

West Road Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West Road Surgery on 31 March 2016. Overall the practice is rated as good.

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

- The practice referred to and used published safety information to monitor and improve safety outcomes for patients. Staff reported concerns about patient safety and when things went wrong these were fully investigated. Learning from safety incidents was shared with staff to minimise recurrences.
- All equipment was routinely checked, serviced and calibrated in line with the manufacturer's instructions.
- Risks to patients and staff were assessed and managed. There were risk assessments in place for areas including fire safety, infection control, health and safety, premises and equipment. There was information available in relation to the Control of Substances Hazardous to Health (COSHH) such as cleaning materials.
- There was a detailed business continuity plan in place to deal with any untoward incidents which may disrupt the running of the practice. This described relevant staff roles and responsibilities and the actions they should take in event of disruption to the services.
- Appropriate checks including employment references, proof of identity and registration with professional bodies (where appropriate) and DBS checks were carried out when new staff were employed to work at the practice.
- Newly employed staff undertook a period of role specific induction. This helped new staff to familiarise themselves with the practice policies, procedures and ways of working.
- Staff received training, and ongoing support to enable them to carry out their roles and responsibilities.
- There were arrangements in place for managing medicines. These were stored securely and there were systems in place for checking that medicines were in date and available in sufficient quantities.
- Emergency equipment and medicines were available in line with current guidance and legislation.
- The practice used published guidelines, reviews and audits to monitor how patients' needs were assessed and the delivery of care and treatment.

Summary of findings

- Clinical audits were carried out routinely to monitor and improve outcomes for patients.
- Patients consent to care and treatment was sought in line with current legislation and guidance.
- Patients said they were treated with respect and care. They said that they were very happy with the care that they received. They told us that staff were professional, welcoming and caring.
- Information about how to complain / escalate concerns should patients remain dissatisfied was available. Complaints were investigated and responded to appropriately and apologies given to patients when things went wrong or they experienced poor care or services.
- The practice had facilities and equipment to treat patients and meet their needs.
- The premises were accessible to patients with disabilities and had step free access, disabled access toilet facilities and a hearing loop.
- Translation services were available as required.
- 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.
- GPs worked with other health, social care professionals and the local CCG to ensure that patients received care and treatment in a consistent and coordinated way.

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 were systems in place to monitor safety and to act when things went wrong. Lessons were learned and communicated with staff to support improvement.
- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- There were procedures in place to safeguard patients from abuse or harm. Staff were trained and knew how to recognise and report concerns about the safety and welfare of vulnerable adults and children.
- There were policies, procedures and risks assessments to identify risks to patients and staff. There were risk assessments in relation to infection control, fire safety, premises and equipment.
- There were arrangements in place to manage medicines safely. Medicines were checked regularly, stored appropriately and those we looked at were in date.
- Staff were recruited consistently. All of the appropriate checks including proof of identify, employment references and Disclosure and Barring Services (DBS) checks were carried out when new staff were employed.
- There were medicines and equipment available to deal with medical emergencies and staff had undertaken basic life support training.
- The practice had a business continuity plan that described what actions staff were to take in the event of any incidents that may disrupt the running of the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data for 2014/15 showed that the practice performance for the management of the majority of long term conditions and disease management such as heart disease, dementia and diabetes was similar to other practices both locally and nationally.
- Where the practice performance was lower than other GP practices we saw that appropriate action was being taken to address this.

Summary of findings

- GPs and the practice nurse referred to published guidance and used this in the assessment and treatment of patients.
- The practice followed current legislation and guidance in relation to obtaining patient consent to care and treatment.
- Staff were proactive in health promotion and disease prevention and provided patients with information on diet and lifestyle. They also encouraged patients to attend the practice for regular routine health checks, screening and reviews for medication long term conditions.
- The practice received, reviewed and shared information with other health services to help ensure that patients received coordinated and appropriate care and treatment.
- Staff received training, supervision and appraisals and said that they were supported to perform their roles and to meet patient's needs.
- Clinical audits were carried out routinely and demonstrated improved outcomes for patients for conditions such as diabetes.

Are services caring?

