

Abbey Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Abbey Medical Centre on 16 March 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 and near misses, and we saw evidence that learning was applied. Staff were actively encouraged to report significant events including positive ones.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Risks to patients were assessed and well managed. The practice reviewed policies and identified changes based on audit and updates.
- 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 was consistently positive and data from the GP survey was consistently above local and national averages. For example, 100% of patients said they had confidence and trust in the last GP or nurse they saw or spoke to.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice actively reviewed complaints for trends and how they were managed and responded to, and made improvements as a result.
- Patients said they found the appointment system easy to navigate and praised the 'sit and wait' morning clinics as convenient and efficient and said it was easy to make an appointment with a named GP.
- The practice had strong and visible clinical and managerial leadership and governance arrangements, and staff told us that they were well-supported and felt valued by the partners.

Summary of findings

We saw areas of outstanding practice:

- The practice had held several 'golden years' events where local people attended to practice to listen to music and support, aimed at patients with a diagnosis of dementia and their carers was available.
- A patient in very vulnerable and uncertain circumstances had presented at the practice hungry and in need of help. The practice staff provided food

and drink and organised accommodation support. When the patient failed to return later that evening some staff went searching for the patient with extra clothing as it was a particularly cold night and with the offer of shelter.

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice had robust processes in place to investigate significant events and to share learning from these.
- When things went wrong patients received support, information and apologies where appropriate. Any changes made as a result, to prevent reoccurrence, were implemented and staff training provided where appropriate.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The practice had designated GPs responsible for safeguarding and had regular meetings with attached health professionals to discuss patients at risk.
- Risks to patients were assessed and well managed, audits were carried out to ensure policies and procedures were up to date and reflected best practice.
- Appropriate recruitment checks had been undertaken for all members of staff, including checks with the Disclosure and Barring Service (DBS).

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Data from 2014/15 showed the practice had achieved 100% of the total number of points available. This was 2.5% above the clinical commissioning group (CCG) average and 5.3% above the national average.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines to deliver appropriate care.
- Clinical audits were undertaken. For example, recent action taken as a result of an audit of an update to guidelines showed that reviews had been conducted every year to ensure patients with a diagnosis of dementia on medicines to stabilise their mood had regular assessments.

Summary of findings

- Data showed most patient outcomes were similar to the locality. For example, the practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 82%.
- The practice was aware of its performance and had effective systems in place to monitor and review this throughout the year.
- 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 multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care. For example, 91% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- Patients told us they were treated with care and concern by staff and gave us examples of when staff had gone the extra mile to ensure their wellbeing.
- The practice provided information for patients which was accessible and easy to understand, both in the waiting room and in pre prepared packs for certain population groups.
- We found positive examples to demonstrate how patient's choices and preferences were valued and acted on. In many cases proactive care had been offered by staff to prevent deterioration of a patient's condition. For example a patient in very vulnerable and uncertain circumstances had presented at the practice hungry and in need of help. The practice staff provided food and drink and organised accommodation support. When the patient failed to return later that evening some staff went searching for the patient with extra clothing as it was a particularly cold night and with the offer of shelter.
- We observed that staff treated patients with kindness and respect delivering care in a supportive way.
- Relationships between the patients, carers and family, and staff was strong and valued by all staff and promoted by the partners and practice manager.

Outstanding



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs. For example the practice had recently submitted proposals to NHS England in order to secure improved premises for its patients.
- The practice offered flexible services to meet the needs of its patients.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders including the patient participation group (PPG).
- All of the patients we spoke with said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day. Patient feedback was positive about the 'sit and wait' system in place every morning.

Are services well-led?

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

- The practice had a vision to deliver high quality care. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by partners and management.
- The partners and practice manager encouraged a culture of openness and honesty, and staff felt supported to raise issues and concerns.
- The practice had a wide range of policies and procedures to govern activity and these were regularly reviewed and updated and relevant to the way the practice operated.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established and met regularly. The PPG worked closely with the practice to review issues including waiting times and organised events for patients.
- There was a focus on learning and development within the practice. The practice was a teaching practice and aimed to become an approved training practice.

