

# Midway GP Partnership

## Quality Report

93 Watford Road, St Albans, Hertfordshire.

AL2 3JX.

Tel: 01727 832125

Website: [www.midwaysurgery.co.uk](http://www.midwaysurgery.co.uk)

Date of inspection visit: 24 February 2016

Date of publication: 23/05/2016

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

|   |    |
|---|----|
| 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 Midway GP Partnership | 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 Midway GP Partnership on 24 February 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 the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care and staff behaviours was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were very involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Ensure that all clinical staff are knowledgeable on the standard precautions used to treat patients in the isolation room.
- Take steps to ensure that hot water temperatures at the practice are kept within the required levels.
- Ensure that all staff employed are receiving appropriate supervision and appraisal.
- Ensure that a documented policy on patient consent is in place.

# Summary of findings

**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 learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. 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 comparable with the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff. A programme was in place to ensure all staff were appraised by March 2016.
- Staff worked with multi-disciplinary teams 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 from January 2016 showed patients rated the practice higher than others for almost all aspects of care. The practice consistently achieved more than 90% satisfaction. For example, 94% said the GP was good at listening to them compared to the CCG average of 90%

# Summary of findings

and national average of 89%. 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%). For nurses, this figure rose to 96% (CCG average 92%, national average 91%).

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care. We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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.

Good



# 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 knowing about 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 virtual patient participation group was active.
- There was a strong focus on continuous learning 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 as good for the care of older people.

- 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.
- Older people had access to targeted immunisations such as the flu vaccine.
- The GPs and a nurse practitioner completed regular visits to local nursing homes to ensure continuity of care for those patients.

Good



### People with long term conditions

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

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the CCG and national averages. The practice achieved 86% of the points available compared to the CCG average of 91% and the national average of 89%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- 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 GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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.
- 81% of patients with asthma, on the register, had a review in the preceding 12 months. This was comparable to the CCG average of 76% and the national average of 75%.
- 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 86% which was comparable to the 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.
- We saw positive examples of joint working with midwives and health visitors.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.
- A family therapist was based at the practice once each week.

## **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 offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was additional out of working hours access to meet the needs of working age patients. There was extended opening until 7pm every Monday and Tuesday, from 7.10am every Friday and one Saturday each month from 8am to 10am.

**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.

**Good**





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice was engaged with its local traveller community and was proactive in providing care and treatment to these patients.
- The practice offered longer appointments for patients with a learning disability and there was a GP lead for these patients. Each residential home for people with a learning disability in the local area had a named GP at the practice who visited on a weekly basis.
- The practice's computer system alerted GPs if a patient was unable to read or write so that they were always contacted verbally for discussions and communication about their care and treatment.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- Additional information was available for patients who were identified as carers and there were two nominated staff leads for these patients.
- A community navigator (a source of advice and practical support relating to health and social well-being) was based at the practice once every six to eight weeks.

## 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).

- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable to the CCG average of 85% and the national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national averages. The practice achieved 92% of the points available compared to the CCG average of 96% and the national average of 93%.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- There were GP leads for mental health and dementia.
- Mental health trust well-being workers, NHS counsellors and a cognitive behavioural therapist were based at the practice every week.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing in line with or above local and national averages in most areas. There were 244 survey forms distributed and 115 were returned. This represented slightly less than 1% of the practice's patient list.

- 81% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).

- 94% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 83%, national average 78%).

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 110 comment cards. We also spoke with five patients during the inspection. From this feedback we found that patients were very positive about the standard of care received. Patients said they felt staff were polite, considerate and caring and that their privacy and dignity was respected. They told us they felt listened to by the GPs and very involved in their own care and treatment. All but two of the comments we received about getting through to the practice on the phone and access to appointments were positive.

# Midway GP Partnership

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP and a nurse acting as specialist advisers.

## Background to Midway GP Partnership

Midway GP Partnership provides a range of primary medical services from its premises at Midway Surgery, 93 Watford Road, St Albans, Hertfordshire, AL2 3JX.

