Carisbrooke Surgery

Quality Report

Carisbrooke Surgery
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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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Carisbrooke Surgery on 10 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
  - Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average particularly for patients with severe and enduring mental health problems.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Results from the national GP patient survey in 2014/ 2015 showed the practice was above average for its satisfaction scores on consultations with GPs and nurses. For example 97% of patients who responded said the GP was good at listening to them compared to the national average of 89% and 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The area where the provider should make improvement is:

- Ensure pre-employment checks are undertaken in accordance with the practice's recruitment policy.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice told us that knowing their patients well helped them to identify possible safeguarding issues and they gave examples of the effectiveness of their team approach to safeguarding concerns. This was particularly important due to the high levels of deprivation and numbers of vulnerable patients on the practice register.
- The practice had an appropriate recruitment policy in place. However, pre-employment checks were not being undertaken in accordance with the practice's recruitment policy.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

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

Are services responsive to people's needs?

Good

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.
- At team meetings the practice shared compliments and thank you cards and letters that had been received from patients.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. For example, the practice participated in a local pilot service aimed at providing additional support to carers. This included the allocation of a community support worker for vulnerable patients and their carers and was helping to improve compliance with taking medication and attendance at hospital appointments.

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

Good

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 and communicated with other health professionals regularly.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Flu vaccines were offered at home to patients who were housebound.
- GPs visited local care homes to undertake annual reviews of their patients.

People with long term conditions

Good

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

- 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 clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose level was 64mmol/mol or less in the preceding 12 months was 83% compared to the CCG average of 80% and the national average of 78%.
- 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.
- The practice held a list of those patients with the most complex needs, which was reviewed on a monthly basis and the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

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.
- 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.
- Baby changing facilities were available and the practice had a room available for breast feeding.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the clinical commissioning group (CCG) average of 84% and the national average of 81%.
- Same day appointments were available for children and babies.
- 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.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open for appointments until 6.30pm on Mondays for people who could not attend during working hours.
- The practice offered phone consultations when appropriate.
- Seasonal flu clinics were offered on Saturday mornings for patients' convenience.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice told us the high levels of deprivation meant they also had high numbers of vulnerable patients on the practice register, The practice was running a pilot for their vulnerable patients, for example the frail elderly and patients with

dementia who live alone. This ensured that patients with complex health or social needs were identified and had their care co-ordinated by a designated GP and practice nurse lead. Each of these patients had a detailed care plan that identified the health and social support they required to enable them to continue living at home.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a significant number of patients on its register who misused drugs. A fortnightly drug misuse clinic was run by the advanced nurse specialist at the practice.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Vulnerable patients were allocated their own clinician who they were able to see for all appointments to improve continuity of care.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice performance for management of patients with poor mental health was significantly better than the local and national averages. For example, 98% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months compared to the CCG average of 87% and the national average of 89%. Exception reporting was 15%, which was in line with local and national averages (11% CCG and 13% nationally).
- The practice performance for the management of patients diagnosed with dementia was similar to local and national averages. For example 86% of these patients had received a face-to-face review within the preceding 12 months in comparison with the CCG average of 81% and the national average of 84%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- People experiencing poor mental health and people with dementia were allocated their own clinician who they were able to see for all appointments to improve continuity of care.
- A counselling service based at the practice was available on a weekly basis.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The practice's results were mixed, with some results above and some in line with national averages. Of the 245 surveys which were distributed, 118 were returned. This represented 2% of the practice's patient list.

- 70% of patients who responded found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients who responded described the overall experience of this GP practice as good compared to the national average of 85%.
- 85% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were all positive about the standard of care received. Patients praised the caring attitude of all staff saying they found the team to be friendly and efficient. Many patients quoted specific experiences of care where they considered staff had gone above and beyond expectation. Patients also told us they found the atmosphere at the practice to be warm and friendly.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. We noticed a good rapport between patients, reception team and the GPs and staff explained that they felt they knew their patients well.

Carisbrooke Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Carisbrooke Surgery

Carisbrooke Surgery is situated in the coastal town of Hastings, East Sussex and operates from:

Falaise Road

Hastings

East Sussex

TN34 1EU

The current premises are temporary following a fire in 2013 at the original premises. The practice told us they were not able to return to the original premises and were currently sourcing a new permanent site.

