

Old Road Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

| | Page |
|---------------------------------------------|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 7 |
| What people who use the service say | 11 |
| Areas for improvement | 11 |

Detailed findings from this inspection

| | |
|-----------------------------------------|----|
| Our inspection team | 12 |
| Background to Old Road Medical Practice | 12 |
| Why we carried out this inspection | 12 |
| How we carried out this inspection | 12 |
| Detailed findings | 14 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Old Road Medical Practice on 04 June 2015. The overall rating for the practice was good; however, they were rated good for safe, caring, responsive and well-led services and requires improvement for effective services. The full comprehensive report on the June 2015 inspection can be found by selecting the 'all reports' link for Old Road Surgery on our website at www.cqc.org.uk.

We carried out an announced comprehensive follow-up inspection at Old Road Surgery on 05 May 2017. Overall, the practice is rated as good.

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

- Staff members knew how to raise concerns, and report safety incidents.
- Safety information was appropriately recorded; learning was identified and shared with all staff members.

- The infection control policy met current guidance. Audits had been carried out, reviewed, and analysed to monitor infection control.
- Risks to patients and staff members had been assessed, documented and acted on appropriately.
- Staff members assessed and delivered patient care in line with current evidence based guidance.
- Staff had the skills, knowledge, and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and involved in their care and treatment decisions.
- Information about the practice services and how to complain was readily available in English and Polish at the reception desk and the practice website in easy to understand formats.
- The practice was aware of and complied with the requirements of the duty of candour when dealing with complaints and significant events.
- Patients said they were able to make an appointment with a named GP and they received continuity of care. We were also told they had access to urgent appointments on the day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and in addition, staff members felt supported by the GPs and practice management team.
- The practice patient participation Group (PPG) worked proactively with the practice.
- Audits undertaken should be completed cycles, to measure improvement.
- Identify areas of lower patient satisfaction within the GP survey to act on patient satisfaction improvement.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The areas where the provider should make improvements are:

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 good for providing safe services.

Good



- Staff members knew how to raise concerns, and report safety incidents.
- Safety information was recorded appropriately and lessons learned identified. Lessons learned from incidents were shared with all staff members.
- The infection control policy met current national and local guidance, we also found audits had been carried out and reviewed to monitor infection control.
- Risks to patients and staff members were assessed, documented and acted on appropriately.
- When things went wrong patients received, reasonable support, truthful information, and a written apology when appropriate.
- The practice had arrangements and processes to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the local and national practices.
- Staff assessed patients' treatment and care needs and delivered care in line with current evidence based guidance.
- Clinical audits at the practice showed improvements to patient outcomes and service quality.
- 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 members.
- 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 good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice highly for several aspects of care in comparison with local and national practices.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and involved in decisions about their care and treatment.
- Information for patients about practice services was easy to understand in both English and Polish in recognition of the number of patients registered. This information was in the practice and on their website.
- We saw staff treated patients with kindness and respect, and maintained patient information confidentiality at all times.
- The practice recognised patients who were carers on their computer records. This was to ensure consideration could be given to the needs of patients that are carer's. The number of carer's identified was 145 and this equated to 1.6% of the practice population.

Are services responsive to people's needs?

The practice is rated good for providing responsive services.

- Practice staff reviewed the needs of its local, practice population, and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Improvements were made to patient outcomes with diabetes because of a local CCG initiative.
- 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. Evidence we saw showed the practice responded quickly to issues raised.
- Learning from complaints and incidents were shared with all staff and stakeholders.

Good



Are services well-led?

The practice is rated good for being well-led.

- The practice had a clear mission statement to deliver high quality care and promote good outcomes for patients. Staff members were clear about the ethos and culture at the practice and their responsibilities in relation to it.
- There was a clear leadership structure and staff told us they felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework, which supported the delivery of the practice strategy and quality of care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour seen when dealing with complaints and safety incidents.
- The GP partners encouraged a culture of openness and honesty.
- The practice acted on feedback from staff members, and patients via the patient participation group.
- There was a strong focus on continuous learning at the practice and improvement at all levels.

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 good for the care of older people.