Good



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.

- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered proactive, personalised care to meet the needs of older people in its population.
- The practice worked effectively with the multi-disciplinary teams to identify patients at risk of admission to hospital and to ensure their needs were met. Support was coordinated with charities such as Age concern and Red Cross crisis team where appropriate.
- A named GP was allocated to patients at risk of admission and those aged over 75 to ensure continuity of care.
- Each care home where patients lived had a dedicated GP who liaised with staff about the care of patients and visited on a regular basis to provide reviews and appointments.

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. Care plans were in place for the patients identified as being at risk of admission.
- Patients were supported to come to terms with, cope and effectively manage their condition and treatment.
- A 'clinical events calendar' was on display in the reception area so patients could plan and attend relevant clinics such as diabetes or lung disease clinics.
- The practice regularly reviewed patients and were in line with, or above local and national average in relation to their performance in supporting patients with long term conditions in most areas, for example:
 - The practice had assessed 95% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months, compared to a national average of 88%.

Good



Summary of findings

- A list of patients who were not at risk of admission was monitored and staff were aware of the developing needs of those patients, i.e. patients with Parkinson's or multiple sclerosis (MS).
- A named nurse was allocated to some patients with long term conditions to assist in management and treatment of their condition.
- The practice had a high level of engagement with community teams such as heart failure and lung disease community nurses, to provide convenient care to patients at home and as a source of training for staff keeping up to date on best practice.
- Patients on the palliative care register were reviewed regularly in multi-disciplinary team (MDT) meetings.
- Longer appointments and home visits were available when needed.
- The practice had held a multi-disciplinary diabetes event which was developed into a CCG wide program for patients with type II diabetes, during which patients received support and education to manage their condition.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Immunisation rates were in line with or above the local are for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% compared to a local average of 96% to 98%.
- 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.
- If patients wished to attend an appointment without their child a chaperone would provide child care in a dedicated room for the duration of the appointment.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent appointments were always available on the day.
- We saw good examples of joint working with midwives and health visitors.
- A female GP provided a service to fit intra-uterine devices (coils) and contraceptive implants.

Good



Summary of findings

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. This included access to telephone appointments and results by phone or texting service if patients had opted in.
- The practice was proactive in offering online services and GP appointments, and access to basic patient records and prescriptions were offered through the online booking system
- Health promotion and screening was provided that reflected the needs for this age group and was in line with local and national averages, for example:
 - Number of patients screened for bowel cancer in the preceding 30 months was 62% compared to a local average of 64% and a national average of 58%
- The practice's uptake for the cervical screening programme was 81% which was comparable with the CCG and national averages.

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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- They offered longer appointments for people with a learning disability in addition to offering other reasonable adjustments.
- The practice held a register of patients identified as vulnerable but not on a QOF register as they had no chronic illness, so they could be reviewed and support offered when required.
- Patients who failed to attend appointments were followed up and those who were not contactable by phone were followed up with a home visit by a nurse or GP if appropriate.
- The practice worked closely with, and was able to allocate food parcels with the local food bank enabling them to allocate food parcels when appropriate. They were very caring towards patients in vulnerable circumstances. For example a patient in very vulnerable and uncertain circumstances had presented at the practice hungry and in need of help. The practice staff

Summary of findings

provided food and drink and organised accommodation support. When the patient failed to return later that evening some staff went searching for the patient with extra clothing as it was a particularly cold night and with the offer of shelter.

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- A GP had a specialist interest in drugs and alcohol misuse and the practice worked closely with a local homeless shelter to provide care and support when required. Many had become full time patients and were registered with the shelter as their home address to aid in communication.
- A room was available in the reception area for patients who wanted to discuss confidential matters, for privacy whilst waiting for appointments or for informal discussions with clinicians.
- 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. They had also undergone training to help spot signs of domestic abuse and how to offer to support to patients when required.

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).

