

Peacock Practice AKA Peacock Healthcare

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?	Requires improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Peacock Practice AKA Peacock Healthcare	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Peacock Practice on 9 December 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. Learning outcomes were shared with staff.
- Risks to patients were assessed and well managed. Health and safety precautions had been taken which included checking that equipment was fully working and safe to use and infection prevention control measures were in place. The practice was able to respond in the event of a patient emergency.
- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from National Institute for Health and Care Excellence

(NICE). The practice performance was lower than local and national averages for the management of some conditions and the practice were taking some steps to try and improve this.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Positive patient feedback was obtained regarding the care, treatment and services provided.
- 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, although not with a named GP. The practice participation group (PPG) were trying to promote the uptake of access to other GPs following two GPs who had left or taken long term leave. We found there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.

The areas where the provider should make improvement are:

- Ensure a co-ordinated and managed approach is adopted for the distribution of medicines alerts within the practice reflecting actions taken to ensure patient safety.
- Continue to review and improve practice performance in respect of patients with long term conditions and mental health needs.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. All staff knew how to report incidents and a number of documents we were provided supported this assurance process.
- Lessons were shared to make sure action was taken to improve safety in the practice. Records included analysis of the events and risk assessment to reduce potential reoccurrence. Learning outcomes were shared in practice meetings.
- Whilst the practice could demonstrate it responded to Medicines and Healthcare products Regulatory Agency (MHRA) alerts, the systems in place lacked a co-ordinated approach. The practice therefore, could not be assured that all alerts would be appropriately reviewed as there was not a named person responsible for co-ordinating these checks and maintaining a register.
- When things went wrong patients received information, support and a verbal or written apology when appropriate. 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. This included infection control procedures, management of medicines, staff recruitment procedures and appropriate training of staff in safeguarding.
- Risks to patients were assessed and well managed. This included health and safety, ensuring sufficient staff in place to meet patient needs and suitable emergency procedures if a patient presented with an urgent medical condition.

Are services effective?

The practice is rated as good for providing effective services.

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were lower than average for the locality and national average. The practice had achieved 86% of available QOF points in 2015/16 compared with the CCG average of 96% and national average of 95%. The practice's overall exception rate reporting was 6.3% however, which was below the CCG average of 8.8% and national average of 9.8%.

Summary of findings

- The practice achievement in respect of a number of clinical indicators was below local and national averages. The practice told us they had historically adopted an approach of low exception reporting, despite their entitlement to do so. Closures of other local practices had resulted in an increase of their patient list size.
- Staff considered current evidence based guidance in the delivery of service.
- Clinical audits demonstrated quality improvement. For example, an audit involving patients with atrial fibrillation resulted in 100% categorised as at high risk, being offered appropriate treatment to reduce their chances of developing a serious condition.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff we spoke with told us they felt supported by management and were able to maintain their continuing professional development.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 positively for several aspects of care. This included 91% of patients who said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- Data also showed that 93% of patients considered receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Patient care was supplemented by access to other therapies and support groups available on site. This included yoga, pilates and horticultural therapy. These sessions were offered to practice patients as well as other local residents not registered with the practice. We spoke with a patient who attended the horticultural group and they told us that this had contributed to an improvement in her health and well-being.

Good



Summary of findings

- The head receptionist was the designated carers' champion and had established links with the local carers association. A member of the practice's PPG had also been identified as a lead for carers.
- Information for patients about the services available was easy to understand and accessible. This included a variety of information for carers who were identified.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. Services provided included phlebotomy (taking blood); 24 hour blood pressure monitoring; spirometry (a test to assess lung function); ECGs to test the heart's rhythm; travel vaccinations; and some limited minor surgery including joint injections.
- Data from the national GP patient survey showed that 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 84% and a national average of 85%.
- However, only 29% of patients usually got to see or speak to their preferred GP, which was significantly lower than both the CCG average of 52% and the national average of 59%. One of the GPs had retired and one had taken long term leave. The practice were responsive to the feedback and were making efforts to promote access to the other GPs available. We found there were urgent appointments available the same day.
- The practice had good facilities in a modern purpose built facility and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.
- 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. Review took place to ensure any corrective measures implemented from incidents which occurred had been effective.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and had engaged with patients to obtain feedback.
- There was a focus on continuous learning and improvement in most areas. This was reflected in staff development, audits undertaken and the practice plans for the future. We found that low QOF achievement in particular indicators required further resource to improve.