The practice provides services for approximately 7,410 patients living within the Hastings area. The practice holds a general medical services (GMS) contract and provides GP services commissioned by NHS England. (A GMS contract is one between the practice and NHS England where elements of the contract such as opening times are standard). The practice is situated in one of the most deprived electoral wards in England which could mean an increased demand for GP services.

As well as a team of six GP partners and one salaried GP (three male and four female), the practice also employs three practice nurses, an advanced nurse practitioner , a health care assistant and a phlebotomist. A practice manager and a deputy practice manager are employed and there is a team of receptionists, secretaries and administrative clerks.

The practice is a training practice for GP trainees, foundation level two doctors, medical students and students nurses.

Carisbrooke Surgery is open between 8.30am and 6.30pm on Mondays and between 8.30am and 6pm from Tuesday to Friday. Appointments are available from 8.30am and 6.30pm on Mondays and from 8.30am and 6pm from Tuesday to Friday. An out of hours service is provided from 8am to 8.30am Monday to Friday and from 6pm to 6.30pm from Tuesday to Friday. Weekly minor surgery and joint injection clinics, which are run by the lead GP for the benefit of the practice, are available from the practice.

There are phone appointments available with GPs throughout the day according to patient need and a duty GP. Routine appointments are bookable up to six weeks in advance. Patients are able to book appointments by phone, online or in person.

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

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 November 2016. During our visit we:

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

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice told us that knowing their patients well helped them to identify possible safeguarding issues and they gave examples of the effectiveness of their team approach to safeguarding concerns. This was particularly important due to the high levels of deprivation and numbers of vulnerable patients on the practice register. GPs were trained to child protection or child safeguarding level three, nurses were trained to level two and all other staff were trained to at least level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. He/she received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found three files where appropriate recruitment checks had been undertaken, in accordance with the practice recruitment policy, prior to employment. This included proof of identification, references, qualifications, registration

with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, one file belonging to a practice nurse who had been recruited in 2015, did not hold proof of identity or satisfactory references. At the time of the recruitment, before the current practice manager was in post, the nurse had provided the practice with two employment referees but there was no evidence that these references had been taken up. The current practice manager explained that they were in the process of reviewing all policies and records and although the recruitment policy had been updated, the staff files were yet to be reviewed. The practice responded by contacting us the day after the inspection to confirm all staff now had proof of identification on their file and the current recruitment policy stated clearly that two references were required for future recruitment.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Most staff were multi skilled which allowed them to cover each others roles at times of absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff a copy of which was were held off site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was comparable to the clinical commissioning group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose level was 64mmol/mol or less in the preceding 12 months was 83% compared to the CCG average of 80% and the national average of 78%.
- The practice performance for management of patients with poor mental health was better than the local and national averages. For example, 98% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months compared to the CCG average of 87% and the national average of 89%. Exception reporting was 15%, which was in line with local and national averages (11% CCG and 13% nationally). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The practice performance for the management of patients diagnosed with dementia was similar to local and national averages. For example 86% of these patients had received a face-to-face review within the preceding 12 months in comparison with the CCG average of 81% and the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the local and national averages achieving 82% in comparison with the CCG average of 83% and the national average of 84%.
- The exception reporting for the practice was higher than average when compared to the clinical commissioning group (CCG) and national averages (17% compared to 10% locally and 10% nationally). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice explained that it was sometimes difficult to engage with patients who were experiencing social deprivation. They made efforts to encourage attendance at their annual reviews by phoning patients and reminding them when they attended the practice for other healthcare needs.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit of patients receiving a recommended vaccine following surgery improved the number of patients receiving the intervention to 100%.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the clinical commissioning group (CCG) average of 84% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years (2014/2015) was 65%, which was lower than the CCG average of 72% and lower than the national average of 72%. The percentage of patients between the ages 60 and 69 years old who had

Good

Are services effective?

(for example, treatment is effective)

bowel screening in the preceding 30 months (2014/2015) was 53%, which was lower than the CCG average of 59% and the national average of 58%. There is a lower uptake of screening services in areas of social deprivation which, the practice explained, was the reason for the lower than average results.