- 98% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was above the CCG average of 86% and national average of 84%. This had been achieved with an exception rating of 3.9% which was 3% below the CCG average.
- The practice ran a proactive register for patients who were not eligible to be included in a QOF indicator group so that the practice could manage and recall them, for example patients experiencing poor mental health who did not meet the criteria for inclusion.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary

Good



Summary of findings

organisations. In addition the practice had held several 'golden years' events where local people attended to practice to listen to music and support, aimed at patients with a diagnosis of dementia and their carers was available.

- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Patients who had failed to attend previous appointments were offered a reminder call the day before for all upcoming appointments.

Summary of findings

What people who use the service say

We reviewed the national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. There were 292 survey forms distributed and 107 were returned. This represented a return rate of 37%.

The results showed:

- 95% of respondents found it easy to get through to this practice by phone compared with the CCG average of 87% and the national average of 73%
- 86% of respondents described their experience of making an appointment as good compared with the CCG average of 82% and the national average of 73%
- 75% of respondents with a preferred GP usually got to see or speak to that GP compared with the CCG average of 69% and the national average of 59%

- 92% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with the CCG average of 86% and the national average of 85%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were overwhelmingly positive about the standard of care received. Comments highlighted friendly, approachable staff, and patients said they always felt listened to and that staff were keen to deliver care which met their needs in a supportive manner. Patients described the practice as caring as supportive and said they always found it clean and tidy.

We spoke with six patients during the inspection in addition to the members of the PPG. All of the patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

We saw areas of outstanding practice:

- The practice had held several 'golden years' events where local people attended to practice to listen to music and support, aimed at patients with a diagnosis of dementia and their carers was available.
- A patient in very vulnerable and uncertain circumstances had presented at the practice hungry

and in need of help. The practice staff provided food and drink and organised accommodation support. When the patient failed to return later that evening some staff went searching for the patient with extra clothing as it was a particularly cold night and with the offer of shelter.

Abbey Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an expert by experience.

Background to Abbey Medical Centre

Abbey Medical Centre provides primary medical services to approximately 5050 patients through a general medical services contract (GMS). Services are provided to patients from a single site in Beeston just outside of the City of Nottingham. The practice had occupied purpose built premises for twenty years.

The level of deprivation within the practice population is similar to the national average, however it is higher than the CCG average. Income deprivation affecting children and older people is higher than the CCG average and national average.

The clinical team comprises three GP partners (two male and one female) and three female salaried GPs. The nursing team comprises two practice nurses. The clinical team is supported by a full time practice manager, reception manager, audit clerk, three secretaries, five reception staff and a clinical note summariser.

The practice is open between 8am and 6.30pm Monday to Friday. Appointment times for the morning sessions start at 8:30am until 11:15am or until everyone is seen and

afternoon appointments start at 2pm until 6:30pm. The practice operates a 'sit and wait' session every morning where patients can attend the practice and be seen by a GP in turn.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Nottingham Emergency Medical Services (NEMS).

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 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 16 March 2016. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had robust systems in place to report and record incidents and significant events.

- Staff told us they would inform the practice manager or the senior partner of an incident or event in the first instance. Following this, the appropriate staff member completed the reporting form which was available on the practice's computer system.
- The most appropriate clinician would lead on an investigation and draft a report for discussion.
- The practice recorded all significant events on a central spreadsheet and reviewed these at regular staff meetings.
- The practice had recorded 18 significant events in the preceding year.
- Minutes from meetings were distributed to all staff and signed to say they had been reviewed.

We reviewed a range of information relating to safety and the minutes of meetings where this information was discussed. The practice ensured that lessons were shared and that action was taken to improve safety within the practice. For example, the practice had recorded a significant event following a patient attending an appointment with a pressure sore; they were referred to secondary care. The practice amended practice to ensure all patients with certain conditions, regardless of other risk factors or independence underwent screening for pressure area risk. Training was put in place and screening tools developed which was shared with all staff to ensure they were aware of the new protocol and procedure to follow.

