

Glebe Surgery

Quality Report

Monastery Lane

Storrington

West Sussex

RH20 4LR

Tel: 01903 742942

Website: www.glebesurgerystorrington.nhs.uk

Date of inspection visit: 12 September 2016

Date of publication: 24/11/2016

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

Detailed findings from this inspection

Our inspection team	12
Background to Glebe Surgery	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 The Glebe Surgery on 12 September 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.
- The practice had adopted the 'Year of Care' approach to care for patients with long term conditions which aimed to give patients better self-management of their condition.
- 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 allowed a greater degree of flexibility in appointment times to elderly patients using the local public transport system as it could be infrequent.
- 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.
- In 2015 the practice was awarded a 'Pacesetter' award for their care of children following the use of a template to assist GPs and nurses in their assessment of sick children. (The Pacesetter award

Summary of findings

programme is designed to highlight, acknowledge and celebrate the initiatives that GP practices are putting in place to provide excellent primary care to children, young people, their families and carers).

We saw one area of outstanding practice:

- An additional 3,500 patients registered at the practice when a nearby GP practice closed. The practice showed us evidence of the comprehensive strategy they had established. This had ensured existing patients were not affected and new patients experienced a seamless transition from one practice to the other. This included innovative ways of transferring electronic patient notes because the other practice's system was not compatible with the Glebe Surgery system. The practice told us of the

commitment of their staff at this time which included working additional hours and learning new administrative roles. The practice told us they were proud that their patient survey results had continued to be significantly above national average during this time and that staff morale remained positive.

The areas where the provider should make improvement is:

- Ensure compliance with the practice protocol for fridge temperatures when storing vaccines.
- Ensure the legionella risk assessment is kept up to date.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example; 96% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85% and 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified
- 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.

Are services well-led?

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

Good



- 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.
- An additional 3,500 patients registered at the practice when a nearby GP practice closed. The practice showed us evidence of the comprehensive strategy they had established to ensure existing patients were not affected and new patients experienced a seamless transition from one practice to the other.
- 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.

Summary of findings

- 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.
- In 2015 the practice was awarded a 'Pacesetter' award for their care of children following the use of a template to assist GPs and nurses in their assessment of sick children. (The Pacesetter award programme is designed to highlight, acknowledge and celebrate the initiatives that GP practices are putting in place to provide excellent primary care to children, young people, their families and carers).

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. A triage system was in place to assess the most suitable care for patients requiring this service.
- The practice allowed a greater degree of flexibility in appointment times to elderly patients using the local public transport system as it could be infrequent.
- The practice maintained a register of housebound patients.
- Flu vaccines were offered in the homes of patients who were housebound.
- GPs provided a weekly ward round to patients in a local nursing home.

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 offered a combined annual review appointment to patients with multiple long term conditions.
- Performance for diabetes related indicators was in line with the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose level was 64 mmol/mol or less in the preceding 12 months was 77% compared with the CCG average of 83% and the national average of 78%.
- The practice's nurses visited patients with diabetes who were unable to attend the practice at home.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice had adopted the 'Year of Care' approach to care for patients with long term conditions which aimed to give patients better self-management of their condition.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates 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.
- The practice's uptake for the cervical screening programme was 81%, which was similar to the clinical commissioning group (CCG) average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered combined post-natal and six week baby checks with the named GP.
- We saw positive examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- 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 had a named receptionist who was trained to offer help and signpost support for carers.
- The practice offered food bank vouchers to patients and staff were trained to consider when patients may be in need of these.

People experiencing poor mental health (including people with dementia)

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

- The practice results for the management of patients diagnosed with dementia were in line with the local and national averages. For example 80% of these patients had received a face-to-face review within the preceding 12 months compared to the clinical commissioning group (CCG) average of 82% and the national average of 84%.
- The practice results for the management of patients with poor mental health in line with the local and national averages. For example, 89% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was in line with the CCG average of 90% and the national average of 88%.
- 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.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had good links with the memory assessment service and referred patients when appropriate.
- A mental health liaison practitioner ran a weekly clinic from the practice.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. Of the 219 survey forms which were distributed, 136 were returned. This represented 1% of the practice's patient list. The practice results were significantly better than the national averages. For example:

- 95% of patients who responded found it easy to get through to this practice by phone compared to the national average of 73%.
- 94% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients who responded described the overall experience of this GP practice as good compared to the national average of 85%.

- 93% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were very positive about the standard of care received. Patients gave high praise to the GPs and nursing team with anecdotal evidence of the good care they had experienced at the practice. Patients also commended the reception staff and found them to be caring and compassionate.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The most recent data from the Friends and Family Test (August 2016) found that of the 43 patients who responded, 40 would be likely or very likely to recommend the practice.