The practice is rated as good for providing caring services. The results from the national GP patient survey, which was published on 7 January 2016, comments made by patients we spoke with, and those who completed comment cards showed that:

- Patients felt that they were treated with kindness, respect and dignity by staff.
- Patients said that reception staff were welcoming and helpful.
- GPs and the nurse listened to patients and gave them time to discuss any issues or concerns.
- GPs and nurses explained treatments and involved patients in making decisions about their care and treatment.

We observed staff treat and assist patients in a caring and compassionate manner.

The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available.

Patients told us about the support that was provided by the GPs and practice nurses to patients and their families. Information about local carers groups, counselling and support services were available for patients.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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 was participating in a local pilot initiative working with local care homes to help reduce the number of unplanned hospital admissions.

- Routine appointments could be booked in person, by telephone or online via the practice website.
- Same day emergency appointments were available.
- Telephone consultations were available each day as were home visits for those who were unable to attend the practice.
- Late evening appointments were available up to 8.30pm on alternate Wednesday and Thursday evenings.
- The practice regularly reviewed its appointment system following comments made by patients and the results of the national GP patient survey and more 'book on the day' appointments were available at busier times.
- The practice had purpose built facilities and was equipped to treat patients and meet their needs.
- The practice had considered the needs of patients with physical and / or sensory impairment and the premises were suitable to meet their needs.
- Translation services were available if needed.

The practice responded quickly to complaints raised and offered apologies to patients when things went wrong or the service they received failed to meet their needs.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to provide a responsive service for all its patients. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity.

Clinical and other

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and met every six to eight weeks with practice staff to discuss any

Good



Summary of findings

issues and how these could be improved upon. The patient participation group was working proactively to attract new members. They also aimed to provide information to patients about the practice and local support that was available.

Staff told us that they felt supported and that they could raise comments and suggestions, which were acted upon.

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 older people.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered a range of health screening and health promotion services for older people including dementia screening. 84% of patients who were diagnosed with dementia had an annual face to face review. This was the same as other GP practices locally.

The practice offered proactive, personalised care to meet the needs of the older people including:

- All patients had a named GP who was responsible for their care and treatment.
- Home visits.
- Access to telephone advice and consultations.
- Longer appointment times.
- Support and advice provided by the practice nurse to patients, families and carers.
- The premises were accessible and adapted to support patients with mobility issues including those who used wheelchairs. The practice had a hearing loop system and disabled friendly toilet facilities.

GPs was working with other health care provides to reduce the number of unplanned hospital admissions for at risk patients including those with dementia and those receiving end of life palliative care.

Good



People with long term conditions

The practice is rated as good for people with long term conditions.

GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma and diabetes. The practice performance for the management of these long term conditions was similar to other GP practices nationally.

The practice:

- Offered dedicated appointments for long term conditions, medicine reviews and health screening.
- Used clinical audits to monitor and improve the outcomes for patients with type 1 diabetes and to help treat patients without the need to attend frequent hospital appointments.

Good



Summary of findings

- Offered management support and advice and smoking cessation sessions.
- Referred to and used a range of published guidance to monitor and improve patient care and treatment.
- Provided a range of information to patients about the management of long term conditions including diabetes and heart disease.

Families, children and young people

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

- The practice offered same day appointments for children.
- Appointments were available outside of school hours.
- Post-natal and baby checks were available to monitor the development of babies and the health of new mothers.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were similar to other GP practices 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.
- Information and a range of sexual health and family planning clinics were available.

Good



Working age people (including those recently retired and students)

The practice is rated as good for 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.

- Appointment availability was reviewed regularly to be flexible with same day and emergency appointments and telephone consultations available each day.
- Appointments were available up to 8.30pm on alternate Wednesday and Thursday evenings.
- The practice offered on-line appointment booking and requests for repeat prescriptions.

Good



Summary of findings

- The practice offered a full range of health promotion and screening that reflected the needs for this age group including NHS health checks.