Good



- The practice offered personalised care to meet the needs of the older people in its population.
- The practice responded to the needs of older people, and offered home visits and urgent appointments for those that needed them.
- All older people had a named GP.
- Palliative care meetings every six to eight weeks were used to understand and discuss patients identified as frail and at risk of deteriorating health.
- They had a high uptake for shingles and flu vaccinations and actively campaigned across a variety of media, for example; prescription repeat forms, posters in the waiting room, on their website and opportunistically during routine appointments.
- Senior health checks were offered, on an ad hoc basis to maximise their uptake.
- A care advisor visited the practice regularly to help patients deal with benefits queries, help completing forms, and equipment needs.

People with long term conditions

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

Good



- Nursing staff and GPs had lead roles in chronic disease management
- Patients at risk of hospital admission were identified as a priority. Personalised care plans ensured continuity of care.
- Diabetic quality data from 2015 to 2016 showed the practice averages were lower at 84% than local and national practices. With the support of a local CCG project to improve diabetic care, the practice unverified data for 2016 to 2017 showed an improvement of diabetes quality to 93%.

Other services provided by the practice for this population group were:

- Longer appointments and home visits when needed.
- People with long-term conditions were provided a named practice GP and a structured annual review to check their needs were met.

Summary of findings

- The named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care, to reduce the need for hospital visits.
- Practice prescribers used clinical templates designed to ensure patients received blood tests and diagnostic checks required, before repeat prescriptions were given to patients.

Families, children and young people

The practice is rated 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 or at risk, for example, those who had a high number of A&E attendances.
- Immunisation rates were higher than local and national practices, for all standard childhood immunisations.
- A range of contraception services was available.
- Cervical screening data showed the practice was comparable with other local and national practices.
- Appointments were available outside of school hours and college hours, and the premises were suitable for children and babies.
- On-line appointments were available for both advanced and on the day appointments.

Good



Working age people (including those recently retired and students)

The practice is rated 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 offered.
- The practice offered late appointments on Thursdays until 8.30pm. These were for working patients that who could not attend during normal core practice opening hours.
- They offered online services to book appointments, request repeat prescriptions, and to receive text alerts.
- A full range of health promotion and screening was available at the practice that reflected the needs of this age group.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice recognised patients living in vulnerable circumstances including, homeless people, travellers and those with a learning disability.
- The practice offered longer or double appointments for patients with a learning disability. They had recognised 55 people with a learning disability, each of them had been offered a health review.
- The practice clinical members of staff worked with other health care professionals in the case management of vulnerable patients. They worked closely with local care homes to provide, treatment planning, and home visits when needed.
- Nursing home visits were provided by the GPs and a member of the nursing staff, to ensure regular support for patients.
- They provided information to vulnerable patients about how to access various support groups and voluntary organisations.
- Staff members knew how to recognise the signs of abuse and were aware of their responsibilities concerning the sharing of information regarding safeguarding concerns.
- The practice safeguarding policy set out the details to contact relevant local agencies during normal working, and out of hours.
- All staff members had undergone safeguarding training of vulnerable adults and children.
- The GP safeguarding lead at the practice attended forums when possible.

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).

- 81% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months; this was comparable with local and national practices.
- The practice regularly worked with multi-disciplinary teams to support patients experiencing poor mental health, and including those with dementia.
- Staff members had received training to help safeguard adults and children from abuse. They were familiar with the details of the Mental Capacity Act.
- The practice employed a consultant psychiatrist to work one afternoon a week. This had been in response to an identified need through analysis of quality data. In addition, a number of patients had recently registered from another practice that was seeking support for addiction and mental health concerns. The practice knew they could not support the increased number of

Good



Summary of findings

patients from this population group with timely intervention unless they continued with this extra consultant support. The staff had received guidance to direct patients that needed mental health support appropriately.

- The practice had told and supported patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Staff members told us they would find a suitable quiet area for patients to wait if they were feeling anxious, depressed, or too unwell to wait in the busy waiting room.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2016 showed the practice performed in line with local and national averages. 305 survey forms were distributed and 100 were returned. This represented 33% of the practice's patient list.