It is a teaching and training practice. The practice serves a population of approximately 12,414. The area served is less deprived compared to England as a whole. The practice population is predominantly white British with communities of central and eastern Europeans. The practice serves a slightly above average population of those aged from 5 to 9, 45 to 54 and those aged over 60. There is a considerably lower than average population of those aged from 15 to 34.

The clinical team includes three male and four female GP partners, one female salaried GP, one female trainee GP, two female nurse practitioners, two female practice nurses, two female healthcare assistants and a female phlebotomist (specialised clinical support workers who collect blood from patients for examination). The team is supported by a practice manager and 21 other administration, reception and secretarial staff. The practice provides services under a General Medical Services (GMS) contract.

Midway GP Partnership is staffed with the phones lines and doors open from 8.30am to 6.30pm Monday to Friday. There is extended opening until 7pm every Monday and Tuesday, from 7.10am every Friday and one Saturday each month from 8am to 10am. Appointments are approximately from 8.30am to 12.30pm and 3.20pm to 6pm daily, with slight variations depending on the doctor and the nature of the appointment. An out of hours service for when the practice is closed is provided by Herts Urgent Care.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 24 February 2016. During our inspection we spoke with a range of staff including three GP partners, a nurse practitioner, a practice nurse, a healthcare assistant, the practice manager and members of the

# Detailed findings

reception and administration team. We spoke with five patients and two representatives of the virtual patient participation group (the vPPG is an online group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed 110 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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.

- The staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of significant events. These were managed consistently over time.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following a patient being identified as on the wrong type of a certain medicine at their medication review, the practice changed its prescribing policy for that type of medicine so it was no longer available on repeat prescription for any patient.

When there were unexpected safety incidents, patients received reasonable support, adequate information and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and 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 who regularly attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their roles. GPs were trained to an appropriate level to manage safeguarding concerns. Where there had been recent safeguarding concerns, staff demonstrated they followed agreed protocols.
- Notices around the practice 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We saw the practice was visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. One of the nurse practitioners was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. There was an infection control protocol in place and staff had received up to date training. All the staff we spoke with were knowledgeable about most infection control processes relevant to their roles. However, some of the clinical staff we spoke with demonstrated a limited understanding of the protocol for treating patients in the isolation room at the practice (a room used to help prevent contagious infection passing from a patient to other patients and staff).
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a system in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable healthcare assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

## Are services safe?

satisfactory evidence of conduct in previous employment, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- 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 consequence of abnormal results.

### 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 health and safety and fire risk assessments in place and had recently completed a fire drill. 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 (COSHH) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Where risks were identified the practice responded by completing all the necessary

actions and maintained records to demonstrate this. Regular water temperature checks were completed; however we found that some hot water temperatures were above or below the required level.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that 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 and emergency buttons on the computers in all the consultation and treatment rooms. There was also a separate panic alarm system. These alerted staff to any emergency.
- All staff received basic life support training.
- The practice had a defibrillator and emergency oxygen with adult and child masks available on the premises. These were regularly checked and tested.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to use.

# 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 people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

### 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 showed the practice achieved 96% of the total number of points available, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 86% of the points available compared to the CCG average of 91% and the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 86% of the points available, with 3% exception reporting, compared to the CCG and national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national averages. The practice achieved 92% of the points available compared to the CCG average of 96% and the national average of 93%.

We discussed some areas (indicators) of diabetes and atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate) management that were below CCG and national average performance in 2014/2015 with senior clinical staff during our inspection. We found the practice was aware of its performance in these areas and the reasons for this. Following audit or clinical discussion and changes in practice processes, we found performance in these areas for 2015/2016 was much improved.

Clinical audits demonstrated quality improvement.

- There had been 12 clinical audits completed since January 2015. Five of these were full cycle (repeated) audits where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- 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 patients prescribed certain types of antibiotics was completed because of the known associated health risks in using these medicines and the practice's above the local average prescribing of them. By analysing the results and modifying its approach to prescriptions for these medicines, the practice improved its adherence to guideline standards and reduced the risks to those patients.