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 had utilised the skills of a locum pharmacist. The pharmacist had assisted the practice nurse in undertaking holistic reviews of nursing home patients including medicine reviews to reduce unnecessary prescribing.
- The practice also worked to reduce unplanned hospital admissions. It had identified 1.8% of its patient list as at risk and had developed personalised care plans for these patients. The practice told us their work had increased as a result of a local practice closing and accepting new patients onto the list.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice had started to undertake reviews of its patients aged over 90 years who had not received an annual review.
- We spoke with one of the care home managers where the majority of practice patients were resident. They praised the effectiveness and responsiveness of practice clinicians in the care and treatment provided to their residents.
- The practice offered flu vaccinations for patients aged over 65 years and attended patients' homes to administer the vaccine for those who were unable to attend the practice.

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.
- National data showed the practice was performing above the local CCG average for its achievement within five diabetes indicators, but also performing below average in five. The practice achieved 82% of the available QOF points compared with the CCG average of 88% and national average of 90%.
- Data also showed that 82% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis.

Summary of findings

This was below CCG average of 91% and below national average of 89%. Exception reporting was 7.3% which was the same as the CCG average but lower than national average of 9.2%.

- The practice told us that they had been working with other healthcare professionals including a respiratory specialist. The specialist had been supporting reviews of patients as a result of the increase in patient list size. A respiratory consultant had also been involved in discussing care and improving case management.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for all standard childhood immunisations ranged from 88% to 100%. This was comparable to CCG averages which ranged from 88% to 98%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals and our discussions held with staff supported this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with other healthcare professionals including the health visitor. Detailed records were maintained of meetings held.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Appointments were available from 8am and telephone consultations were offered to those patients who requested these.
- The practice told us they had 3825 patients registered of working age, which accounted for 65% of their list size.

Good



Summary of findings

- 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.
- 86% of women aged over 25 but under 65 had received a cervical screening test in the previous 5 years. The practice was performing in line with the CCG average of 86% and above national average of 81%.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, people experiencing agoraphobia and those with a learning disability. There were 25 patients on the learning disability register. All of these patients had been offered an annual review, 19 had been completed, 3 were ongoing, 1 patient had declined and 2 had failed to attend for their reviews.
- 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 were using the gold standards framework for end of life care and held regular meetings with healthcare professionals to review patients on the palliative care register.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- 74% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was below the CCG average of 88% and below the national average of 89%. Exception reporting was 7.3% however, which was below CCG average of 14.1% and below national average of 12.7%.

Summary of findings

- 63% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was below the CCG average of 88% and national average of 84%. Exception reporting was 9.1% which was marginally above the CCG average of 7.9% and national average of 6.8%.
- 6% of patients with a diagnosis of depression had received a review after their diagnosis. Performance was below CCG average of 83% and below national average of 83%. Exception reporting was 38.5% however, which was lower than the CCG average of 52.7% and lower than national average of 54.9%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice placed a significant emphasis on the holistic approach to patient care. Patients who were identified as benefiting from such services, were offered alternative therapies and invited to support groups. These included yoga, pilates and horticultural therapy on site. The practice also held occasional well being events to promote therapies on offer. These therapies were also offered to non-registered patients living in the local community.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. These included Let's Talk Wellbeing and Insight Talking Therapies which provided psychological assessment and treatment for people with mild to moderate mental health problems.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 287 survey forms were distributed and 105 were returned. This represented 37% response rate.

- 76% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 68% and national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 86% of patients said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 72% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.

- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which mainly contained positive feedback about the care provided by the practice team. Patients said that they were treated in a dignified and respectful manner, and that staff were helpful and polite. Many patients commented that the standards of cleanliness at the practice were always of a high standard. Six cards contained mixed comments, and four of these included reference to difficulties in obtaining a GP appointment.