Glebe Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser and a practice manager specialist adviser.

Background to Glebe Surgery

The Glebe Surgery is situated in the village of Storrington, nestled in the foot of the South Downs National Park and operates from:

Monastery Lane

Storrington

West Sussex

RH20 4LR

The practice provides services for approximately 11,500 patients living within the local area. The practice holds a general medical services (GMS) contract and provides GP services commissioned by NHS England. (A GMS contract is one between the practice and NHS England where elements of the contract such as opening times are standard.) The practice has larger numbers of patients aged 65 and older compared to the national average. Deprivation is very low when compared to the population nationally. The practice has more patients with long standing health conditions and health related problems affecting their daily lives than the national average, which could mean an increased demand for GP services. Over the two years prior to our inspection, the practice patient population had increased by 3,500 when a nearby GP practice closed.

As well as a team of six GP partners and two salaried GPs (four male and four female), the practice also employs three practice nurses and four health care assistants. A practice manager is employed and there is a team of receptionists and administrative clerks.

The Glebe Surgery is open between 8am and 6.30pm on weekdays and appointments are available from 9am to 11.40am and from 4.30pm to 6pm on weekdays. Extended hours appointments are available on Tuesdays from 6pm to 8.30pm. There are phone appointments available with GPs throughout the day according to patient need. Routine appointments are bookable up to three months in advance. Patients are able to book appointments by phone, online or in person.

Patients are provided with information on how to access the duty GP or the out of hour's service by calling the practice or by referring to its website.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning and surgical procedures.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 September 2016. During our visit we:

- Spoke with a range of staff (the practice managers, GPs, nursing and administrative team) and spoke with patients who used the service. The administration team were asked to complete questionnaires.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had an action log which included a traffic light system to record events and outcomes allowing identification of patterns in significant events. We saw evidence that lessons were discussed and shared with staff from all levels within the practice and action was taken to improve safety in the practice. For example, health care assistants were given additional training to assure details were correct after a specimen was incorrectly labelled.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses were trained to at least level two and other staff were trained to at least level one.

- Notices in the waiting room and in each clinical room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). However, although vaccine fridge temperatures had been recorded on a daily basis, we noted one fridge had recorded a temperature which was outside of specified parameters but no action had been taken as a result. This meant the practice could not guarantee the safety of the vaccines stored in the fridge. The practice responded on the day of inspection by contacting the fridge supplier. The outcome was the vaccines were unaffected. We saw that the protocol was rewritten and a significant event was raised
- 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

Are services safe?

allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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. The legionella risk assessment had last been completed in 2015 and since then, the practice had added an additional portable building to the premises which rendered the existing risk assessment out of date. A new legionella risk assessment, incorporating the additional

building, was conducted on the day of our inspection and the results forwarded to us. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training 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 business continuity plan in place for major incidents such as power failure or building damage. Although the plan did not include emergency contact numbers for staff, this was rectified on the day of inspection and contact numbers were added.

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 98% of the total number of points available.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was in line with the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose level was 64 mmol/mol or less in the preceding 12 months was 77% compared with the CCG average of 83% and the national average of 78%. The percentage of patients with diabetes who had an influenza immunisation within the preceding 12 months was 96% compared to the CCG average of 96% and the national average of 94%.
- The practice results for the management of patients with poor mental health in line with the local and national averages. For example, 89% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was in line with the CCG average of 90% and the national average of 88%.

- The practice results for the management of patients diagnosed with dementia were in line with the local and national averages. For example 80% of these patients had received a face-to-face review within the preceding 12 months compared to the CCG average of 82% and the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was in line with the local and national averages achieving 83% in comparison with the CCG average of 83% and the national average of 84%.
- The exception reporting for the practice was in line with the CCG and national averages (8% compared to 14% in the CCG and 9% nationally). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice told us they were proud of their outcomes, which they had worked hard to maintain during the recent increase in patients registered at the practice. Evidence showed an increase in the practice's QOF results for 2015/2016 to 100%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit of the clinical review of patients prescribed a specific medicine found some patients who had not been reviewed according to national guidelines. A second cycle showed improvements.

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.

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, for those reviewing patients with long-term conditions.
- 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 and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice told us they were actively involved in the 'avoiding unplanned admissions' initiative. Meetings took place with

other health care professionals on a monthly basis when care plans were routinely reviewed and updated. Patients were identified using a risk stratification tool and the GP and nurses' knowledge of their patients.

