

Lensfield Medical Practice

Quality Report

48 Lensfield Road,
Cambridge,
Cambridgeshire
CB2 1EH

Tel: 01223 651020

Website: www.lensfieldpractice.org

Date of inspection visit: 2 August 2016

Date of publication: 06/09/2016

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

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	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Lensfield Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lensfield Medical Practice on 2 August 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 had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure annual appraisals are completed in a timely way.
- Ensure infection control audits are completed when due.

Summary of findings

- Ensure that on-going mandatory training is completed when due.
- Ensure that children who fail to attend a hospital appointment are appropriately coded on the practice's computer system.
- Ensure repeat reviews of patient safety alerts searches are regularly conducted to ensure that medicines that are subject to safety alerts continue to be adequately monitored.

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 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 however the practice had recently undergone extensive building work and had not completed an infection control audit which was due end of April 2016. The practice manager advised a full audit would be completed in August 2016. We saw evidence of cleaning checks and all staff monitored the cleaning standards and reported any issues raised.
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected but the necessary subsequent repeat reviews were not regularly conducted to ensure that medicines that were subject to safety alerts continued to be adequately monitored.
- 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 however the practice did not read code on their clinical system children who fail to attend a hospital appointment.

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 comparable to the national averages.
- 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.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff however, some were not completed within a 12 month period. The appraisals were planned for September 2016.
- 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.

Good



- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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 NHS England and the Clinical Commissioning Group to secure improvements to services where these were identified. For example; the practice had an international expert in primary care management of diabetes leading their diabetic clinic.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 offered minor surgery on site. This included cryotherapy, coil and contraception implants.
- The practice website included information on signs of stress, counselling services available to help students with stress and a depression questionnaire. The practice also had in house counsellors on site.

Summary of findings

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had 49 patients on their palliative care register and the practice worked closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were above local and national averages.
- The practice looked after patients living in local nursing homes. GPs undertook regular visits and visited patients as and when required.
- The practice had in house phlebotomy appointments and a community phlebotomy team to attend patients in the community if necessary.

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.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 90%, which was the same as the CCG average and the national average. The practice exception reporting for the clinical domain was 17% which was above the CCG average of 13% and the England average of 11%. The practice had an international expert in primary care management of diabetes leading their diabetic clinic.
- Longer appointments and home visits were available when needed.

Summary of findings

- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice ran an annual review clinic which ensured patients were recalled in for review on their birthday month and served as a memorable prompt.

Families, children and young people

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

Good



- 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 however the practice did not read code children who fail to attend a hospital appointment on their clinical system. 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 81% which compared to the CCG and England averages of 82%. The practice exception reporting for the clinical domain was 17% which was above the CCG average of 8% and the England average of 6%.

Summary of findings

- The practice website included information on signs of stress, counselling services available to help students with stress and a depression questionnaire. The practice also had in house counsellors on site.
- The practice worked with the local colleges in order to give a co-ordinated approach to care for their registered students.

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, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice worked closely with YMCA keyworkers and held meetings to offer proactive and educational assistance with contraceptive needs for vulnerable patients.

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



- 99% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is better than the CCG average by 14% and the England average by 15%. The exception reporting was 1% which was below the CCG average by 9% and the England average by 7%.
- The practice achieved 97% for mental health related indicators in QOF, which was above with CCG averages and England averages by 4%. The rate of exception reporting for these indicators was generally lower than both the CCG and England averages.

Summary of findings

- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice website had information on various services and charities available to patients with poor mental health and worked closely with the Psychological Wellbeing Service (Improving Access to Psychological Therapies (IAPT) is an NHS initiative designed to make psychological or talking therapies more accessible to people experiencing common mental health problems).

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. 306 survey forms were distributed and 104 were returned. This represented a 34% return ratio.

- 92% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and compared to the national average of 73%.
- 76% 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 80% and compared to the national average of 78%.
- 79% 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 87% and compared to the national average of 85%.
- 76% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and compared to the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. One card commented that it could be difficult to book a face to face appointment on the practice website whereas a further ten cards specifically stated the ease of getting appointments.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice placed 'Friends and Family test' comments cards in the reception area and prompted patients to state whether they were likely to recommend the practice to their own friends and family. 100% of patients who provided a response in a 10 month period between 2015/2016 stated that they were likely or extremely likely to recommend the practice in this way.

Areas for improvement

Action the service SHOULD take to improve

- Ensure annual appraisals are completed in a timely way.
- Ensure infection control audits are completed when due.
- Ensure that on-going mandatory training is completed when due.
- Ensure that children who fail to attend a hospital appointment are appropriately coded on the practice's computer system.
- Ensure repeat reviews of patient safety alerts searches are regularly conducted to ensure that medicines that are subject to safety alerts continue to be adequately monitored.