We spoke with five patients during the inspection. Patients told us they were generally satisfied with the appointment system. Patients told us that access to urgent appointments or consultations with children were always available on the same day.

The practice's results from the NHS Friends and Family test showed that since February 2016, 83 patients would recommend the practice to their friends and family and 10 were unlikely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure a co-ordinated and managed approach is adopted for the distribution of medicines alerts within the practice reflecting actions taken to ensure patient safety.
- Continue to review and improve practice performance in respect of patients with long term conditions and mental health needs.

Peacock Practice AKA Peacock Healthcare

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Peacock Practice AKA Peacock Healthcare

Peacock Practice provides care to approximately 6,000 patients. It is situated in the commercial area of Carlton, to the east of the city of Nottingham. There is direct access to the practice by public transport from surrounding areas. Parking facilities are not available on site but there is public parking on street. In addition, there are two public car parks within a short walk of the surgery.

The registered patient list has increased by over 11.6% (600 patients) over the last 12 months, and this had resulted in the practice having to temporarily close their list to new patients registrations. Prior to this, the practice list had increased by 5.1% in 2015 as a result of another practice closing through GP retirement.

The registered patient population are predominantly of white British background. The practice has a higher number of unemployed patients (12%) in comparison to the local (3.7%) and national averages (5.4%).

The practice is ranked in the fifth more deprived decile (mid average) and serves a large residential area.

The practice holds a Personal Medical Services (PMS) contract which is a locally agreed contract between NHS England and a GP to deliver care to the public. The practice provides GP services commissioned by NHS Nottingham North & East Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice operates from purpose built premises constructed in early 1990. Premises were refurbished by the partners in 2012 as part of their strategic planning for sustainability and improving patient services in the locality. The building has three levels and patient services were mostly provided on the first two levels accessible by a lift.

The practice is run by a partnership of a GP and a practice manager (both male). The partners employ two salaried GPs who work part-time. The practice also use regular GP locum sessions with four GPs currently providing sessional input each week. The practice also hosts 1st, 2nd and 5th year medical students including international medical students. The practice is also a base for hub teaching in conjunction with the medical school and is attended by medical students who are placed at other local practices. The practice has been working closely with Nottingham University medical school for over 25 years.

The nursing team consists of two nurse prescribers, a practice nurse and two health care assistants. The practice

Detailed findings

contract a locum pharmacist to work in the practice two days each week. The clinical team is supported by the practice manager, practice management consultant, with a team of nine administrative and reception staff.

The practice opens at 8am each morning until 6.30pm Monday to Friday, apart from on Thursdays when the practice closes at 12.30pm.

GP consultations commence each weekday morning from 8am and the latest GP appointment is available at 6.20pm.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to NEMS (Nottingham Emergency Medical Services) via the 111 service.

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 9 December 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, pharmacist, practice manager, management advisor contracted to work with the practice and administrative staff). We also spoke with members of the patient participation group (PPG) as well as patients who used the service.

- Observed how patients were being cared for and talked with carers and family members.
- Reviewed a 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.
- Reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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 information, support, a verbal or 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. There had been nine incidents recorded in 2016. These included both positive and adverse incidents.

We reviewed records, incident reports 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, an incident was recorded when a particular medicine was found to be out of date during a routine audit being undertaken. The incident was investigated and discussion took place amongst staff. Measures were implemented to prevent any future re-occurrence. This included a review of staff training.

We looked at the system for how patient safety alerts including Medicines and Healthcare Products Regulatory Agency (MHRA) were disseminated and acted upon. The practice manager received these alerts and passed them on to practice nurses or GPs for review and subsequent action. Clinical staff also received alerts directly. Whilst we saw some evidence to support that alerts had been actioned, We found there was limited documentary evidence to the actions taken in relation to these alerts. The absence of a unified approach to addressing these alerts and any necessary action required, could present a

risk that some may become inadvertently overlooked and patient safety may be put at risk. Following our inspection, we were provided with evidence to show the practice had strengthened their systems in place.