People whose circumstances may make them vulnerable

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

- Staff undertook safeguarding training and the practice had a dedicated safeguarding lead.
- The practice held a register of patients living in vulnerable circumstances including patients with a terminal illness and those with a learning disability.
- The practice proactively promoted annual health checks for patients with learning disabilities.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. This helped to ensure that patients whose circumstances made them vulnerable were supported holistically and that patients who were at a higher risk of unplanned hospital admissions were supported to and treated in their home.
- The practice nurse was proactive in offering support and advice to patients, their families and carers.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice reviewed and monitored patients with dementia and carried out face-to-face reviews.
- Patients with mental health conditions were reviewed and had an annual assessment of their physical health needs.
- Longer appointments and home visits were provided as required.
- Information was available about the range of local support and advice services available.
- Patients were referred to specialist services as required.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 generated 122 responses from 324 surveys sent out which represented 38% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was as follows:

- 87% found the receptionists at this surgery helpful. This was the same as the national average and compared with a CCG average of 84%.
- 46% found it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG and a national average of 85%.
- 92% said the last appointment they got was convenient. This was the same as the national average and compared with a CCG average of 90%.
- 78% described their experience of making an appointment as good compared with a CCG average of 70% and the national average of 73%.

- 67% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 70% and a national average of 65%.
- 64% felt they did not normally have to wait too long to be seen compared with a CCG average of 63% and a national average of 58%.
- 88% of patients would recommend the practice to someone new compared with a CCG average of 72% and a 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 33 comment cards. We also spoke with four patients on the day of the inspection. Patients commented positively about the practice and said that:

- Staff were welcoming, caring and helpful.
- They could access same day appointments for urgent treatment.
- Routine appointments were available within an acceptable period of time.
- Care and treatment was excellent and that GPs and nurses treated them with respect and provided information in a way that they could understand.

West Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to West Road Surgery

West Road Surgery is located in a purpose built medical centre in Westcliff on Sea, Essex, which is shared with two other GP practices. The practice provides services for 7868 patients.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group. A GMS contract is one between NHS England and the practice where elements of the contract such as opening times are standardised.

The practice population is similar to the national average for younger people and children under four years and slightly higher for older people aged over 65 years. The practice patient list is lower than the national average for long standing health conditions. Life expectancy for men and women is similar the national average.

Economic deprivation levels affecting children, older people are higher than the practice average across England. The practice population is slightly lower than the national average of working aged people in employment or full time education and higher for working age people that are unemployed.

The practice provides the following directed enhanced services:

- Extended opening hours.
- Childhood immunisations and vaccinations.
- Dementia screening.
- Flu vaccinations.

The practice is managed by five GP partners who hold financial and managerial responsibility. One of the GP partners is the Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run

The practice employs one salaried GP and two locum GPs. In total three male and two female GPs work at the practice. The practice also employs three practice nurses and two healthcare assistants. In addition the practice employs a management team including a practice manager, an assistant practice manager and a team of receptionists and administrative staff.

The practice is open from 8am to 6.30pm on Mondays, Tuesdays and Fridays. Appointments are available from 8.45am to 11.30am and 3pm to 5.30pm. Late evening appointments are available up to 8.30pm on alternate Wednesday or Thursday evenings. Emergency appointments are available daily at the end of both morning and evening surgeries.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Detailed findings

Why we carried out this inspection

We inspected West Road Surgery as part of our comprehensive inspection programme. 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. This inspection was planned to check whether the provider was 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.

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 March 2016. During our visit we spoke with a range of staff including the GPs, nurses, the practice manager and reception / administrative staff. We also spoke with four patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed 33 comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

Are services safe?

Our findings

Safe track record and learning

The practice had systems in place for learning and improving from incidents when things went wrong. This was done through a process for reporting, investigating and learning from significant events, accidents and 'near misses'.

When things went wrong that affected the safety of patients or staff these were investigated and the outcomes and learning were shared with staff. Safety incidents were reviewed periodically to ensure that learning arising from these was imbedded into practice and that similar incidents were minimised.

There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medicines and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated. All safety related alerts and information was kept and accessible to relevant staff to refer to and use as needed.