Childhood immunisation rates for the vaccines given to under two year olds ranged from 95% to 97% (93% to 95% CCG and 91% to 95% nationally) and five year olds from 83% to 95% (87% to 95% CCG and 83% to 95% nationally).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 31 patient Care Quality Commission comment cards we received very were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with the chair of the patient user group, which was fondly known by the acronym the PUG group and included a pug dog logo. The chair of the PUG also told us they were happy with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients who responded said they found the receptionists at the practice helpful compared to the national average of 87%.
- 97% of patients who responded said the GP was good at listening to them compared to the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the national average of 87%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw compared to the national average of 95%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the national average of 86%.
- 87% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 94% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 123 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England area team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had a pilot scheme in place to ensure its vulnerable patients had their health and social care needs met.
- Flu vaccines were offered to at home to patients who were housebound.
- GPs visited local care homes to provide patients with their annual reviews.
- Seasonal flu clinics were offered on Saturday mornings for patients' convenience.
- The practice held a list of those patients with the most complex needs, which was reviewed on a monthly basis and the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Vulnerable patients, people experiencing poor mental health and people with dementia were allocated their own GP or practice nurse who they were able to see for all appointments, to ensure continuity of care.
- The practice had a significant number of patients on its register who misused drugs. A fortnightly drug misuse clinic was run by the advanced nurse specialist at the practice.
- There was a regular counselling service available from the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Baby changing facilities were available and the practice had a room available for breast feeding.
- There were disabled facilities including a wheelchair for use, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm on weekdays and appointments were available from 8.30am to 1pm and from 1.30pm to 6.30pm on Mondays and from 8.30am 1pm and from 1.30pm to 6pm on Tuesdays to Fridays. Weekly minor surgery and joint injection clinics, which were run by the lead GP for the benefit of the practice, were available from the practice. There were phone appointments available with GPs throughout the day according to patient need and a duty GP. Routine appointments were bookable up to six weeks in advance. Patients were able to book appointments by phone, online or in person.

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

- 86% of patients who responded were satisfied with the practice's opening hours compared to the national average of 79%.
- 70% of patients who responded said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of posters in the waiting room and leaflets available at reception.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, when a patient complained that they did not have a sufficient supply of dressings, the practice responded with an apology as well as investigating thoroughly. The complaint was resolved by communicating with the community nursing team to help ensure this would not happen again.

The practice also had a policy of sharing compliments and thanks from patients during team meetings.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had an appropriate strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us they enjoyed working at the practice and felt they made a good team.

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

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

- The practice had gathered feedback from patients through the patient user group, which was fondly known by the acronym PUG and used a pug dog logo. The PUG met on a monthly basis, carried out annual patient surveys and submitted proposals for improvements to the practice management team. The PUG had also organised information stalls in the waiting room on topics such as cancer awareness and arranged talks by local health professionals. The practice manager and the PUG had set up a virtual patient group in an effort to include other patients who were unable to attend group meetings. Members of the virtual patient group received

Are services well-led?

Good

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

regular correspondence relating to the PUG activities and were invited to comment. The PUG was currently assisting the practice with ideas for a more patient friendly process for taking clinical samples.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, when the practice first moved to the temporary premises, the reception team noticed that a lobby area could be created so that patients did not have to wait outside in the cold before the practice opened. This was actioned and patients commented on the benefits of having a lobby area.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice told us they had a good relationship with other local GP practices and shared information and ideas.

The practice told us the high levels of deprivation meant they also had high numbers of vulnerable patients on the practice register. The practice was running a pilot for their vulnerable patients, for example the frail elderly and patients with dementia who live alone. This ensured that patients with complex health or social needs were identified and had their care co-ordinated by a designated GP and practice nurse lead. Any practice employee including the reception team could make referrals. Each of these patients had a detailed care plan that identified the health and social support they required to enable them to continue living at home. This could include help with outside activities; help with personal care and poor mobility. The vulnerable patients care planning system had been in place for six months at the time of inspection. Early results from the pilot demonstrated improved health and well-being for these patients and the local clinical commissioning group (CCG) had plans to implement the service across the locality.

The practice told us they were continually looking for more innovative ways of working and were discussing the benefits of an additional health care assistant to help redirect some of the nursing workload.