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 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 protection or child safeguarding level 3 and nurses were trained to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff (including clinical and administrative) 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. One of the practice nurses 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 in place and staff had received up to date training. Annual infection control audits were undertaken, the latest in October 2016 and we saw evidence that action was taken to address any improvements identified as a result. For example, general waste bins had been replaced with pedal operated bins and the practice ensured that laminated copies of the sharps injury policy were displayed on walls in clinical rooms.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised patient records where particular high risk medicines had been prescribed. These showed that monitoring processes were in place.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and locum pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents which permit the supply of prescription-only medicines to groups of patients without individual prescriptions.
- Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Patient specific directions are instructions to administer a medicine to a list of individually named patients.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. 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 this was tested in November 2015. Clinical equipment was checked to ensure it was working properly and this was last tested in December 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted that regular water testing had taken place.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Reception and administrative staff had set hours of work and provided cover for each other when required. The practice had resourced additional locum GP cover to ensure enough clinical staff were on duty as a result of one of the GPs taking extended leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had two defibrillators available on the premises and additional supplies of oxygen with adult and children's masks. The equipment was purchased because clinical services were provided on two floors and this enabled ease of access to the items if required. A first aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the plan were kept off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from National Institute for Health and Care Excellence (NICE).

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 86% of the total number of points available. The CCG average was 96% and national average was 95%. The practice overall exception reporting rate was 6.3% which was lower than the CCG average of 8.8% and lower than the national average of 9.8%. (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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was 82% which was below the CCG average of 88% and below national average of 90%.
- 82% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was below CCG average of 91% and below national average of 89%. Exception reporting was 7.3% which was the same as the CCG average but lower than national average of 9.2%.
- 6% of patients with a diagnosis of depression had received a review after their diagnosis. Performance was below CCG average of 83% and below national average of 83%. Exception reporting was 38.5% however, which was lower than the CCG average of 52.7% and lower than national average of 54.9%.
- 74% of patients with a mental health condition had a documented care plan in place in the previous 12

months. This was below CCG average of 88% and below national average of 89%. Exception reporting was 7.3% which was below the CCG average of 14% and below the national average of 12.7%.

We discussed the practice's lower QOF achievement scores with the practice management. We were informed that the practice had been reluctant to exception report patients, even when rules permitted entitlement to do so. The practice told us they always sought to encourage patient attendance at reviews. The practice patient list size had increased by 11.6% within the past twelve months, mainly as a result of a local practice closing. Prior to this, the practice had seen its list increased by 5.1% in 2015 as a result of a GP retirement at another practice. We were told this had impacted upon clinical resources and QOF attainment.

We were informed of actions taken by the practice to increase QOF performance. For example, the practice told us that they had been working with other healthcare professionals including a respiratory specialist. The specialist had been supporting reviews of patients. A respiratory consultant had also been involved in discussing care and improving case management. The practice staff believed this would improve performance.

There was evidence of quality improvement including clinical audit.

- We were provided with examples of clinical audits completed in the last two years. We noted that a total of 8 audits had been completed during this time. We reviewed a completed audit where improvements were implemented and monitored. The audit sought to identify whether patients with atrial fibrillation had been managed appropriately taking into account updated NICE guidelines. (Atrial fibrillation is a quivering or irregular heartbeat that can lead to blood clots, stroke, heart failure and other heart related complications). Audit outcomes from the second cycle included an increase from 29% to 100% of patients having stroke risks documented. Other outcomes included an increase from 50% to 100% of patients categorised as at higher risk, being offered appropriate treatment to reduce their chances of developing a serious condition.
- Other audit activity included the practice monitoring of paediatric referrals into secondary care. As a result of an audit examining eight months of activity, it was

Are services effective?

(for example, treatment is effective)

identified that 22% of referrals had been made inappropriately. Audit outcomes included training for locum staff, who were identified as the main source of these referrals. Results from audits undertaken were discussed in clinical meetings held and were documented.