- 74% of respondents found it easy to get through to this practice by phone compared with 73% locally and 73% nationally.
- 78% of respondents describe their experience of making an appointment as good compared with 72% locally and 73% nationally.
- 80% of patients described the overall experience of this GP practice as good compared with 84% locally and 85% nationally.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with 77% locally and 79% nationally.

As part of our inspection, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 cards from the practice with extremely positive observations and compliments.

We spoke with six patients during the inspection; they all told us the care they received was satisfactory. They also thought all staff members, were approachable, committed and caring with many compliments for the reception staff members.

We also spoke to a senior staff member at a local nursing care home. They told us they had never had a request for a home visit denied or a medication review when needed. They also told us the practice was very responsive to prescription queries and found dealing with staff a positive experience.

Areas for improvement

Action the service **SHOULD** take to improve

- Audits undertaken should be completed cycles, to measure improvement.
- Identify areas of lower patient satisfaction within the GP survey to act on patient satisfaction improvement.

Old Road Medical Practice

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.

Background to Old Road Medical Practice

Old Road Medical Centre main practice is located in Old Road close to Clacton Town Centre. The branch practice is located at 103 Clacton Road, St Osyth. The practice provides services for approximately 9,520 patients living within the Clacton area. This is an increase of over 2,000 patients in the last two years. Almost 500 have registered from another practice that stopped providing a service to support patients needing medicine addiction and mental health support.

The practice holds a Personal Medical Services (PMS) contract commissioned by NHS England and performance managed by North East Essex Clinical Commissioning Group.

The practice population is similar to the national average for younger people and children under four years, working aged and recently retired and higher for older people aged over 75 years. Economic deprivation levels affecting children, older people and unemployment are amongst the second highest in England. Life expectancy for men (79 years) and women (83 years) are in line the national averages. The patient list size has a higher than national average of patients with long standing health conditions and those of working age who are unemployed.

The practice is managed by two GP partners, both male, who hold financial and managerial responsibility for the practice, and one long term locum GP, female. The practice employs two nurse practitioners, three practice nurses and four health care assistants. There are 15 administrative staff that include; a practice manager, an assistant practice manager, and an office manager to support the clinical teams. The nursing and administrative teams work a variety of full and part time hours.

The main and branch surgery's opening hours were, on the practice information leaflets, and the practice website. The clinical sessions operated during the opening hours and included clinics for asthma, chronic obstructive pulmonary disease (COPD), diabetes, contraception, smoking cessation, phlebotomy (blood taking), childhood immunisation, holiday vaccinations and late night opening on Thursday evening for working patients.

| | Main Surgery | Branch Surgery |
|-----------|--------------|----------------|
| Monday | 8am - 6:30pm | 11am - 1pm |
| Tuesday | 8am - 6:30pm | 11am - 1pm |
| Wednesday | 8am - 6:30pm | 11am - 1pm |
| Thursday | 8am - 8:30pm | 11am - 1pm |
| Friday | 8am - 6:30pm | 11am - 1pm |
| Weekend | closed | closed |

The practice has opted out of providing GP out of hour's services. Patients calling the practice outside practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour's service provided by Care UK. The branch surgery offers GP on the day appointments each day between 11am and 1pm and pre-booked nurse appointments. This information is also available on the practice website.

Detailed findings

We previously carried out inspection at Old Road Surgery on 04 June 2015. The overall rating for the practice was good, however, they were rated requires improvement for effective services. A comprehensive inspection was undertaken in line with our policy as it has been over 12 months since the first inspection.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an inspection on 05 May 2017. During our visit we:

- Spoke with a range of staff members, the practice manager, the GPs, nurse practitioners, nurses, healthcare assistants, administrative staff members, receptionists, and a senior member of staff from a local care and nursing home.
- Spoke with six patients and one member of the patient participation group on the day of inspection.

- Observed how staff members spoke with patients, to their carer's and/or family members.
- Reviewed processes, policies, and procedures developed to keep patients safe and assure clinical and information governance.
- Reviewed comment cards where patients and members of the public had shared their views and experiences of the practice.