### 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. It covered such topics as infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice



# Are services effective?

## (for example, treatment is effective)

development needs. Staff had very good access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. At the time of our inspection the system of appraisals was behind schedule, however a programme was in place to ensure all staff were appraised by March 2016.

- Staff received training that included: safeguarding, health and safety, fire procedures and basic life support. 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 shared information systems.

- 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 services 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place on a monthly basis. These patients' care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act (2005).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Despite the practice not having a documented policy on patient consent, we saw a process for seeking consent was in place and well adhered to and examples of recorded patient consent for recent procedures completed at the practice were available.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available from the nurses and healthcare assistants. A dietician was available at the practice once each month for weight management advice.

The practice's uptake for the cervical screening programme was 86%, which was slightly above the CCG average of 83% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99% and five year olds from 91% to 94%.

The practice participated in targeted vaccination programmes. This included the flu vaccine for children, people with long term conditions and those over 65. The practice had 2,544 patients aged over 65. Of those 2,069 (81%) had received the flu vaccine in the 2014/2015 year.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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. We saw there was both a room next to reception and a further dedicated quiet room used for this purpose.

All of the 110 patient Care Quality Commission comment cards we received were very positive about the service experienced and staff behaviours. The patients who left comments for us said they felt the practice offered an excellent service and that staff were caring, considerate, polite, charming and friendly and treated them with dignity, respect and kindness. These views were consistent with those of the patients we spoke with during our inspection.

We spoke with two members of the virtual patient participation group. They also told us they were very satisfied with the excellent care, service and support provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed that 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, consistently achieving above 90% satisfaction. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 88%, national average 87%).

- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

### Care planning and involvement in decisions about care and treatment

The patients we spoke with and who left comments for us told us they felt very involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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. They said clinical staff took time to explain details about their care and treatment to them in a clear and concise way.

Results from the national GP patient survey published in January 2016 showed patients responded very positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. A signing interpreting service was also available and staff knew how to access this.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

Notices in the patient waiting areas informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 203 patients on the practice list as carers (slightly less than 2% of the patient population). Of those, 163 were invited for and 93 (46%) had received a health review in the past 12 months. Patients identified as carers also had access to an annual flu vaccination. A dedicated carers' notice board in one of the waiting areas provided information and advice including signposting carers to various support services. Considerable information was also available online (through the practice website) to direct carers to the various avenues of support available to them. Two receptionists were the practice's carers' leads responsible

for providing useful and relevant information to those patients. The leads were identified on a notice board in one of the waiting areas and they had attended several training courses to assist them in their roles. We saw there was greater flexibility with appointments for patients identified as carers, including access to pre-bookable appointments not available to other patients.

We saw that the practice maintained a record of all recent patient deaths and these patients were also discussed at a monthly meeting. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. The named GP of each deceased patient was responsible for phoning bereaved families offering an invitation to approach the practice for support and signposting them to local bereavement services. Local bereavement support information was available on a notice board in one of the waiting areas.

# 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.

- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. DESMOND is an NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition.
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. Enhanced services are those that require a level of care provision above what a GP practice would normally provide. As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 177 patients (1.8% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The GPs and a nurse practitioner completed regular visits to local nursing homes to ensure continuity of care for those patients. Each residential home for people with a learning disability in the local area had a named GP at the practice who visited on a weekly basis.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were automatic doors to enter the practice, accessible toilet facilities for all patients, a hearing loop was provided and translation services were available.
- The waiting areas were accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.

- There were six week post-natal checks for mothers and their children.
- An acupuncture clinic was available once each week and this could be accessed through referral from the GPs. The practice provided phlebotomy (the taking of blood) clinics for its patients twice each week.
- Counselling services were available for patients with mental health issues and there was a GP lead for those patients. Mental health trust well-being workers were based at the practice on Thursday every week. Patients could self-refer to these. NHS counsellors were available on Monday and Tuesday every week. A cognitive behavioural therapist was available every Wednesday. Patients could access these to obtain psychological and emotional counselling and advice through referral from the GPs. A family therapist was based at the practice once each week and a community navigator (a source of advice and practical support relating to health and social well-being) was based at the practice once every six to eight weeks.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. The practice offered extended opening until 7pm every Monday and Tuesday and from 7.10am every Friday. There was extended opening one Saturday each month from 8am to 10am for GP pre-bookable appointments. Appointments were approximately from 8.30am to 12.30pm and 3.20pm to 6pm daily, with slight variations depending on the doctor and the nature of the appointment. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