Where patients were affected by incidents of significant events the practice demonstrated an open and transparent approach to the sharing of information. We saw that apologies were offered where appropriate. The practice invited patients affected by significant events to view the outcomes and explanations were given as to what had been changes as a consequence.

During the inspection we saw evidence that all staff were fully committed to reporting incidents and near misses, we were told that they embraced the change that was made

and often researched as a team to find best practice to adopt into policies. There was a high level of quality in the reporting and management of significant events which ensured a robust picture of safety.

Overview of safety systems and processes

The practice demonstrated systems which kept people safe and safeguarded from abuse. These included:

- Safety was monitored using information from a range of sources, including Medicines and Healthcare products Regulatory Agency (MHRA) and National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice had systems in place to monitor patient safety alerts and medicines alerts which ensured that information about safety was disseminated to the relevant members of staff, and the practice acted on this.
- Arrangements to safeguard children and vulnerable adults from abuse which were in line with local requirements and national legislation. There was a lead GP responsible for child and adult safeguarding and staff were aware of who this was. Policies in place supported staff to fulfil their roles and outlined who to contact for further guidance if they had concerns about patient welfare. Staff had received training relevant to their role and GPs were trained to Level 3 for safeguarding children and adults. We saw evidence of close working with attached staff to ensure children were kept safe. For example the lead GP attended quarterly meetings with the health visitor to discuss children at risk.
- Nursing and reception staff acted as chaperones if required. Notices were displayed in the waiting area to make patients aware this service was available. All staff who acted as chaperones were appropriately trained and checks had been undertaken with the disclosure and barring service (DBS). (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).
- 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

Are services safe?

place for all the different staffing groups to ensure that enough staff were on duty. Staff covered absences for colleagues and the GP partners planned their leave to ensure that there was adequate medical cover.

- The practice premises were observed to be clean and tidy. A practice nurse was the clinical lead for infection control and prevention. The practice had been comprehensively audited in January 2016 by the lead nurse and practice manager. The audit identified a number of actions and we saw evidence that the practice had addressed these or had documented plans in place to ensure that these were addressed. Feedback had been given in the following meeting and the audit was being repeated in six months to confirm changes had been implemented.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Recruitment checks were carried out and the five files we reviewed showed that all of the appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicines audits were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use.

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 and the practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working

properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control

- The practice had proactively risk assessed other areas, for example:
 - The use of drawing pins in the waiting areas and been highlighted and the method notices were attached to walls was changed so children did not hurt themselves.
 - Only children's toys considered safe were available in the waiting area and regularly cleaned and tidied throughout the day.
- 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 that enough staff were on duty. We saw evidence that there was a flexible approach to GP staffing and GPs would work additional sessions where a need was identified reducing the need for Locum GPs and ensuring patients received care from familiar GPs.

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 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 to staff which were in date and kept in a secure room.
- Following review of previous emergencies all emergency kit had been placed in a trolley to help identify equipment quickly when needed.
- 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 and the practice had a designated first aider.
- 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 and suppliers and the practice had twinned with a local surgery to access computer systems in the event they were unable to in an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Practice staff demonstrated that they used evidence based guidelines and standards to plan and deliver care for patients. These included local clinical commissioning group (CCG) guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. We saw evidence that the practice were using clinical audit to monitor the implementation of guidelines. In addition nursing staff told us they attended clinical commissioning group (CCG) arranged training sessions to ensure they kept up to date with guidelines and best practice.

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 recently published results showed that the practice had achieved 100% of the total number of points available, with an exception reporting rate of 9.8%. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). Performance in a number of areas was in line with or above the local and national average. Data from 2014/15 showed;

- Performance for diabetes related indicators was 96% which was 2% above the CCG average and 4% above the national average. This was achieved with an exception rate of 5.4% in line with the local and national average.
- The percentage of patients with hypertension having regular blood pressure tests was 85% which was 2% below the CCG average and 1% below the national average.
- The percentage of patients with a mental health condition who had received a care plan review in the previous 12 months was 95% which was 2% above the CCG average and 6% above the national average.
- Performance for dementia related indicators was 98% which was 1% above the CCG average and 14% above the national average.