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 had also developed a separate information document for locum doctors.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example, the two nurse prescribers had attended updated their skills and knowledge in a number of areas which included sexual health and diabetes.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff were able to provide examples to demonstrate their application of knowledge.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. 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 and alcohol cessation. The practice promoted the DESMOND diabetes service, an educational

Are services effective?

(for example, treatment is effective)

programme for patients who had type 2 diabetes. A smoking cessation service was also provided in the practice. Patients could be referred to Smoke Free Life, a professional support service.

The practice's uptake for the cervical screening programme was 86%, which was the same as CCG average and above the national average of 81%. One of the practice staff was tasked with issuing written reminders to patients who did not attend for their cervical screening test. The practice then placed a note on a patient's file if they did not make contact. The practice ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel cancer screening in the previous 30 months was 56% which was lower than the CCG average of 63%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 82% which was above the CCG average of 79%.

Childhood immunisation rates for the vaccinations given were similar to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 96% within the practice. The CCG rates varied from 92% to 97%. Five year old vaccinations ranged from 88% to 100% within the practice. The CCG rates ranged from 88% to 98%.

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. Data provided by the CCG showed the practice had issued 380 invitations for health checks in 2015/16 and had completed 282. Healthchecks completed had exceeded target set by the CCG by 157%. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had identified 8 patients at high risk to date in 2016 and referred these patients appropriately.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments.

Throughout our inspection, we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. A caring and patient-centred approach was demonstrated by all staff we spoke with during the inspection.

Feedback received via comment cards, and from patients we spoke with on the day, told us that patients consistently felt that they were treated with compassion, dignity and respect by clinicians and the reception team. Results from the national GP patient survey in July 2016 showed the practice was in line with local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 86% of patients said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 84% of patients said the last GP they saw gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 89%, and the national average of 91%.

Data was also positive in relation to feedback regarding receptionists.

- 93% of patients found the receptionists at this surgery helpful compared to a CCG average of 87% and national average of 87%.

The practice placed a significant emphasis on the holistic approach to patient care. This was incorporated into the

design of the building which used colour therapy throughout the premises to promote a sense of tranquillity and calm. The three levels of the building were designated as mind, body and soul.

Patient care was supplemented by access to other therapies and support groups which were available on site. This included yoga, pilates (a regime to strengthen the body in an even way, with particular emphasis on core strength to improve general fitness and wellbeing), and horticultural therapy. The practice organised occasional well-being days to promote these to patients. These sessions were available to all local people and not just registered patients, reflecting the practice's aspiration of uplifting the community.

Yoga and pilates sessions were available each week, and a qualified instructor delivered these sessions within the practice. Attendees would pay a small fee to participate in the class. We spoke to two patients who attended these groups and both spoke enthusiastically about the impact this had on their physical and mental health. Benefits included improved confidence, social interaction, self-management, and enhanced physical ability.

We also spoke to a patient who attended the weekly horticultural group, of which there four active participants at the time of our inspection. This group helped to maintain the grounds surrounding the building to improve the environment for patients and staff. They grew herbs and vegetables and collected seeds for germination the following year. The patient informed us about how involvement in the group had contributed to an improvement in their own health and well-being. The group undertook trips occasionally to view other gardens and this helped to promote the social element of the group. The patient told us how this project has helped them to feel valued by the practice and had helped to empower the local community.

Care planning and involvement in decisions about care and treatment

Patients told us that they were involved in decision making about the care and treatment they received, and feedback on the patient comment cards we received aligned with these views.

Are services caring?

Results from the national GP patient survey showed results were mainly in line with local averages and above national averages, in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81%, and the national average of 82%.

Patient and carer support to cope emotionally with care and treatment

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, and those at risk of developing a long-term condition.

The practice had coded 2.4% of the practice list as carers. (146 patients) The head receptionist was the designated Carers' Champion, and had established links with the local Carers Association. A member of the practice's PPG had also been identified as a lead for carers. New carers were either recorded upon registration, or members of the practice team would identify those patients who acted as carers. The practice encouraged carers to receive

vaccination against the flu virus. There was a display area within the reception for carers, and this provided signposting details to a range of local support organisations and group, as well as general information.

