednesday evening.
- There were longer appointments available for patients with a learning disability and for those who required them.
- The practice had responsibility for the care of patients at a care home with nursing and visited on a weekly basis.
- The building was accessible for less mobile patients and there were accessible toilets and baby change facilities.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



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 it.
- 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.

Good



Summary of findings

- 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 for notifiable safety incidents and ensured this information was shared with staff to help 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.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its patient population, for example, end of life care and dementia care management.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older people had a dedicated GP for continuity of care; however, they were also able to see any GP of their choice.
- Eight weekly multi-disciplinary meetings were held to discuss the care and treatment needs of patients, including end of life care.
- The practice had responsibility for the care of patients at a nursing home and visited on a weekly basis.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Both GP partners had completed training in diabetes during the last year and a diabetes specialist nurse had been recruited.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 63% which was lower than the CCG average of 77% and the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 75% which was comparable to the CCG average of 76% and the national average of 78%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 91% which was higher than the CCG average of 87% and the national average of 88%.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- 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.

Families, children and young people

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

- There were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Staff members told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 80% which was lower than the CCG average of 87% and comparable to the national average at 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age patient population, those recently retired and students had been identified and the practice had adjusted the services it offered to help 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.
- Extended hours appointments were offered weekly on a Monday and Wednesday evening.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including people living with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 82% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 94% which was higher than the CCG and national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with the national average. 291 survey forms were distributed and 112 were returned. This represented approximately 3% of the practice's patient list.

- 84% of respondents found it easy to get through to this practice by telephone compared to the CCG average of 64% and the national average of 73%.
- 84% of respondents were able to get an appointment to see or speak with someone the last time they tried which is higher than the CCG average of 74% and the national average of 76%.
- 88% of respondents described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.

- 80% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards and all of these were positive about the standard of care received, with two containing both positive and negative comments. The comments cards stated, that the care provided was of a high standard and respectful; patients felt listened to, understood and had trust in the advice and treatment received from the GP partners and nursing staff. The comments also stated that reception staff were helpful and that the service provided was friendly and caring.

We spoke with seven patients during the inspection who said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Review the cleaning schedule to help ensure regular deep cleaning or the replacement of the fabric chairs in the shared waiting area is carried out.

- Continue to develop a patient participation group.
- Continue to identify and support patients who are also carers.

Maple Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Adviser.

Background to Maple Practice

Maple Practice is located in a residential area on the outskirts of the urban town centre of Dartford, Kent and provides primary medical services to approximately 3,800 patients. The practice is based on the ground floor of a purpose built building which it shares with two other GP practices. Other health related services are provided on the first floor of the building. There are limited parking facilities but some road side parking is available at a short walk from the practice. The building is accessible for patients with mobility issues and those with babies/young children.

The practice patient population mostly compares to the England average in terms of age distribution, however, there are slightly more female children from the age of 0 to 19 and slightly less older people from the age of 64 to 84. It is in an area where the population is considered to be less deprived. There are some people registered as patients who do not have English as their first language.

There are two GP partners at the practice one male and one female. There is one female practice nurse and a female phlebotomist. The GPs and nurse are supported by a practice management team and reception/administration staff.

The practice is open from Monday to Friday between 8am and 6.30pm. Extended hours appointments are available every Monday evening until 7pm and every Wednesday evening until 8pm. In addition, appointments can be

booked up to eight weeks in advance, and urgent on the day appointments are available for people that need them. Appointments can be booked over the telephone, online, by fax or in person at the practice. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

The practice runs a number of services for its patients including; family planning; minor surgery; chlamydia screening; immunisations and travel vaccines and advice.

Services are provided from: Maple Practice, Dartford West Health Centre, Tower Road, Dartford, Kent, DA1 2HA.

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 October 2016.

During our visit we:

- Spoke with a range of staff including GP partners, nurses and administration staff and spoke with patients.

Detailed findings

- Observed how patients were cared for within the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager or GP partners of any incidents and there was a recording form available for them to complete. 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 that the practice had recorded one significant event in a twelve month period, and that this, along with a complaint that was treated as a significant event were discussed at a clinical meeting, with learning shared across the practice team.
- 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 help prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events to help ensure learning from them took 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. For example, where a patient had a preventable mental health crisis, the practice took action to manage the patient's care and introduced safeguards to help prevent a recurrence of the circumstances. This information was raised at a clinical meeting and the learning was shared across the staff team.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. There were policies which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. This information was printed

and posted on the wall of each consulting and treatment room. It was also available on the desktop of each computer. There was a lead member of staff for safeguarding who had completed child safeguarding training at level three. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There was a system for identifying looked after children as well as those on the child protection register and this extended to include other family members where necessary. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs had completed level three safeguarding training, nursing staff were trained to child safeguarding level two and non-clinical staff had completed training at level one. All staff we spoke with were aware of types of abuse and the action to take if they suspected abuse.