Lensfield Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Lensfield Medical Practice

Lensfield Medical Practice is situated in Cambridge, Cambridgeshire. The practice provides services for approximately 11000 patients. It holds a General Medical Services contract. The practice has two male and four female GP partners who are all part time, two specialist GPs and one retainer GP. The team also includes three female practice nurses and one female health care assistant. They also employ a practice manager, an assistant practice manager, an office manager and a team of reception/administration/secretarial staff. The practice is a teaching and training practice and had one registrar at the time of the inspection.

The practice is open between 8am and 6pm Monday, Tuesday and Friday, 7am to 6pm Wednesday and 8am to 8pm Thursday. During out-of-hours GP services are provided by Urgent Care Cambridge via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had a lower than average practice population aged between 0-14 and between 40-84 but a higher than average practice population between 15-39 compared with the national England average. The deprivation score was lower than the average across 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.

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 2 August 2016. During our visit we:

- Spoke with a range of staff including GPs, a nurse, the practice manager, the assistant practice manager, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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?

Detailed findings

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Patient safety alerts were logged, shared and initial necessary searches were completed and the changes effected but the subsequent repeat reviews were not regularly conducted to ensure that medicines that were subject to safety alerts continued to be adequately monitored.

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.

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 however the practice did not read code children who fail to attend a hospital appointment on their clinical system.

- 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 checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Risks to patients were assessed and well managed however the practice had recently undergone extensive building work and had not completed an infection control audit which was due end of April 2016. The practice manager advised a full audit would be completed in August 2016. We saw evidence of cleaning checks and all staff monitored the cleaning standards and reported any issues raised.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a Patient Specific Direction.

Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed 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 DBS.
- 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. Many of the administration staff were multi-skilled to support other staff members.

Arrangements to deal with emergencies and major incidents

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

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. The practice had up to date fire risk assessments and carried out regular fire drills however the fire alarm had not been tested since the building work commenced. The practice did not have an oxygen sign on the door to the cupboard where it was stored. The practice manager ordered one immediately. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There 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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice did not keep a copy off site but arrangements with a neighbouring practice were underway.

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 95% 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 asthma related indicators was 100% which was better than the CCG average by 2% and the England average by 3% with a 17% exception reporting which was above the CCG and England exception reporting average of 7%.
- Performance for mental health related indicators was 97% which was above the CCG and England average by 4% with an 11% exception reporting which was below the CCG exception reporting average of 13% and the same as the England average of 11%.
- Performance for hypertension related indicators was 100% which was better than the CCG average by 2% and the England average by 2% with a 7% exception reporting which was above the CCG and England exception reporting average of 4%.
- Performance for diabetes related indicators was 90% which was the same as the CCG and England average with an exception reporting of 17% which was above the CCG exception reporting average of 13% and the England average of 11%.

- Performance for mental health related indicators was 97% which was above with CCG averages and England averages by 4%. The rate of exception reporting for these indicators was 11% which was below the CCG average of 14% and the same as the England average of 11%.

There was evidence of quality improvement including clinical audit.

- The practice regularly monitored clinical data using a reflective review process and discussed and disseminated findings with clinical staff and relevant organisations.
- There had been six clinical audits completed in the last year, three of these were completed audits cycles where the improvements made were implemented and monitored. For example; an audit of minor surgery in December 2015-February 2016 showed 59 patients had received minor surgery and 46 had their consent recorded. It was re-audited in May 2016-July 2016 which showed 71 patients had received minor surgery and 71 had their consent recorded.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- High risk medications were monitored regularly by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. The recall system in place was robust and the practice regularly checked that patients had been in for their blood tests and monitoring. There were 330 patients on ACE inhibitors (medicine used to treat high blood pressure) and 17 patients had not received the required blood monitoring by the practice in the last 24 months. The practice actively encouraged patients to attend for their blood tests.

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 training GPs had a two week induction programme.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nursing staff had completed their various updates including immunisations, vaccinations, cervical screening etc.
- 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. Staff had not received an appraisal within the last 12 months however evaluation forms had been sent out and appraisals were due to commence in September 2016.
- Staff received on-going 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. Some members of staff were a few months late with some mandatory update courses but the practice showed us evidence of dates booked on their training spreadsheet.

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.
- 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.