Overview of safety systems and processes

The practice had robust, clearly defined and embedded systems, processes and practices in place to keep people safe. We found:

- Arrangements were in place to safeguard adults and children from abuse. There were appropriate policies and procedures to assist staff to fulfil their responsibilities to report concerns. These policies referred to the local safeguarding teams and included relevant contact details.
- Staff had undertaken role specific training in safeguarding adults and children. Staff who we spoke with were able to demonstrate that they understood and adhered to the practice policies.
- One of the GP partners was the safeguarding lead. They were responsible for overseeing procedures and ensuring that these were followed.
- Computerised systems helped to identify those patients who were vulnerable so that staff were alerted when patients telephoned or visited the practice.
- The practice had procedures in place for providing chaperones during examinations and notices were displayed to advise patients that chaperones were available, if required Disclosure and Barring Services (DBS) check. These
- There were procedures in place for monitoring and managing risks to patients and staff safety. These included a health and safety policy and risk assessments, which were reviewed regularly.
- There were assessments in place in respect of the risks the control of substances hazardous to health (COSHH) such as cleaning materials.
- There was a fire safety policy and procedure and staff had undertaken training.
- Checks were carried out to ensure that fire safety equipment and alarms were working. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas.
- All electrical equipment was checked to ensure that it was safe to use.
- Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly.
- The practice had policies and procedures in place to protect patients and staff against the risk of infection. One of the practice nurses was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice.
- Staff had access to policies and procedures and these referred to relevant legislation and guidance. These procedures covered cleaning and hand washing, handling and storing specimen samples, dealing with biological substances and disposing of waste matter.
- We observed the premises to be visibly clean, tidy and uncluttered. There were cleaning schedules in place and infection control audits had been carried out.
- Staff had access to personal protective equipment such as gloves and aprons and all clinical staff had undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

Are services safe?

- Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use and minimise the risk of misuse.
- GPs carried the recommended range of medicines when undertaking home visits.
- There were procedures in place to regularly check medicines. All of medicines we saw were within their expiry date.
- Medicines which required cold storage including vaccines were handled and stored in line with current guidelines. Fridge temperatures were monitored on a daily basis to ensure that they remained within the acceptable ranges for medicines storage.
- The practice had a policy for employing clinical and non-clinical staff. We reviewed five staff files including those for the two most recently employed staff. We found that the recruitment procedures had been followed consistently. Checks including proof of identification, qualifications, employment references and Barring Service (DBS) checks had been carried out for all staff.
- Appropriate checks were carried out where locum GP cover was used. These included proof of identity and professional registration, DBS checks proof of the person's skills and qualifications.
- New staff undertook a period of induction which included an opportunity to familiarise themselves with the practice policies and procedures.

- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs and staff we spoke with told us that there were always enough staff cover available for the safe running of the practice and to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had procedures in place for dealing with medical emergencies. Records showed that all relevant staff received annual basic life support training and those we spoke with including the receptionists were able to describe how they would act in the event of a medical emergency. There was a range of emergency medicines available. The practice had oxygen and automated external defibrillator (AED) for use in medical emergencies. The AED was equipped with both adult and paediatric defibrillator pads.

The practice had a business continuity plan in place for major incidents which could affect the day to day running of the practice. This was service specific and included the details of the arrangements in place for example if staff could not access the premises or the day to day running of the practice was disrupted due power or other systems failures. The plan was accessible to staff, regularly reviewed and revised where required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice GPs kept up to date with, referred to, and used relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. These were used routinely in the assessment and treatment of patients to ensure that treatment was delivered to meet individual's needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

GP partners who we spoke with told us that they held regular clinical sessions to discuss and review assessments, treatments and clinical decision making. GPs attended regular peer support and training sessions as part of the local CCG 'Time to Learn' programme.

GPs acted as clinical leads and had specialist interests in areas including the management of long term conditions such as diabetes, respiratory disease, minor surgical procedures women's and child health.

One GP took the lead for the management of patents with diabetes. Weekly clinics and online advice and support was provided. This resulted in patients being treated without the need for referral to secondary care (hospital / consultant).

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2014/15 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was the same as the national average at 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 67% compared to the national average of 78%

- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was the same as the national average of 81%
- The percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months was 90% compared to the national average of 88%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible.

The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions and respiratory illness was:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 78% compared to the national average of 83%.
- The percentage of patients who were identified as being at risk of stroke (due to heart conditions) and who were treated with an anticoagulant was 100% compared to the national average of 98%.
- The percentage of patients with asthma who had a review within the previous 12 months was the same as the national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was 91% compared with the national average of 90%.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition were similar to GP practices nationally. For example:

- 99% of patients with a diagnosis of schizophrenia, bi-polar disorder and other mental health disorders had an agreed care plan in place compared to the national average of 88%
- 90% of patients with a diagnosis of schizophrenia, bi-polar disorder and other mental health disorders had a record of their alcohol consumption compared to the national average of 89%.