- A notice in the waiting room and in all consulting and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and clinical staff had received up to date training. Annual infection control audits were undertaken and these were on-going. The practice had a comprehensive cleaning schedule for contracted cleaners, however, fabric covered chairs in a shared waiting area were stained and there was no process in place to ensure they were appropriately cleaned.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes 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

Are services safe?

teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, evidence of 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 for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the administration area which identified local health and safety representatives. The practice building was maintained by NHS Property Services and the facilities team and care taker had responsibility for risk assessments and checks. The building had an up to date fire risk assessment and carried out regular fire equipment checks and fire drills. Appropriate records were kept which demonstrated this. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The building had a variety of other risk assessments 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). The fire risk assessment and Legionella risk assessment both had a number of recommendations, and documents demonstrated that these had been actioned.

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure enough staff were on duty. Staff told us that during periods of annual leave or sickness the staff team covered for one another.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 and panic buttons were also located in consulting and treatment rooms.
- All staff received annual basic life support training and there were emergency medicines available. These were checked daily and records were maintained detailing expiry dates.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for all staff members.

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 to help 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 discussions at meetings, risk assessments and audits. NICE guidelines were referenced in both two cycle audits completed at the practice.

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 89% of the total number of points available. The practice's overall exception rate was 4% which is lower than the national average of 9%.

(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 an outlier for QOF clinical targets in relation to diabetes. Data from 2014/15 showed:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 67% which was lower than the CCG average of 78% and the national average of 81%. However, the level of exception reporting at the practice was low, and for this QOF target, 4% of the patient group had been excepted which was lower than the CCG and national average of average of 12%.
- The percentage of patients with diabetes, on the register, who had influenza immunisation in the

preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 86% compared to 94% at CCG and national average, however, the number of patients excepted at the practice was 8% which was lower than the CCG average of 21% and the national average of 18%.

- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 88% compared to 86% at CCG level and 88% at national average. However, none of the patients at the practice were excepted from this target compared to 12% average exception rate at CCG level and 12% at national average.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits undertaken in the last two years; two 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.
- Findings were used by the practice to improve services. For example, the practice completed an audit of the management of an inflammatory bowel disease against NICE guidelines checking that patients had the correct monitoring and treatment. A re-audit had been carried out, with a proposed further audit to help ensure patients were treated in line with NICE recommendations.
- An audit regarding diabetes had been carried out at the practice, and the partners told us they had taken a proactive approach to being an outlier for a QOF target regarding diabetes, in that they had both undertaken training in diabetes and had appointed a diabetes specialist nurse who was due to start at the practice in December.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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, both partners completed training in diabetes in the last year and one member of the admin team was training to be a health care assistant.
- 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 practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All long standing staff had received an annual appraisal and this included a learning assessment.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house and external training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 an eight weekly basis when care plans were routinely reviewed and updated for patients with complex needs. Minutes of meetings demonstrated these were attended by a palliative care nurse, district nurse and a community matron.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance and all staff spoken with were aware of implied and written consent.
- 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 patient records audits. Written consent forms were signed and scanned into the patient record.

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. The practice had systems to refer patients for counselling. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was lower than the CCG average of 87% and comparable to the national average of 82%. The practice had a low exception rate for this QOF target, for example, the practice excepted 4% of patients compared to the CCG average of 10% excepted patients and 6% at national average. The practice ensured a female sample

Are services effective?

(for example, treatment is effective)

taker was available. There were systems to help 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The practice's uptake for females aged between 50-70 years, screened for breast cancer in last 36 months was 73%, which comparable to the CCG average of 72% and the national average of 72%.
- The practice's uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 47% which was somewhat below both the CCG average of 57% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to children of twelve months ranged from 78% to 92%, the CCG average ranged from 87% to 93% and the national average ranged from 73% to 93%; for children of 24 months the range was from 54% to 100% compared to the CCG average of 51% to 94% and the national average of 73% to 95% and for five year olds the range was from 70% to 92% at the practice, from 85% to 94% at CCG level and from 81% to 95% at national average.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that 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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 41 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Two also contained negative comments about difficulty getting an appointment. Patients said they felt the practice offered an excellent service with GP's who listen and take the time to explain treatment and a helpful, caring staff team.

The practice were in the process of recruiting patients to their patient participation group (PPG) and this was advertised in the waiting area and on the website with the appropriate form to complete if interested. The practice had carried out a patient survey to identify areas for improvement and the results were displayed on their website. Comments received mentioned that an additional nurse would be helpful and a second nurse had subsequently been recruited.