The practice worked within the Gold Standards Framework (GSF), which is an approach to optimise care for all patients approaching the end of life. Advanced care planning was undertaken to ensure that patient's preferred wishes were taken into account, and personalised care was organised to support the patient and their families. The practice worked with the wider health and social care team to deliver high quality end of life care for patients, and reviewed patients' at a quarterly multi-disciplinary team meeting. The practice used the Electronic Palliative Care Co-ordination System (EPaCCS) which enabled the recording and sharing of people's care preferences and key details about their care at the end of life. This ensured seamless care, for example, with the ambulance service, the community nursing team, and the out of hours' provider to ensure continuity of care outside of the practice.

Following a patient death, the practice would send a card to relatives or carers to offer condolences. GPs would usually visit bereaved relatives to provide support and information to signpost relatives or carers to appropriate services such as counselling where indicated. A representative of the practice would often attend patient funerals.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice provided a range of services that ensured these were easily accessible for their patients. This included phlebotomy (taking blood); 24 hour blood pressure monitoring; spirometry (a test to assess lung function); ECGs to test the heart's rhythm; travel vaccinations; and some limited minor surgery including joint injections.
- The practice had hosted a patient-led diabetes support group since 2005. This was originally set up by the practice diabetes nurse specialist. The group was initially formed as a self-help group to support and empower patients to have a greater understanding of their condition and how to manage it more effectively with others. The group was open to anyone affected by diabetes in the local area, and not just the patients registered at the surgery. Meetings were held every second Wednesday of the month, and were attended by the practice nurse.
- A specialist diabetes nurse attended monthly joint clinics with the practice nurse to review some patients with complex conditions.
- A weekly ante-natal clinic was held on site by the midwife. Six week baby and new mother checks were available with the practice nurse and GP.
- The practice offered access to contraceptive advice although they did not provide the full range of services including the fitting of coils and implants. These could be accessed at a nearby facility.
- Information was provided to patients for self referral to Let's Talk Wellbeing and Insight Talking Therapies. These were organisations which provided psychological assessment and treatment for people with mild to moderate mental health problems.
- Consulting rooms were provided on the ground and first floor. Consulting rooms on the second floor were not routinely used for patients, but yoga and pilates sessions were held on this floor. All floors could be accessed by a lift. The site was easily accessible for patients with reduced mobility, with good access for wheelchair users. A portable hearing loop system was available within reception for patients with hearing difficulties. The reception desk had a lowered section to speak easily with patients in a mobility scooter or wheelchair. The practice had a wheelchair which was available for relatives and carers to assist patients with poor mobility.
- The reception was sited at the main entrance on the ground floor. There were waiting areas on both the ground and first floors. The waiting areas contained information on local services and support groups. Health promotion material was organised on notice boards, and television screens displayed health information within the waiting areas.
- Two log-in touch screens were available for patients upon arrival.
- Same day appointments were available for children and those patients with medical problems that required them to be seen urgently. Home visits were available for older patients and others with appropriate clinical needs which resulted in difficulty attending the practice.
- The reception area was small and it was therefore difficult to always ensure patient confidentiality. However, if patients became distressed, or wished to discuss a sensitive issue, they could be moved into a free consulting room located close to the main reception desk. Background music was also provided in the reception area to help maintain patient confidentiality. Log in screens had been relocated from the reception desk area to the back of the reception to help protect confidentiality, and a rope barrier was in place to keep patients a reasonable distance away from the person talking with the receptionist.
- Patients could book appointments and order repeat prescriptions on line. The practice participated in the electronic prescription service, enabling patients to collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- The practice hosted services including physiotherapy, diagnostic ultrasound, and an outpatient gynaecology

Are services responsive to people's needs?

(for example, to feedback?)

clinic. This improved access to these services for local people. The premises also offered opportunities for other services to be delivered on the site but these were subject to local commissioning arrangements.

- Translation services were available for patients whose first language was not English.

Access to the service

The practice opened on Monday to Friday from 8am until 6.30pm, apart from Thursday afternoons when the practice closed at 12.30pm.