Are services effective?

(for example, treatment is effective)

- 84% of patients who had been diagnosed with dementia had a face to face review within the previous 12 months. This was the same as the national average.

The practice exception reporting was in line with GP practices nationally and locally for the majority of clinical indicators. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as where despite recalls, patients fail to attend reviews or where treatments may be unsuitable for some patients. This avoids GP practices being financially penalised where they have been unable to meet the targets set by QOF.

Exception reporting for the management of some mental health conditions such as diabetes was higher than GP practices locally. GP partners told us that this was in part due to the high numbers of older patients with end stage dementia for whom treatment would be ineffective and inappropriate.

We reviewed current, unverified QOF data and saw that the practice achievement in line with previous performance.

We also found:

- 95% of patients who had a learning disability had had a physical health check

The practice carried out a range of clinical audits. These included two audit cycles to monitor and improve outcomes for patients. We reviewed a number of these audits. One audit had been carried out in respect the NICE guidance on recognition and referral to a specialist consultant for patients with symptoms that indicate a suspected cancer. NICE have set national targets for a referral and appointment with a specialist within two weeks. The audit demonstrated that the practice was following this guidance.

A second audit which had been carried out between 2010 and 2016 also demonstrated that the practice was following best practice when prescribing certain high risk medicines. The audit showed that appropriate reviews and blood tests were carried out for patients who were prescribed these medicines.

The practice was proactive in the treatment and monitoring of patients with type 1 diabetes. The senior GP partner regularly audited the treatment of these patients and the

hospital admission rates for these patients. In addition to the routine diabetic clinics, patients also had access to diabetes clinics during the extended hours opening to promote flexibility.

Medicine reviews were carried out every six months or more frequently where required. A community pharmacist assisted with these reviews for patients with complex medical needs and those who were prescribed combinations of medicines. The practice performance for prescribing medicines such as front line antibiotics, non-steroidal anti-inflammatory medicines was in line with other GP practices. Prescribing practices for some hypnotics (anti-depressant type medicines) was higher than some GP practices both locally and nationally. GPs told us that they regularly registered patients who due to their conditions had been previously been prescribed these medicines long term and it was therefore difficult to reduce this.

Effective staffing

Staff received training and support that reflected their roles and responsibilities. We found:

- The practice had an induction programme for newly appointed members of staff to help them become familiar with the practice policies and procedures.
- Staff had access to a handbook which summarised the practice policies and procedures.
- Staff we spoke with told us that they felt supported. Relevant information was shared with staff through meetings.
- Staff had access to policies, procedure and other relevant information which was stored on the computerised shared drive system.
- Staff had undertaken training which included safeguarding, information governance and basic life support, health and safety and infection control.
- All staff received an annual appraisal of their performance from which further training and development needs were identified and planned for.
- The nurses and health care assistants had undertaken training to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening.
- The practice nurse and GP staff had ongoing clinical support and supervision.

Are services effective?

(for example, treatment is effective)

- The nurses working at the practice was currently registered with the Nursing and Midwifery Council (NMC) and they were preparing for their revalidation.
- All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

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. Staff used the computerised tasks system to communicate messages and actions to be completed in relation to patients care and treatments. Regular clinical meetings were held between the GPs and nurse to discuss and coordinate patients care and treatment.

Information was received, reviewed and shared within the practice team and with other healthcare providers. This included when patients were referred to secondary and specialist services and when patients were admitted to or discharged from hospital.

Bi-monthly multi-disciplinary team meetings took place to discuss, review and plan the care and treatment for patients including those who were nearing the end of their lives, patients receiving palliative care and those who were at risk of unplanned hospital admissions. The practice manager and GPs told us that all of the relevant health and social care professionals were invited to attend and that information was shared between professionals including community nurses, health visitors and social workers through the computerised tasking system, emails and telephone calls to ensure that all of those involved had the appropriate information to coordinate patients care and treatment.