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 (QOF) 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

- The practice demonstrated that there were effective systems in place for reporting and recording significant events.
- Staff knew how to report incidents. They informed the practice manager of any incidents. Lessons learned were identified and shared with all staff.
- Staff we spoke with understood the duty of candour and their responsibilities to it.
- The practice had a reliable system for recording 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).
- 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 an analysis of all safety incidents and events to monitor themes and trends.
- The practice had a system to receive patient safety and medicine alerts (MHRA), MHRA alerts; they were distributed to the relevant staff members to action. Actions were recorded for example; patient's treatment or medicine dosage was changed in accordance with alert guidance.
- We reviewed safety records, incident reports, patient safety and medicine alerts. The minutes of meetings reflected that safety incidents were discussed and shared to understand risk and give a clear picture of safety in the practice.
- We saw actions were taken to improve safety in the practice. For example, a vaccination was given too early for a child. The practice informed the parent at the time and recorded the incident. The incident was discussed with staff at a practice meeting. A decision was made to administer vaccinations in specific clinics with longer appointment times, for staff to check patient records with the patient or their representative.
- The practice had arrangements to safeguard children and vulnerable adults from abuse. These policies reflected national legislation.
- Safeguarding arrangements included guidance for staff to contact the local safeguarding team for referral when they had concerns about a patient's welfare.
- There was a GP lead for children and adults, staff members knew whom to contact at the practice if there was a concern. The GPs attended safeguarding meetings and provided reports for other agencies.
- Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults that was relevant to their role.
- A notice in the waiting rooms and in consultation and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained and had received a 'Disclosure and Barring Service' (DBS) check for this role. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The premises were clean and tidy. There was a nurse lead for infection control. The lead liaised with the local infection prevention teams, and had received additional training to keep up-to-date with best practice.
- The infection control policy had been reviewed and met current national guidance. Staff had received infection control training during their induction. We saw records of staff hand washing competency checks.
- Cleaning audits had been carried out and reviewed to monitor practice cleaning processes.
- 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).
- The practice had a policy for handling repeat prescriptions, which included monitoring healthcare checks for patients, and those taking high-risk medicines. The local medicines management team had supported them to identify these patients. We saw these patients had been provided with the reviews and treatment they needed.

Overview of safety systems and processes

Are services safe?

- Blank prescription forms and pads were stored securely. When staff removed blank prescriptions from the store we saw they recorded where they would be used
- Two nurses were independent prescribers and could prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs at the practice for this role.
- The practice used Patient Group Directions (PGDs) to allow nursing staff to administer medicines in line with national legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Health care assistants that were trained to administer vaccines and medicines used a patient specific prescription or direction (PSDs). PSDs are written instructions, signed by a doctor, or non-medical prescriber, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- All medicines seen were stored at the correct temperature. The practice followed 'cold chain procedure' for medicines that needed to be stored in a fridge. (Cold chain is a term used to describe the cold temperature conditions in which certain products need to be kept during storage and distribution).
- All electrical equipment had been checked to ensure it was safe to use. Service contracts for clinical equipment were up to date.
- 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, infection control, and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs at main and branch locations.

Arrangements to deal with emergencies and major incidents

Monitoring risks to patients

- Risks to patients were assessed and well managed.
- There were procedures in place to monitor and manage risks to patient and staff.
- There was a health and safety policy available with a poster in the waiting area, which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills.
- The practice had adequate plans in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available at each location and oxygen with adult and children's masks.
- There was visible signage indicating where this equipment was held. A first aid kit and accident book was also available.
- Emergency medicines were easily accessible to staff in a secure area of the two practice locations and staff members knew where they were.
- The practice had a business continuity plan to cover major incidents such as power failure or building damage. The plan included emergency contact numbers for staff members, which were available on the practice computer. Staff members told us where this was located when we asked. The practice manager kept a master hard copy of the plan.

Are services effective?

(for example, treatment is effective)

Our findings

What we found at the previous inspection on 04 June 2016

The practice was rated requires improvement for providing effective services. Treatment was not planned or delivered using local and national guidance for GP practices. Evidence seen on inspection revealed clinical coding was not always correct for some long-term conditions, or the patient's diagnosis identified. No written protocols were seen for repeat prescribing. Clinical audits were not used to monitor or improve patient's outcomes.