The practice operated a partial triage system. Every morning, one doctor had 20 telephone appointments available. These were used to decide when and how each patient was seen. The same doctor had eight appointment slots available later in the morning to see those assessed as requiring it (appointments were also available with the other GPs). The same GP was on-call in the afternoon and could see more patients then.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was better than local and national averages.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 81% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 67% of patients said they always or almost always saw or spoke to the GP they preferred (CCG average 63%, national average 59%).

Almost all of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. Only two out of 110 patients who left comments for us said it could sometimes be difficult to get an appointment.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

### Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.
- There were two designated responsible persons who handled all complaints in the practice. These were the practice manager and one of the GP partners.
- We saw that information was available to help patients understand the complaints system. The practice's complaints process was detailed on its website. A complaints procedure leaflet was available in reception and notices on how to make a complaint were displayed around the practice.

We looked at the details of eight complaints received since April 2015. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following a concern raised, the practice had booked training for its staff in April 2016 from a specialist learning disabilities nurse. This was so that patients with a learning disability could be more confident in the service they received and their needs better understood by staff.

# 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 vision and values statement to achieve and preserve a standard of excellence in patient care, encourage mutual respect of values, achieve a cost effective practice and maintain friendly working relationships.
- The practice had a documented statement of purpose which included their aims and objectives.
- The weekly business meeting and dedicated strategy meetings held twice each year and attended by the GP partners and the practice manager were used to discuss, implement and monitor the direction of the practice throughout the year. This allowed the practice's strategy to evolve and develop over time and the records of these meetings formed the practice's strategic plan.

### 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. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was a programme of continuous clinical and internal audit which 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

The GP partners in the practice along with the practice manager had the experience, capacity and capability to run

the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

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 knowing about notifiable safety incidents.

When there were unexpected safety incidents:

- The practice gave affected people reasonable support and truthful information.
- They 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.

- There was a regular schedule of meetings and protected learning at the practice for individual staff groups, multi-disciplinary teams and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did. The practice closed for one afternoon every three months and all staff were expected to attend for training and practice wide discussions.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. 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.
- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with learning disabilities, mental health issues, dementia, diabetes and end of life care needs. There were also nurse led clinics for patients with respiratory conditions such as asthma and chronic obstructive pulmonary disease. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.



# Are services well-led?

Good 

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

## 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 virtual patient participation group (the vPPG is an online community of patients who work with the practice to discuss and develop the services provided) and through surveys and complaints received. The vPPG assisted in designing and analysing patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had distributed a patient survey in January 2015. From the responses received, the vPPG had worked with the practice to develop priority areas including offering health checks to patients identified as carers, installing automatic entrance doors and introducing a phlebotomy service at the practice. We saw all of these things were completed and available to patients during our inspection.

The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to give feedback on the services that provide their care and treatment. The results from November 2015 to January 2016 showed that 27 of the 32 respondents were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

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

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was a GP teaching and training practice and maintained high standards for supporting its students and trainees. The practice invested in its nursing team (including healthcare assistants) and was proactive in organising the appropriate training for them to fulfil their duties. The nursing staff we spoke with said they felt encouraged to develop their skills.

Through strategic monitoring the practice was aware of and planning for changes to the contracting of some health services in its local area. The practice management demonstrated forward planning and was in discussions with other GP practices in the local area in an attempt to agree the establishment of a local provider group. (A local provider group is a community of GP practices who could be more effectively and efficiently contracted to provide and protect core GP services in their local area).

We saw the practice was proactively engaging with the virtual patient participation group to strengthen its involvement in discussing and developing the services provided. We saw a member of the vPPG had attended a Clinical Commissioning Group (CCG) meeting on developing patient participation groups the week before our inspection. Together the vPPG and practice manager were working towards scheduling regular meetings for the group with a patient led focus.