

Dr Duggleby & Partners

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 Stokesley Health Centre on 16 November 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 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 was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
 - There was evidence of quality improvement including clinical audit. Patients were supported to live healthier lives.

We saw one area of outstanding practice:

Summary of findings

- The nursing service provided by the practice to a local extra care housing scheme (Town Close) has significantly reduced emergency admissions, out of hours care and attendance at Accident and Emergency departments. For example, a comparison between April 2015 and April 2016 indicated that out of hours, Accident and Emergency visits and emergency admissions were reduced from six events to zero events at the Town Close facility, following the implementation of primary care nurse support.
- Patients could always be seen by a GP from the practice on the same day, if the patient required this, even when all available appointment slots were taken.
- Non clinical staff should be offered an annual appraisal and the practice should document where these are declined.
- The provider should take steps to ensure that consultations cannot be overheard from the waiting area.
- Develop a written strategy and supporting business plan which outlines their vision and plan for the future.
- Develop a written consent policy.

The areas where the provider should make improvements:

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.
- There was daily communication between all staff about significant events via an eleven o'clock meeting

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 a lack of appraisals and personal development plans for non-clinical staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had good links with social care to support its patients living in the extra care housing scheme.
- Staff understood and assessed patients' capacity with regard to care and treatment; however, clinical staff were not up to date with Mental Capacity Act training.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.
- The practice had received numerous compliments and cards from patients.
- There was a lack of privacy in the waiting area where conversations could be overheard easily.
- It was possible to hear discussions held in consultation rooms, from the waiting area.

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 population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the employment of a pharmacist had improved medicines safety for patients.
- 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.
- We saw evidence that patients were often able to be seen the same day (and always if their need was urgent) due to multiple flexible systems within the practice appointment system.
- The practice facilities were dated and in need of refurbishment. The premises were owned by NHS Property Services and the practice were the main tenants of the building. It was 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.
- The practice valued customer service and used this in its approach to dealing with complaints.

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.

Good



Summary of findings

- 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 clinical 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was virtual, and it supported the practice in its vision and values.
- The practice had not formulated a business plan.
- Clinical staff had a clear knowledge of consent, but there was no formal written policy within the practice.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Town Close, an extra care housing project, was closely supported by the practice's Primary Care Nurse.
- The primary care nurse provided teaching to the care staff at the Town Close facility.
- The practice provided data evidence to demonstrate the reduction in emergency admissions, urgent appointments and out of hours care required by the residents of Town Close, since the support of the primary care nurse was provided.
- There was a close relationship between case managers and community matrons and the practice held weekly meetings to discuss patients on a personal care-plan.
- Prescribing for the elderly was reviewed by a clinical pharmacist.
- An audit of polypharmacy in the elderly had been undertaken.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was comparable to other practices at 80% (local CCG average 80%, England average 78%).
- The practice nurses ran near-patient testing for monitoring of blood thinning medicines and performed complex wound care.
- Longer appointments and home visits were available when needed.
- Patients with complex long-term conditions were offered a personal care plan and were often referred for case management.

Summary of findings

- The practice held weekly care planning meetings with a case-manager/community matron to optimise care and share information.
- 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 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.
- The system for follow up when a child had missed a hospital appointment was not always documented.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Nationally reported data from 2014/2015 showed the percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was higher than other practices at 93% (local CCG average 83%, England average 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.
- There was a system for follow up when children had not attended hospital appointments, but this needed to be recorded in the patient record.
- The practice had a close working relationship with attached health visitors, midwives and school nurses.
- The practice operated a drop in sexual health clinic with the practice nurse.

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).

Good



Summary of findings

- 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.
- Extended hours, one evening per week, allowed working age people to access appointments outside of standard working hours.
- Pre-employment medicals were offered, for example, as part of an application for a heavy goods vehicle licence.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this population group.
- Students returning home from university in the holidays could access appointments as temporary residents or remain registered with the practice.

People whose circumstances may make them vulnerable

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

- 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.
- It held regular multidisciplinary clinical team meetings to optimise care and inform the clinical team about vulnerabilities.
- 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.

Good



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).

- 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 advance care planning for patients with dementia.