The practice held regular meetings every six weeks where QOF performance was discussed, every clinician was assigned a QOF area to monitor and if there were concerns it was their responsibility to identify poor performance and manage improvement.

Clinical audits were undertaken within the practice.

- There had been eight clinical audits undertaken in the last two years where the improvements made were implemented and monitored. For example, the practice had undertaken an audit which looked at the use of a medicine which could create a deficiency of folic acid whilst taking a certain medicine. This audit showed patients identified as not taking both medicines were recalled and treatment amended to reduce the likelihood of deficiency and within a full cycle 100% of patients had received safer care and treatment.
- The practice participated in local audits, national benchmarking, accreditation, and peer review. We saw evidence of regular engagement with the CCG and involvement in peer reviews of areas such as QOF performance.
- GPs attended a voluntary 'Local Audit Group' where outcomes of audits were compared and discussed with other local practices.

Effective staffing

We saw staff had a range of experience, skills and knowledge which enabled them to deliver effective care and treatment.

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. All policies and procedures were available on the computer system to ensure policies relevant to the various staff groups were available.
- 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

Are services effective?

(for example, treatment is effective)

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, protected learning time, clinical supervision and facilitation and support for revalidating GPs and Nurses. The clinical staff met informally at lunch every six weeks for mutual support and to highlight areas they had found and reviewed updates, significant events and complaints.. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to CCG led training and in-house training including e-learning.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Data showed that the practice rate of A&E attendances was below that of the national average

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, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and 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 and recent training had been conducted including courses in deprivation of liberty safeguards.
- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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 diet, smoking and alcohol cessation. Patients were then signposted or referred to the relevant service.
- The practice offered a range of services including smoking cessation, family planning and weight management services.

The practice had systems in place to ensure patients attended screening programmes and ensured that results were followed up appropriately. The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening 62% of patients between 60-69 years of age had been screened for bowel cancer in the past 30 months, in line with the CCG average of 64% and the national average of 58%.

Childhood immunisation rates were above or comparable to CCG averages. For example, childhood immunisation

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

rates for the vaccinations given to under two year olds ranged from 97% to 100% compared to a local average of 96% to 98% and five year olds from 92% to 97% compared to a local average of between 90% and 98%.

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 on 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

During the inspection we saw that staff treated patients with dignity and respect. Staff were helpful to patients both on the telephone and within the practice. We saw that staff greeted patients as they entered the practice and opened the front door for them if required.

Measures were in place to ensure patients felt at ease within the practice. These included:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were kept closed during consultations and locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area in a private room if they wished to discuss sensitive issues or appeared distressed.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All 43 completed comment cards we received were consistently positive about the standard of care received. Patients said they were always treated with dignity and respect and described the practice staff as friendly, helpful and caring. Patients said they felt listened to and were given the time they needed to discuss their problems.

We spoke with six patients, in addition to three members of the patient participation group (PPG), during the inspection. All of the patients told us they were always treated with kindness and consideration by the practice staff. Patients said that all staff treated them in a friendly and welcoming manner.

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

- 93% of patients said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.

- 91% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

Satisfaction scores for interactions with reception staff were in line with the CCG and national averages:

- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

Additionally, the practice demonstrated a caring approach towards their patient population through efforts to ensure that patients felt comfortable in attending the practice. For example

- A patient in very vulnerable and uncertain circumstances had presented at the practice hungry and in need of help. The practice staff provided food and drink and organised accommodation support. When the patient failed to return later that evening some staff went searching for the patient with extra clothing as it was a particularly cold night and with the offer of shelter.
- When a carer contacted the practice following an accident, reception staff stayed on the phone and simultaneously called for an ambulance to offer immediate care, clinicians followed up the patient once discharged and additional support was put in place to reduce risks.
- We saw several examples where staff had collected and delivered medicines as patient or their carers were unable to get to the pharmacy and medicines were running low.