GP consultations times were available in the morning between 8am – 12.30pm, and in the afternoons from 2pm to 6.30pm (apart from Thursdays).

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mostly in line with local and national averages.

- 76% of patients found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 84% and a national average of 85%.
- 76% of patients described their experience of making an appointment as good compared to a CCG average of 69% and a national average of 73%.
- 72% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 76%.
- 73% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 63% and a national average of 65%.

However,

- 29% of patients usually got to see or speak to their preferred GP, which was significantly lower than both the CCG average of 52% and the national average of 59%. The practice were aware of this issue which had arisen following the retirement of one of the partners and the absence of the other long-standing partner. The

patient participation group were trying to promote the uptake of access to other GPs with patients who had mostly seen one of the two GP partners over many years.

Patients could book up to four weeks in advance to see a GP or a nurse. On the day of our inspection, we saw that the next available routine GP appointment was available in four working days' time. However, there was flexibility in the appointment system to provide alternative options. For example, a number of on-the-day appointments were released each morning, so that patients could ring back to secure an earlier appointment if needed. Telephone consultations were also offered.

When GP appointments reached capacity, patients who requested an on-the-day consultation were allocated an urgent appointment if this was required. Children under five years of age would always be seen on the day.

Listening and learning from concerns and complaints

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

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person that co-ordinated the complaints process. Clinicians always reviewed any complaints of a clinical nature.
- We saw that information was available to help patients understand the complaints system.

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. The practice offered to meet with complainants to discuss their concerns whenever this was deemed appropriate. The practice undertook a review of complaints to identify any trends and consider the learning points and changes to practice. Lessons were learnt and shared with the team following a complaint, and action was taken to as a result to improve the quality of care. For example, the team agreed that they needed to communicate more effectively with carers and relatives, as well as the patient, regarding medicines regimes and any changes to ensure that they fully understand the rationale of why certain medicines are prescribed, and to better understand the impact this has upon 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 identified strategic objectives which were displayed around the practice for staff, patients and other visitors to see. These included learning, developing and teaching, provision of quality services, listening and involving patients, high performance and staff care and welfare. All staff we spoke with knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and they were regularly monitored. The plan acknowledged the practice's requirement to continue to meet the needs of its growing population whilst adapting to provide new services; which were historically supported by other community based providers. The practice management team were developing new links with an established local community provider as part of its future sustainability plan. The practice also had intentions to recruit a new partner, focus on supporting GP registrars and become a teaching hub for newly qualified nurses.

Governance arrangements

The practice had an overarching governance framework. This outlined the structures and procedures in place:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were supported through regular one to one sessions, meetings, training programmes and appraisals.
- Practice specific policies were implemented and were available to all staff. Discussion of policies took place through induction, training and staff meetings.
- An understanding of the performance of the practice was maintained. The practice had identified its lower QOF achievements in comparison with local and national averages and was seeking to achieve improvements in its scores.
- The practice reviewed its prescribing data and other CCG statistical information. The practice had utilised the

skills of a locum pharmacist two days per week to increase its effectiveness and create financial efficiencies. This had resulted in £4,000 savings in the prescribing budget.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We were provided with audit data which focussed on patient safety and identified improved patient outcomes.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partner and practice management 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 management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners and management 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 support, information and a verbal and written apology when appropriate.
- The practice kept written records of verbal interactions as well as written correspondence. This was reviewed to ensure that corrective measures had been effective.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. We reviewed detailed documented minutes which included reception staff meetings, all staff practice meetings and clinical meetings.

Are services well-led?

Good 

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

- 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, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We noted that all staff available were invited to attend and participate in a practice led presentation delivered to CQC staff on the day of our inspection.

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 had

been active since 2006 and had also provided support at group PPG meetings involving other practices as well as attending CCG meetings. They met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, feedback given to the practice included that the patient log-in touch screen was located too close to the reception area and compromised confidentiality. As a result of feedback, the screen was moved and a second screen was also purchased for patient convenience. Other changes made by practice management as a result of patient feedback regarding access, included a modification to the telephone system so patients were able to identify their position in the queuing system.

- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff 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.