Good



Summary of findings

- Nationally reported data from 2014/2015 showed that 88% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local CCG average of 87% and the England average of 84%.
- Nationally reported data from 2016 showed that the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92% (local CCG average 93%, England average 88%)
- 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.
- A local consultant psychiatrist was invited to the practice several times a year to contribute towards the care the practice offered to vulnerable patients.
- The practice held regular multidisciplinary team clinical meetings to optimise care and inform the clinical team about mental health and dementia.

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 local and national averages. 220 survey forms were distributed and 126 were returned. This represented 2% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% 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%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the England 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 29 comment cards which were all positive about the standard of care received. Patients commented that staff at the practice give them time; they are respectful and good at listening.

We spoke with five patients during the inspection. All five patients 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

- Non clinical staff should be offered an annual appraisal and the practice should document where these are declined.
- The provider should take steps to ensure that consultations cannot be overheard from the waiting area.

- Develop a written strategy and supporting business plan which outlines their vision and plan for the future.
- Develop a written consent policy.

Outstanding practice

- The nursing service provided by the practice to a local extra care housing scheme (Town Close) has significantly reduced emergency admissions, out of hours care and attendance at Accident and Emergency departments. For example, a comparison between April 2015 and April 2016 indicated that out

of hours, Accident and Emergency visits and emergency admissions were reduced from six events to zero events at the Town Close facility, following the implementation of primary care nurse support.

- Patients could always be seen by a GP from the practice on the same day, if the patient required this, even when all available appointment slots were taken.

Dr Duggleby & Partners

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 CQC inspection manager.

Background to Dr Duggleby & Partners

Stokesley Health Centre, North Road, TS9 5DY, is a semi-rural practice situated in Stokesley, North Yorkshire serving this market town and several surrounding villages. The registered list size is approximately 9260 patients who predominantly identify their ethnicity as White British. The practice is ranked in the ninth least deprived decile (one being the most deprived and ten being the least deprived), significantly above the national average. The practice age profile differs from the England average, having a higher number of patients in the 50 to 85 age range and a lower number in the 0 to 44 age range.

The practice is run by six GP partners and one part-time salaried GP. Four of the GPs are male and three are female. As a teaching practice, medical students are offered placements at the practice. There is a full-time primary care nurse, a part-time nurse practitioner and part-time practice nurse. In addition, Dr Duggleby and partners employ a treatment room nurse, a health care assistant and a phlebotomist. The practice has recruited a pharmacist with some support from the local CCG. The team is supported by a team of managers, reception and administration staff.

The practice is open between 8am to 6pm Monday to Friday. Appointments are available from 8.20am to 10.50am and 2.30pm to 5.20pm daily. Extended hours are offered on

one variable evening per week, between 6.30pm and 9pm with a GP. These appointments are pre-bookable up to six weeks in advance. The Practice also offers telephone consultations daily. If any patient requests a same day appointment they are seen by any GP with an available slot. In order to see the GP of their choice, patients can make a pre-bookable appointment that can be booked up to six weeks in advance. During busy periods, the practice fulfils their same-day appointments policy by inviting patients to come to the surgery at the end of morning clinic. These patients are seen by the next available GP, even when all allocated appointment slots are full.

The practice has opted out of providing out-of-hours services to its own patients. Out of hours patients are directed to Harrogate District Foundation Trust (the contracted out-of-hours provider) via the NHS 111 service, except between 6pm and 6.30pm when are directed to Primecare. .

The practice holds a General Medical Services (GMS) contract to provide GP services which is commissioned by NHS England.

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.

Detailed findings

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 16 November 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses and administration staff. We also spoke to patients who used the service.
- 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 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.
- Significant events were discussed on the day they happened at a daily 'eleven o'clock meeting'.
- In addition to this, the events were shared more formally at practice meetings.
- The staff member who had completed the significant event form was given the opportunity to individually present the incident to the rest of the practice team.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice did not routinely rerun these alerts on a regular basis to ensure compliance, but changed this policy as a result of our inspection. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a patient was contacted by a pharmacy alerting them that they had not collected a prescription, they contacted the practice by telephone. After investigation the practice concluded that they had two patients with identical names and similar dates of birth. The patients involved received an apology. The learning outcome was to ensure that all staff used additional identifiers when processing prescriptions or test results.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Nurses were trained to level two, with the exception of the nurse who was the safeguarding lead (trained to level three). Non-clinical staff received level one training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection control teams to keep up to date with best 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 practice pharmacist and the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe

Are services 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 and could therefore prescribe medicines for specific clinical conditions. 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.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice were tenants of the premises so other risk assessments were put in to place to monitor safety, on behalf of NHS Property Services. These assessments included 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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.
- A first aid kit and accident book was available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy was kept off site and it could also be accessed electronically.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. 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 was 83% (local CCG average 80%, England average 78%)
- Performance for mental health related indicators was higher than the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100% (CCG average 94%, England average 90%)

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, two of these were two-cycle, completed audits where the improvements made were implemented and monitored. For example, the practice

had undertaken an audit to improve the prescribing of a group of antibiotics. The practice aim was to achieve 95% appropriate prescribing in line with local and national guidance. The double cycle audit indicated such improvement and the practice made it a policy to record the justification for the use of this group of antibiotics within the patient's record.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Information about patients' outcomes was used to make improvements such as the nursing support provided to the extra care housing facility, in order to reduce hospital admission rates and the need for emergency care.

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, the primary care nurse was undergoing an independent prescribing course enabling her to better support patients in their homes.
- 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 clinical 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. However, not all staff had received an appraisal within the last 12 months. We were told that non-clinical staff were no longer offered appraisals as they didn't feel they required them.

Are services effective?

(for example, treatment is effective)

- 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 and in-house training. Mental Capacity Act training had not been offered to clinical staff, although they had a good awareness of it in practice.
- As a result of our inspection we asked the practice to make arrangements to offer appraisals to non-clinical staff and arrange Mental Capacity Act training for clinical staff.

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 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 but had not been trained in this within the practice. 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 patient records audits; however the practice did not have a consent policy in place.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme 2014/2015 was 78%, which was comparable to the CCG average of 79% and the national average of 74%. 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 ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 98% (local CCG average 92% to 96%, England average 73% to 95%) and five year olds from 87% to 98% (local CCG average 89% to 95%, England average 81% to 95%).

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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 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; but conversations taking place in these rooms could sometimes be overheard. The inspection team did not receive any negative feedback from patients about this issue.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 29 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 a member of the virtual patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was performing in line with local CCG and England averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the local CCG average of 94% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the local CCG average of 92% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 98% and the national average of 95%
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the local CCG average of 92% and the national average of 87%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from 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 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care, equal to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language, although there were not many patients who required an interpreter.

Are services caring?

- Information leaflets were available in an 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 302 patients as carers (3.26% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were offered a seasonal flu vaccination.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered an extended evening until 9pm 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.
- Same day appointments were available for children and for all patients who wished to be seen the same day.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, including yellow fever.
- There were disabled facilities including automatic doors and a ramp.

Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were available from 8.20am to 10.50am and 2.30pm to 5.20pm daily. Extended hours were offered on one variable evening per week, between 6.30pm and 9pm with a GP. These appointments were pre-bookable up to six weeks in advance. The Practice also offered telephone consultations daily. If any patient requested a same day appointment they were seen by any GP with an available slot. In order to see the GP of their choice, patients could make a pre-bookable appointment that could be booked up to six weeks in advance. During busy periods, the practice fulfilled their same-day appointments policy by inviting patients to come to the surgery at the end of morning clinic. These patients were seen by the next available GP, even when all allocated appointment slots were full.

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People 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.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at five complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, when a patient emailed the practice to complain about the attitude of a member of staff during a consultation, the practice thoroughly investigated the complaint and apologised to the patient.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy, visions and values about how it wanted to develop in the near future however this was not documented.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were mostly implemented (with the exception of a consent policy) 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.
- Communication about risks and incidents was regular and there was a culture of openness.

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. We saw evidence that there was a good rapport between staff members and recruitment and retention rates were good.

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.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt 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. 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 proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual group. It carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG considered the feasibility of introducing an online self-care service for patients with multiple long term conditions. This was still in its infancy but the virtual PPG were excited about the improvements it could offer.

Are services well-led?

Good 

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

- 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had evidence that the nursing support they

had provided to the nearby 'Town Close' extra care housing project had significantly lowered hospital admission rates, requirements for out of hours provision and attendance at Accident and Emergency. For example, a comparison between April 2015 and April 2016 indicated ten fewer urgent GP appointments needed to be offered to the extra care housing facility. This was a reduction of almost 50%. The practice plans to continually audit this work and benchmark its results. Data regarding these results was provided to the inspection team.