What we found at this inspection 05 May 2017.

Effective needs assessment

The clinical staff members assessed patients' using current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice ensured all clinical staff were up to date, and had access to NICE guidelines on their computer desktops. This information was used to guide staff to deliver care and treatment to meet patients' needs.
- The practice monitored NICE guidelines updates through regular monitoring and checks. For example, they ran a report from the patient record system of patient's newly diagnosed with dementia, to check they were correctly coded, and had been offered the necessary blood tests.

Management, monitoring and improving outcomes for people

Practice information collected for the Quality and Outcomes Framework (QOF), and for national screening programmes was used 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 2015 to 2016 showed 94% of the total points available were achieved by the practice, which was 2% above local practices and 1% lower than national practices. The majority of the practice exception reporting was comparable with local CCG or national practices. (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).

This practice was also comparable for QOF (or other national) clinical targets. Data from 2015/16 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 84%, compared with 87% locally and 89% nationally. Unverified data for 2016/17 showed this clinical target had improved to 92% for the practice.

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 89%, compared with 88% locally, and 93% nationally.

We saw clinical audit was used to identify improvement.

- There had been two clinical audits in the last two years; these were not completed cycles although another cycle had been planned. We saw a recent dementia audit carried out to understand why the practice had not achieved this clinical quality target. The practice identified three actions and planned to re-audit in three months to monitor if taking these actions had improved results.
- The practice participated in local audits, medicines management audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent audit was completed to understand whether patients that were carers had been correctly coded. This action resulted in an increase to the register by 43%; giving many more carers registered at the practice availability to additional support.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice induction programme gave training in safeguarding, infection prevention and control, fire safety, health and safety, and information confidentiality for all new staff.
- The practice manager demonstrated the system for monitoring role-specific and mandatory training and this met patient needs.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training that included an assessment of competence

Are services effective?

(for example, treatment is effective)

with an annual audit. Staff members that administered vaccines could demonstrate they were up to date with current immunisation programmes, using internet clinical resources and during clinical meeting discussions.

- Staff learning requirements were identified during appraisals, meetings, and when reviewing practice development.
- Staff members had access to appropriate training including external, and e-learning to cover the scope of their work. This included on-going support, clinical supervision, and facilitation and support for revalidating GPs and nurses. All the staff we spoke with had received an appraisal within the last 12 months.
- We saw evidence of training in personnel records that included: safeguarding, fire safety awareness, basic life support, and information governance.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to staff in an accessible way, through the practice computer patient records system and the 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 an appropriate and timely way, for example when referring patients to other services, including the 'Out of Hours' provider.
- Staff worked with health and social care professionals to understand and meet the range and needs of patients' to plan treatment and on-going care. This included when patients moved between services, or referred, and discharged from hospital.
- Meetings took place with health care professionals six weekly where care plans were reviewed and updated for patients with multiple needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with the practice policy, which met current legislation and guidance.

- Staff understood the practice consent and decision-making procedure, including the Mental Capacity Act 2005.
- Where a patient's capacity to consent was unclear, the clinician assessed their capacity, and recorded the outcome on the patient records.

Supporting patients to live healthier lives

- The practice identified patients that may need 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 their relevant service needs with information in leaflet format, posters and the educational notice board in the reception and waiting rooms and information available on the practice website.
- The uptake of the cervical screening programme was 67%, compared with 75% locally, and 73% nationally.
- The practice provided reminders to patients who did not attend their cervical screening test.
- Patients were encouraged to attend national screening programmes for bowel and breast cancer screening via information in the waiting room and on the website.
- There were arrangements to ensure results were received for all samples sent for the cervical screening programme, and a follow-up for women referred when an abnormal result was received.
- Childhood immunisation rates for were comparable with local and national averages.
- Patients also had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 with appropriate follow-ups for the outcomes of health assessments and checks.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection, found all staff members courteous and helpful to patients, this included treating people with dignity and respect.