Comment cards highlighted that staff at the practice responded with compassion to requests for help and provided support to patients when required; they also told us that patients were satisfied with the care provided by the practice and that their dignity and privacy was respected.

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

- 88% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 84% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 92% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% of respondents said the last GP they spoke with was good at treating them with care and concern compared to the national average of 85%.
- 87% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the national average of 91%.
- 95% of respondents said they found the receptionists at the practice helpful compared to the CCG and 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. Patient feedback from the comment cards we received was also positive and aligned with these views. We reviewed a sample of patients care plans and found these were detailed and personalised.

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

- 84% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 81% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 84% of respondents said the last nurse they saw was good at involving them in decisions about their care which was comparable to the CCG average of 86% and to the national average of 85%.

Are services caring?

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

- Staff told us that there was an interpreter service available for patients who did not have English as their first language.
- Information leaflets were available in easy read format.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified some of its patients as carers and these patients were supported by being offered an influenza vaccination. The waiting area had information regarding carer organisations to help ensure patients were signposted to support groups.

Staff told us that if families had suffered bereavement, their usual GP sent them a sympathy card and offered relatives support with the process of grieving, including providing the name and telephone number of specialist bereavement counsellors. Staff told us that every Christmas evening one GP partner would telephone all of the relatives of patients who had died during the year to offer condolences and support.

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 patient 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 offered extended hours on a Monday and Wednesday evening for working patients who could not attend during normal opening hours.
- The practice had recruited a diabetes specialist nurse and undertaken training in diabetes to help meet the needs of patients with this long term condition.
- There were longer appointments available for patients with a learning disability and for those who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a portable hearing loop had been ordered and translation services were available.
- The practice offered a phlebotomy service.
- The practice had responsibility for the care of patients at a nursing home and visited on a weekly basis.

Access to the service

The practice was open from Monday to Friday between 8am and 6.30pm. Extended hours appointments were available every Monday evening until 7pm and every Wednesday evening until 8pm. In addition to appointments that could be booked up to eight weeks in advance, urgent on the day appointments were available for people that needed them. Appointments could be booked over the telephone, online, by fax or in person at the practice. There were arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were better than the national average.

- 84% of respondents were satisfied with the practice's opening hours compared to 75% at the CCG average and the national average of 79%.
- 78% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 64% and the national average of 73%.

CQC comment cards received during the inspection confirmed that patients were able to get appointments when they needed them.

The practice had a system to assess:

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

Staff told us that a GP would make the decision regarding a home visit. 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 in an emergency situation and when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example, there was a poster in the waiting area, and the information was available as a leaflet, in the practice booklet and on-line.

We looked at six complaints received in the last 12 months and found that they had been recorded, investigated and responded to within the specified time frames. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. The learning from complaints was shared and practice meetings. Patients we spoke with were aware of the process to follow if they wanted to make a complaint. For

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

example, where a patient was unhappy with the way their consultation was managed, the practice looked at what could have been done better and took action to engage in

learning to help improve on certain aspects of the consultation process. This was discussed at a significant events meeting and learning points were identified and action taken.

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 and the staff we spoke with were aware of the aim to provide good quality patient centred care.
- The practice had succession planning for the future strategy and a supporting business plan which reflected the vision and values and was regularly monitored. Partners meetings were held on a regular informal basis where business and values were regularly discussed.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The governance framework had been established and embedded over the last year and systems were apparent and observed to be working in practice. This outlined the structures and procedures and helped to ensure 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. These were reviewed and updated annually and as required.
- There was a clear system for reporting incidents and for sharing these and learning from them.
- 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.
- All staff were encouraged to attend training that supported their role and professional development, and this was on-going
- There were 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.

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 to help 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 sharing information with all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to help 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 and staff felt supported by management.

- Staff told us the practice held regular team meetings. Formal clinical meetings took place four weekly, practice meetings took place quarterly and multi-disciplinary meetings were held eight weekly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or at any time and they felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had previously gathered feedback from patients through patient surveys and complaints received. There was an action plan to develop a patient participation group and a notice advertising this was in

Are services well-led?

Good 

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

the waiting area as well as on the practice website.

Results from the practice survey were displayed on the website as was a form encouraging patients to leave feedback.

- The practice had gathered feedback from staff through informal discussion, team meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Staff told us that there was good staff retention and a low staff turnover at the practice and that their aim was to have a friendly, happy working environment.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff told us they were given the opportunity to develop at the practice and partners undertook training to help ensure improved outcomes for patients. The practice clinicians attended locality meetings, protected learning time for training purposes and CCG update meetings as well as identifying self-directed areas for learning and improvement.