Consent to care and treatment

The practice had policies and procedures around obtaining patients consent to treatment. Where written consent was obtained copies were scanned and saved within the patient record. A clinical code was used within patients' records to show that verbal consent had been obtained.

Staff we spoke with could demonstrate that they understood and followed these procedures. GPs and

nurses we spoke with understood current guidelines in respect of obtaining consent in the care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear. Staff had an awareness of the provisions of the Mental Capacity Act 2005, Gillick competence and Fraser guidelines.

Patient who we spoke with during the inspection said that their care and treatment was explained to them in a way that they could understand and that their consent to treatment had been sought.

Health promotion and prevention.

The practice promoted and encouraged patients to access the current NHS and Public Health England national screening programmes. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening. The results for 2014/15 were:

- The practice's uptake for the cervical screening programme was 83%, compared to the national average of 82%.
- The percentage of female patients aged between 50 and 70 years who had been screened for breast cancer within the previous 3 years was 58% compared with the same as the local CCG average of 63% compared with national average of 72%
- The percentage of patients aged between 60 and 69 years who were screened for bowel cancer within the previous 3 years was 50% compared with the local CCG average of 53% and the national average at 59%.

Childhood immunisation rates for the vaccinations included:

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds the same as the CCG percentage at 97%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 97% compared to the CCG percentage of 93%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was the same as the CCG percentage at 95%.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40 to 74 years. Weight management advice and smoking cessation sessions were available and patients were provided with information relating to healthy lifestyle choices.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Patients we spoke with told us that reception staff were welcoming and kind.

Reception staff were mindful when speaking on the telephone not to repeat any personal information. Staff we spoke with told us that patients would be offered a room to speak confidentially if they wished to do so.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Patients who completed CQC comment cards and those patients we spoke with during the inspection told us that staff were respectful and helpful. Patients said that they received excellent care and that staff were always courteous. Some commented that staff listened and 'went the extra mile' to assist and support patients.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 92% said the GPs were good at listening to them compared to the CCG average of 85% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 95% said they had confidence and trust in the last GP. This was the same as the national average and compared to the CCG of 93%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and compared to the national average of 91%.

- 87% patients said they found the receptionists at the practice helpful. This was the same as the national average and compared to the CCG average of 84%.

Care planning and involvement in decisions about care and treatment

Each of the four patients we spoke with told us that they were happy with how the GPs and nurses explained their health conditions and treatments.

Results from the national GP patient survey, which was published on 7 January 2016, showed that:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.

Staff told us that that access to translation services was available for patients who did not have English as a first language. This was advertised on the patient notice board within the waiting area. Pages on the practice website could also be translated into a number of languages including Polish, Hindi and Chinese.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There was a wide range of information in the patient waiting room, on the practice website and within the practice newsletter advising patients how they could access a number of support groups and organisations including counselling services, advice on domestic and elder abuse and cancer support services.

The practice identified patients who were also a carer. There was a practice register of all patients who were carers and at the time of our inspection these accounted for 1.1% of the practice population. This information was used on the practice's computer system to alert GPs when the patient attended appointments. Written information was available for carers to ensure they understood the various avenues of support available to them. Some patients commented in particular about the extra time that nurses and GPs spent providing advice and support to patients and their families.

Are services caring?

Staff told us the practice had a protocol for supporting families who had suffered bereavement. GPs told us that they following bereavement, families contacted where this was appropriate and an appointment or other support was provided needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and the increase in demand for services to help provide ensure flexibility, choice and continuity of care. For example;

- Appointments could be booked in person, by telephone or online via the practice website.
- There were longer appointments available for patients including those with dementia or a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available each day for children and those with serious medical conditions.
- Telephone consultations and emergency appointments were available each day.
- The practice reviewed comments, complaints and the results from patient surveys and adapted the appointments system to take these into account.
- Smoking cessation advice and treatment was available in individual appointments.
- Accessible facilities including electronic door, a passenger lift, disabled toilets and baby changing areas were available.
- Translation services were available as required.

Access to the service

The practice was open from 8am to 6.30pm on Mondays, Tuesdays and Fridays. Appointments were available from 8.45am to 11.30am and 3pm to 5.30pm. Late evening appointments were available up to 8.30pm on alternate Wednesday or Thursday evenings. Emergency appointments were available daily at the end of both morning and evening surgeries.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 78% described their experience of making an appointment as good compared with a CCG average of 70% and compared with the national average of 73%.