- Patients' said their privacy and dignity during examinations, investigations and treatments were respected and maintained by staff members. The provision and use of curtains that surrounded the examination couches supported privacy.
- Consultation and treatment room doors were closed to ensure conversations could not be overheard.
- Staff at the reception desk told us they could recognise when patients appeared distressed or needed to speak about a sensitive issue. They said a private place away from the waiting room could always be found where patients could discuss their issues or problems.

We received 20 patient Care Quality Commission comment cards. Every comment was extremely positive and a number of the staff members were identified for particular thanks and specific appreciation.

We spoke with a member of the practice patient participation group (PPG). The PPG had asked group members and patients their opinion of the practice services. An example of work done as a result was to designate an area of the reception waiting room for pushchairs, prams and wheelchairs to maintain traffic flow and accessibility within the area.

Results from the national GP patient survey published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice scored mixed results in comparison with local and national averages for satisfaction scores on consultations with GPs and nurses. For example:

- 75% of patients said the GP was good at listening to them, compared with 87% locally, and 89% nationally.
- 91% of patients said the GP gave them enough time, compared with 92% locally, and 91% nationally.
- 90% of patients said they had confidence and trust in the last GP they saw, compared with 91% locally, and 92% nationally.

- 73% of patients said the last GP they spoke to was good at treating them with care and concern, compared with 86% locally, and 85% nationally.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern, compared with 91% locally and 91% nationally.
- 95% of patients said they found the receptionists at the practice helpful, compared with 87% locally and 87% nationally.

The practice told us they used GP survey results and QOF results to identify areas to make improvements. However, further development was needed.

Care planning and involvement in decisions about care and treatment

During the inspection, all the patients we spoke with told us they felt involved in decision making about their care and treatment. Patients said clinicians listened, supported them, and during consultations gave them time to make decisions about treatments available.

Results from the national GP patient survey published in July 2016, showed were positive about their involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments (compared with 86% locally and 87% nationally).
- 79% of patients said the last GP they saw was good at involving them in decisions about their care (compared with 81% locally and 82% nationally).
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care (compared with 85% locally and 85% nationally).

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

- Staff members told us they had access to translation services for patients who did not have English as their first language.
- Information leaflets were accessible and available in English and Polish formats as were some of the practice signs in response to a local group of immigrants registered at the practice. The practice website provided information that could be translated into many other languages.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room, told patients how to access support groups and organisations if they were a carer. The treatment templates guided staff members to check if patients had caring responsibilities. Carers coded alerts notified staff members when patients were also a carer and ensured they were given extra consideration

when arranging appointments to meet their caring and healthcare needs and responsibilities. The practice had identified 145 carers and this equated to 1.6% of the practice population.

The practice bereavement process offered families suffering bereavement contact from their usual GP, and an invitation for a meeting. Information, self-help guides, and benefit advice was available within the waiting room areas, and on the practice website.

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 worked with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where they were identified. CCGs are local clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

- The practice offered late appointments on Thursdays until 8.30pm. These were for working patients that who could not attend during normal core practice opening hours.
- Longer appointments were available for patients with a learning disability.
- Home visits were available for older patients or those with a clinical need affecting their ability to attend the practice.
- Same day appointments were available for children and those patients with medical problems that required an urgent same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- Nursing staff members had received extra training to meet practice population needs. For example; prescribing and specific chronic disease management, to ensure they could support both patients and GPs to the full.
- Access for those with reduced mobility was available at the main and branch practice locations. A staff member that could communicate using sign language and translation services were available.
- The practice had 55 patients living with a learning disability and we saw they had all been offered an annual health check.

Access to the service

The main and branch surgery locations opening hours were seen on the practice information leaflets and the practice website. The clinical sessions operated during the opening hours and included clinics for asthma, chronic obstructive pulmonary disease (COPD), diabetes, contraception, smoking cessation, phlebotomy (blood taking), childhood immunisation and holiday vaccinations.