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



Are services caring?

sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there was information related to carers, dementia and mental health.

The practice had held several 'golden years' events where local people attended to practice to listen to music and support, aimed at patients with a diagnosis of dementia and their carers was available. The PPG had gained feedback from the participants and it was found to be a positive experience for everybody involved. For example:

- A carer fed back to the PPG that during one musician's performance which involved audience participation her mother had smiled for the first time in several years.

The carers champion had also taken this opportunity to identify new carers and signpost patients and local people to support available in the community and through the practice.

The practice's computer system alerted GPs if a patient was also a carer, there were 70 carers identified on the computer system which represented 1.3% of the total list. The practice had a dedicated carers' champion and a carers' noticeboard in the waiting area displayed information to direct carers to various sources of support and a pre-prepared pack was available with information on local groups and support networks.

Staff told us that if families had experienced bereavement, their usual GP contacted them if this was considered appropriate. 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. A sympathy card was sent and administrative staff ensured that any existing appointments for deceased patients were cancelled.

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.

In addition to this the practice worked to ensure its services were accessible to different population groups. For example:

- There were longer appointments available for people who needed them and we saw evidence to support this.
- Home visits were available for housebound patients and for acutely ill children.
- Same day appointments were available for children and those with serious medical conditions.
- The practice worked closely with, and was able to authorise food parcels with the local food bank enabling them to allocate food parcels when appropriate.
- The practice ran a proactive register for patients who are not eligible to be included in a QOF indicator group so that the practice can manage and recall them, for example patients experiencing poor mental health.
- There were translation services available if these were required.
- The practice worked closely with a local homeless shelter to provide care and support when required. Many had become full time patients and were registered with the shelter as their home address to aid in communication.
- Consultation rooms were situated on the ground floor of the practice and disabled parking was available.
- If patients wished to attend an appointment without their child a chaperone would provide child care in a dedicated room for the duration of the appointment.
- For those who had opted into the facility, patients were able to receive test results over the phone.
- Pre-prepared packs were available for young teenagers or teenagers with information on contraception and relevant local support networks.
- The practice had held a multi-disciplinary diabetes event which was developed into a CCG wide program for patients with type II diabetes, during which patients were supported and received education to manage their condition.

- Following feedback from patients the practice had increased the hours it provided blood tests to assist in monitoring patients condition and help in reviews.
- A list of patients who are not at risk of admission was monitored and staff aware of developing needs of those patients, i.e. patients with Parkinson's or MS.
- A named GP was allocated to patients over 75 or at risk of admission to hospital and a named nurse was allocated to some patients with long term conditions to assist in management and treatment of their condition.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointment times for the morning sessions started at 8:30am until 11:15am or until everyone is seen and afternoon appointments started at 2pm until 6:30pm. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. The practice operated a 'sit and wait' session every morning where patients could attend the practice and be seen by a GP in turn.

An 'appointment champion' working in reception was empowered to add slots to the system to meet the demand and reviewed appointments throughout the day.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 75%.
- 95% of patients said they could get through easily to the surgery by phone compared to the CCG average of 87% and the national average of 73%.
- 96% of patients said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%.

People told us on the day of the inspection that they were able to get appointments when, and with whom they needed them and this aligned with feedback from the comment cards. The practice told us they frequently audited their appointments and reviewed their available appointments each day. In addition the practice audited their rates of appointments which had not been attended on a monthly basis.

Are services responsive to people's needs?

(for example, to feedback?)

Admission and discharge from hospitals was monitored daily and appointments organised to support patients' recovery at home.

Listening and learning from concerns and complaints

We saw that the practice had systems in place to effectively manage complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Leaflets for patients wishing to make a complaint about the practice were available from the reception and the practice had information about the complaints process visibly displayed in their waiting area.
- We looked at five written and six verbal complaints received in the last 12 months and found these were

dealt with promptly and sensitively. We saw that meetings were offered to discuss to resolve issues in the manner which the complainant wanted. Apologies were given to people making complaints where appropriate. Lessons were learnt from concerns and complaints and appropriate action was taken to improve the quality of care. Complaints recorded included those made verbally and in writing. We saw complaints were regularly discussed within the practice, reviewed at GP meetings and learning was appropriately identified. For example, a complaint from a patient following a missed home visit led to a review and a led to a new procedure for allocating and managing home visits.