- 67% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 70% and a national average of 65%.
- 84% of patients were satisfied with the practice's opening hours compared to the CCG of 74% and national average of 75%.
- 46% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and the national average of 73%.

The practice NHS GP survey rated them the third highest performing practice in the CCG area for patient satisfaction across all areas.

Three of the 33 patients who completed comment cards told us that it could difficult to get an appointment that suited them. The practice manager told us that they regularly reviewed the appointments system and made amendments based upon patients' comments. As a result of comments the number of same day appointments had been increased. They and also told us that they encouraged patients where possible to access the online systems to book / cancel appointments and to request repeat prescriptions.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Written information was available to help patients to understand the complaints procedure. This included information about how to raise complaints and the time frame for the practice to acknowledge, investigate and respond to complaints. Patients were advised how they could escalate their complaints should they remain dissatisfied with the outcome or how their complaint was handled. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at a sample of complaints received within the previous twelve months. Records showed that complaints had been acknowledged, investigated and responded to within the complaints procedure timeline. The practice had

Are services responsive to people's needs?

(for example, to feedback?)

reviewed and analysed the complaints received and there were no trends or recurring themes. Learning from complaints was shared with staff through meetings so as to improve patient's experiences.

We saw that a suitable apology was given to patients when things went wrong or their experience fell short of what they expected. We saw in one instance that the complainant thanked the practice for their open and honest response to their concerns.

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 and ethos, which was described in their Statement of Purpose, the patient information leaflet and on the practice website. The vision and ethos was to improve the health, welfare and lives of patients and this was embedded within the practice and reflected in staff attitude. The practice's aim was to work collaboratively, providing well equipped premises and skilled staff to meet the needs of the local population.

The practice had a strategy for future planning including reviewing and meeting the needs of patients. This included working with the local CCG to reduce the number of unplanned hospital admissions for older, frail and vulnerable patients.

The GP partners also had plans to become a GP training practice and were applying to the East of England Deanery to complete this process.

Governance arrangements

The practice had an overarching governance framework and a range of robust policies and procedures to support the delivery of good quality care:

- There was a clear staffing structure and accountability.
- The GP and nurses had lead roles and special interests in a number of long term conditions and health promotion to improve treatments and outcomes for patients.
- Practice policies and procedures were available to all staff. These policies were practice specific, regularly reviewed and revised; and readily available to for staff to refer to.
- A range of clinical and non-clinical audit were carried out to monitor and improve the quality of services provide to patients and to provide safe and effective care and treatment.

Leadership, openness and transparency

GPs and staff we spoke with demonstrated that the practice encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability

and staff were aware of these. Staff said that they were well supported and they felt able to speak openly and raise issues as needed. They told us that GPs were approachable and caring.

A range of scheduled and opportunistic clinical and non-clinical practice meetings and informal discussions were held during which staff could raise issues and discuss ways in which the service could be improved. Complaints and any other issues arising were discussed and actions planned to address these during the practice meetings.

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

The practice encouraged and valued feedback from patients. Information displayed in the waiting area and in the patient folder advised patients how they could give feedback and make comment about the practice. Patient feedback had been sought through surveys, complaints and informal comments and received. Compliments, complaints and other comments were reviewed and acted upon to drive improvements.

There was an active Patient Participation Group (PPG) which met on a bi-monthly basis. We spoke with three representatives of the group and they told us that the practice staff were supportive, proactive and open to suggestions. They told us that the practice listened and took appropriate actions to make improvements as needed.

The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We saw that on average 95% of patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.

The practice had also gathered feedback from staff through staff meetings and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.

Continuous Improvement

All staff we spoke with could demonstrate that they were focused on reviewing and improving the quality, safety and effectiveness of the services that the practices provided. Examples of the practice commitment to continued improvement included:

Are services well-led?

Good 

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

- The practice was participating in a local CCG pilot initiative to help reduce the numbers of unplanned hospital admissions.
- The GP partners were working towards applying to become a training practice for GP registrars (A GP Registrar who is a fully qualified doctor who is undertaking GP training in the practice).