Main Surgery

Branch Surgery

| | | |
|-----------|--------------|------------|
| Monday | 8am - 6:30pm | 11am - 1pm |
| Tuesday | 8am - 6:30pm | 11am - 1pm |
| Wednesday | 8am - 6:30pm | 11am - 1pm |
| Thursday | 8am - 8:30pm | 11am - 1pm |
| Friday | 8am - 6:30pm | 11am - 1pm |
| Weekend | closed | closed |

The practice had opted out of providing GP out of hour's services. Patients calling the practice outside normal practice working hours were advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment were advised to contact the out of hour's service provided by Care UK.

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

- 85% of patients were satisfied with the practice's opening hours (compared with 76% locally and 76% nationally).
- 74% of patients said they could get through easily to the practice by phone (compared with 73% locally and 73% nationally).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had effective arrangements to handle complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England; this also met local requirements regarding contact details. The practice manager was the named designated staff member to lead and manage all complaints. There was information available in the practice and on their website to support patients that wanted to make a complaint.
- Complaints and concerns were a standing agenda item at the practice meetings to discuss any complaints received.
- There had been nine complaints received from the two practice locations in the last 12 months. We saw they were well documented, managed and complainants

Are services responsive to people's needs?

(for example, to feedback?)

had received an apology when appropriate. The practice had reviewed the complaints and produced an annual report to check for trends and avoid re-occurrence.

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 aims and objectives were:

- To help patients stay independent whilst respecting them at all times irrespective of ethnic origin, religious beliefs, personal attributes or the nature of their health problems.
- To work with patients and the wider multi-disciplinary team to provide a positive patient experience and to encourage patients to comment on the care they receive.
- To deliver high quality care for our patients within a confident and safe environment through effective collaboration and teamwork.

Governance arrangements

The practice used its policies, procedures and processes to support the delivery of good quality care. These outlined the use of the practice systems to ensure:

- Practice specific policies were available and staff members could access them.
- The practice monitored their performance to ensure maintenance, and improvement of patient outcomes. This was shown in their higher than average local and national patient satisfaction and Quality Outcome Framework (QOF) high achievement results.
- Risks were managed, and actions had been taken when needed to ensure patients and staff member's safety. These were well documented, prioritised, and followed-up.

Leadership and culture

The GP partners demonstrated they had many years of local experience, capacity and capability to run the practice and deliver quality care.

- The partners told us caring, safe, care was their priority.
- Staff told us the GPs working at the practice were approachable and would always listen to them.

Leadership and culture were exhibited by:

- The GPs encouraged a culture of openness and honesty.
- We saw complaints and safety incidents complied with the requirements of the 'Duty of Candour' to be open and honest.

- Learning from complaints and incidents was shared with all staff members to embed improvement in the practice.
- The leadership structure was clear and staff told us they felt supported by the management team and the GPs.
- Staff members said they were involved in the regular practice team meetings and that they appreciated and were proud to work at the practice.
- We were also told by the staff members they felt confident to raise any topic and were supported when they did.
- Staff members said they felt respected, valued, and understood their roles and responsibilities within the team.
- The GP partners took staff members on regular social outings and weekend breaks to develop the practice team spirit and show their appreciation of their staff member's hard work.

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

The practice encouraged and valued feedback from patients, the public and staff members. They used feedback gathered to modify practice developments.

- The practice monitored feedback from patients through patient surveys, patient participation group (PPG) comments, and 'Friends and Family' comments cards.
- The practice had gathered feedback from staff members during staff meetings, appraisals and during ad-hoc discussions.
- The practice worked well with their PPG to gain patient experience and opinions. They met with the group regularly to discuss any recent issues.

Continuous improvement

There was a focus on learning and improvement within the practice.

- We were told that continual improvement was an important ethos throughout the practice. This work included the GPs, the nursing and administrative staff members.
- The GPs worked the local clinical commissioning group (CCG) to develop new practices to improve medicines management.
- The practice employed a consultant psychiatrist to work one afternoon a week. This was in response to a number of patients recently registered from another practice.

Are services well-led?

Good 

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

that were seeking support for addiction and mental health concerns. The practice had felt they needed to improve the delivery of their mental health services for patients. They had identified this need through analysis of quality data.