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 and sexual health advice were signposted to the relevant service. The practice website contained an alcohol consumption questionnaire which the practice used to assess the individuals alcohol consumption rate and offer advice if necessary. There was sexual health information available in the practice and on the practice website with links to various resources.
- Weight advice was available on the premises and the practice nurses were trained to undertake smoking cessation.
- The practice's uptake for the cervical screening programme was 81%, which compared to the CCG and England averages of 82%. The practice exception reporting for the clinical domain was 17% which was above the CCG average of 8% and the England average of 6%. 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 sending written reminders and they ensured a female

Are services effective?

(for example, treatment is effective)

sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Patients aged 60-69 screened for bowel cancer in the last 30 months were 58% with a CCG average of 59% and an England average of 58%. Females aged 50-70 screened for breast cancer in the last 36 months were 64% with a CCG and England average of 72%. 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.

- Childhood immunisation rates for the vaccinations given were generally comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 96% which was below the CCG average of 92% to 96% however five year olds were from 88% to 96% which was comparable to the CCG average of 88% to 95%.

- The practice had administered 1144 flu vaccinations to eligible patients during the period of April 2015 and March 2016.
- The practice had identified 42 patients with learning disabilities and 20 had received a health check so far since April 2016. The practice actively encouraged patients to attend and referred patients to various support services.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, end of life care. The practice had 49 patients on their palliative care register and they worked closely with the multi-disciplinary team, out of hours and the nursing team to ensure proactive end of life planning.

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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 23 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.

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

- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 85% and compared to the national average of 85%.
- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 91% and compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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 generally in line with local and national averages. For example:

- 99% of patients had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and the national average of 97%.
- 82% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the clinical commissioning group (CCG) average of 82% and compared to the national average of 82%.
- 89% of patients said the nurse was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 91%.
- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 66% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and 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.
- Information leaflets were available in easy read format.
- A chaperone service was offered to patients and clearly advertised in the waiting area and in the clinical rooms.

Are services caring?

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 142 patients as carers (1.1% of the practice list). The practice had a lower

than average practice population aged between 0-14 and between 40-84 but a higher than average practice population between 15-39 compared with the England average. Written information was available to direct carers to the various avenues of support available.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet 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 extended hours from 7am to 6pm on Wednesday and 8am to 8pm on Thursdays for patients who could not attend during normal opening hours.
- A telephone appointment was available for patients if required. The practice used a text message appointment reminder service for those patients who had given their mobile numbers. There were online consultations available with the GPs.
- 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 those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The midwife provided antenatal clinics once a week from the practice.
- The practice offered minor surgery on site. This included cryotherapy, coil and contraception implants.
- The practice website included information on signs of stress, counselling services available to help students with stress and a depression questionnaire. The practice also had in house counsellors on site.
- The practice worked closely with YMCA keyworkers and held meetings to offer proactive and educational assistance with contraceptive needs for vulnerable patients.

Access to the service

The practice was open between 8am and 6pm Monday Tues and Friday, 7am to 6pm Wednesday and 8am to 8pm Thursday. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

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

- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and compared to the national average of 73%.
- 96% of patients said the last appointment they got was convenient compared to the CCG average of 94% and compared to the national average of 92%.
- 86% of patients said they usually get to see or speak to their preferred GP compared to the CCG average of 59% and compared to the national average of 59%.
- 77% describe their experience of making an appointment as good compared to the CCG average of 78% and compared to the national average of 73%.
- 79% 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 87% and compared to the national average of 85%.
- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and to the national average of 76%.

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.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, posters were displayed, the practice leaflet contained details and the practice website gave information how to complain.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency.

Lessons were learnt from individual concerns and complaints and also from an analysis of trends. Actions were taken as a result to improve the quality of care. For example, a patient complained that it took several occasions to try and get through to the practice on the telephone; a full explanation was given to the patient explaining that the telephone lines were down in the area that day. An immediate apology was expressed and the practice explained that they had updated the website to inform patients of the problem. The practice discussed actions with the telephone company to see if there was a fault on the telephone line whether a message could be played on our telephone system to alert patients.

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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of, and had systems 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 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. We noted team away days were held regularly.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice changed their telephone number back to the original number after discussions and feedback regarding the 0844 telephone number. The PPG suggested a further toilet be installed in the practice during the building work which had recently been completed.
- The practice took part in the 'Friends and Family test' comments cards and prompted patients to state whether they were likely to recommend the practice to

Are services well-led?

Good 

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

their own friends and family. 100% of patients who provided a response in a ten month period between 2015/2016 stated that they were likely or extremely likely to recommend the practice.

- The practice had gathered feedback from staff through staff meetings, appraisals discussion and staff away days. 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 was a teaching and training practice for medical students and registrars and an additional room was included in the building work to accommodate an extra registrar.