- All concerns raised by patients were recorded to ensure that appropriate responses could be provided. This ensured that the practice could learn from all issues raised by patients.

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 clearly defined aims and objectives centred on delivering high quality, safe and effective patient care. The practice had identified a range of objectives to underpin this vision. For example; to provide high quality, safe and professional General Practice service to patients, focus on the prevention of disease by promoting health and wellbeing and offer care and advice to patients.
- The practice developed the strategy together as a team meaning they were engaged with the aims and values of the practice and committed to providing high quality patient care.
- The two year strategic included support for the team, innovative thinking to develop new ways of delivering care and to be cost effective reducing waste were possible.

Governance arrangements

The practice had effective governance systems in place which supported the delivery of good quality care. These outlined the structures and procedures in place within the practice and ensured that:

- The practice had a clear staffing structure and staff were aware of their roles and responsibilities. Lead roles were divided between GPs and nurses.
- A wide range of practice specific policies and protocols were in place and accessible to all staff. We saw that policies and protocols were regularly reviewed and updated and supported staff in their roles.
- There was a demonstrated and comprehensive understanding of the performance of the practice. This ranged from performance in respect of access to appointments, patient satisfaction and clinical performance.
- Arrangements were in place to identify, record and manage risks and ensure mitigating actions were implemented.

Leadership, openness and transparency

The three partners within the practice had a range of experience and demonstrated they had the capacity to run

the practice to ensure high quality care. For example, we saw that GPs had special interests and additional qualifications in a range of areas. For example in drug and alcohol misuse, and minor surgery. The partners and the practice manager were visible within the practice and staff told us they were approachable and listened to all members of the practice staff team.

The practice staff told us they worked well as a team and often attended a local quiz as a group to meet socially; this helped people build effective working relationships and developed the open culture in the practice.

When there were unexpected or unintended safety incidents:

- The practice offered affected people support, provided explanations and verbal or written apologies where appropriate. In addition the practice invited patients affected by significant events which were raised as complaints or concerns to review the outcomes and sought their consent for anonymised information to be used as a learning tool for staff.
- They kept comprehensive written records of verbal interactions as well as written correspondence.

We saw that there was a clear leadership structure in place and staff felt supported by management. Staff told us they could speak to anyone in the practice if they needed to raise a concern and that there was an open culture within the practice. Staff told us they had the opportunity to raise issues at regular team meetings.

Feedback from staff told us they felt valued and supported by the partners and the management within the practice. Staff felt supported to identify opportunities for improvements to the delivery of service.

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

We saw that the practice was open to feedback and encouraged feedback from patients, the public and its staff. The practice ensured it proactively sought the engagement of patients in how services were delivered:

- The practice gathered feedback from patients through the active patient participation group (PPG) who met every two months. They carried out patient surveys and discussed proposals for improvements to the practice management team. For example:

Are services well-led?

Good 

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

- The PPG had worked with the practice to establish a series of events called 'Golden Years'. A grant had been successfully applied for and events included musical movement, sing to musicians and meditation. Each event was advertised locally and aimed to provide a supportive environment for dementia patients and carers, local people could attend even though they might not be registered at the practice. Support and the provision of information was also available from staff and members. Patient feedback was very positive and some carers said it was the first time their relative had engaged with others or smiled in a very long time.
- Funding had been organised to improve the children's corner in the waiting room.
- Organised Diabetes health promotion days.
- Charity fundraising was conducted by the PPG through coffee mornings and raffles, funds from the most recent one was donated to Breast Cancer support charity.
- The practice gathered feedback from staff through meetings, appraisals and ongoing discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt very much on a level playing field with all colleagues. Staff told us they felt involved and engaged to improve how the practice was run.