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 patients, 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was similar to the clinical commissioning group (CCG) average of 83% and the national average of 82%. There was a policy to offer phone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 78%, which was comparable to the CCG and national average of 72% The percentage of

Are services effective? (for example, treatment is effective)

patients between the ages 60 and 69 years old of who had bowel screening in the preceding 30 months was 67%, which was similar to the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 93% to 99% (89% to 94% CCG and 91% to 95% nationally) and five year olds from 86% to 99% (87% to 97% CCG and 88% to 94% nationally).

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 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 96% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful compared to the national average of 87%.
- 97% of patients who responded said the GP was good at listening to them compared to the national average of 89%.

- 95% of patients who responded said the GP gave them enough time compared to the national average of 87%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw compared to the national average of 95%.

Staff told us they were proud of their patient survey outcomes, which they had worked hard to achieve during the recent increase in patients registered at the practice.

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 in line with local and national averages. For example:

- 97% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 94% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice told us they were proud of these results.

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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 164 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

- 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. A triage system was in place to assess the most suitable care for patients requiring this service.
- The practice had adopted the 'Year of Care' approach to care for patients with long term conditions which aimed to give patients better self-management of their condition.
- The practice offered a combined annual review appointment to patients with multiple long term conditions.
- The practice's nurses visited patients with diabetes who were unable to attend the practice at home.
- The practice maintained a register of housebound patients.
- GPs provide a weekly ward round to patients in a local nursing home.
- Flu vaccines were offered to at home to patients who were housebound.
- The practice allowed a greater degree of flexibility in appointment times to elderly patients using the local public transport system as it could be infrequent.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered combined post-natal and six week baby checks with the named GP.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

- Baby changing and breast feeding facilities were available.
- The practice had a named receptionist who was trained to offer help and signpost support for carers.
- The practice offered food bank vouchers to patients and staff were trained to consider when patients may be in need of these.
- A mental health liaison practitioner ran a weekly clinic from the practice.
- The practice had good links with the memory assessment service and referred patients when appropriate.

Access to the service

The practice was open between 8am and 6.30pm on weekdays and appointments were available from 9am to 11.40am and from 4.30pm to 6pm on weekdays. Extended hours appointments were available on Tuesdays from 6pm to 8.30pm. There were phone appointments available with GPs throughout the day according to patient need. Routine appointments were bookable up to three months in advance. Patients were able to book appointments by phone, online or in person.

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

- 89% of patients who responded were satisfied with the practice's opening hours compared to the national average of 78%.
- 95% of patients who responded said they could get through easily to the practice by phone compared to the national average of 73%.

The practice told us they had worked hard at maintaining these results during the recent increase in patients registered at the practice.

Patients 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.

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

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

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

We looked at 25 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient complained that a letter sent from the local hospital had not been actioned by the GP. As a result the practice changed the workflow process to assure the incident did not reoccur and apologised to the patient.

The practice had a policy of keeping compliments and positive comments on file and showed us two positive comments that had been received in the previous six months along with a letter from a local nursing home commending the practice for the care and treatment they provided for their residents.

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 statement of purpose 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.

In 2014, an additional 3,500 patients registered at the practice when a nearby GP practice closed. The practice showed us evidence of the strategy they had established. This had ensured existing patients were not affected and new patients experienced a seamless transition from one practice to the other. This included innovative ways of transferring electronic patient notes because the other practice's system was not compatible with the Glebe Surgery system. As well as designating a receptionist and an area in reception to registering new patients. The practice showed us the project plan used and told us of the commitment of their staff at this time. Which included working additional hours and learning new administrative roles. The practice told us they were proud that their patient survey results had continued to be significantly above national average during this time and that staff morale remained positive.

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 patients reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Team away days and on-site training were held every two months.
- 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.
- Staff told us they treated patients as they would want their own family to be treated.

Are services well-led?

Good 

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

- Staff told us they felt the practice had managed the increase of patients very well and that during this time they continued to enjoy working at the practice.
- On the day of inspection, we observed a resilient team who told us they were happy in their roles and who were positive about the future.

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, a recent survey had identified a need for additional seating in the waiting room. This was highlighted and resolved by the PPG.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they felt comfortable giving feedback and would not hesitate to discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had recently arranged for a patient who was deaf to give a talk to staff to share experiences and discuss how the practice can improve services for deaf patients.

In 2015 the practice was awarded a 'Pacesetter' award for their care of children following the use of a template to assist GPs and nurses in their assessment of sick children. (The Pacesetter award programme is designed to highlight, acknowledge and celebrate the initiatives that GP practices are putting in place to provide excellent primary care to children, young people, their families and carers).

The practice told us they were constantly discussing different ways of working and had recently appointed a nurse practitioner, who was due to begin working at the practice in October 2016. At the time of inspection, the practice manager was mentoring the assistant practice manager in their new role.

The practice had plans in place to move to larger premises as they had outgrown their existing site.