Ward Practice

Quality Report

Marlpits Road
Honiton
Devon
EX14 2NY
Tel: 01404 548544
Website: www.honitonsurgery.org

Date of inspection visit: 16/12/2014
Date of publication: 31/03/2015

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

Honiton Surgery Group – Ward Medical Practice, was inspected on Wednesday 16 December 2014. This was a comprehensive inspection. The Ward Medical Practice is part of the Honiton Surgery Group. The practice is shared with Seamark Practice and they operate in the same building. Staff are employed by the Honiton Surgery Group and work for both practices. There is a computer system that has a shared administrative facility which enables all teams to view patients as one data base (GPs, nurses, community nurses and administrative staff). Both practices work as if the Honiton Surgery is one practice, however financially they are separate, and they are registered with CQC as separate locations.

The practice provides primary medical services to people living in the town of Honiton.

The practice provides services to a diverse population age group and is situated in a town centre location.

The practice comprises of a team of ten GP partners, who hold managerial and financial responsibility for running the business. In addition there are nine registered nurses, five health care assistants, a practice manager, and administrative and reception staff.

Patients who use the practice have access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, mental health staff, counsellors, chiropodist and midwives.

Our key findings were as follows:

Patients reported having good access to appointments at the practice and liked having a named GP which improved their continuity of care. The practice was clean and organised. The facilities and equipment were suitable for patient consultations and to examine and treat patients. There were effective infection control procedures in place.

The practice valued feedback from patients and acted upon this. Feedback from patients about their current care and treatment was consistently positive. Staff portrayed a non-discriminatory, person centred culture.

Summary of findings

Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Views of external stakeholders were very positive and aligned with our findings.

The practice was well-led and had a clear leadership structure in place whilst retaining a sense of mutual respect and team work. There were systems in place to monitor and improve quality, and to identify risk and systems to manage emergencies.

Patients needs were assessed, care planned and delivered in line with current legislation. This included assessment of patients' mental capacity to make decisions about their care and treatment, and the promotion of good health.

Recruitment, pre-employment checks, induction and appraisal processes were in place. Staff had received training appropriate to their roles and further training needs had been identified and planned.

Statistical data analysis demonstrated the practice performed comparatively with all other practices within the clinical commissioning group (CCG) area.

Patients felt safe in the hands of the staff and felt confident in clinical decisions made. There were effective safeguarding procedures in place.

Significant events, complaints and incidents were investigated and discussed. Learning from these events was performed and communicated amongst all staff.

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

Ward Medical Practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe.

Recruitment procedures and checks were completed as required to help ensure that staff were suitable and competent.

The practice was clean, tidy and hygienic. Systems were in place to maintain the cleanliness of the practice to a high standard. There were systems in place for the retention and disposal of clinical waste.

Are services effective?

Good

Ward Medical Practice is rated as good for providing effective services. Supporting data obtained both prior to and during the inspection showed the practice had systems in place to make sure the practice was effectively run.

The practice had a clinical audit system in place and audits had been completed. Care and treatment was delivered in line with national best practice guidance. The practice worked closely with other services and strived to achieve the best outcome for patients who used the practice.

Supporting data showed staff employed at the practice had received appropriate support, training and appraisal. GP partner appraisals and revalidation of professional qualifications had been completed.

The practice had extensive health promotion material available within the practice and on the practice website.

Are services caring?

Good

Ward Medical Practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

Ward Medical Practice is rated as good for providing responsive services. Patients told us that there was continuity of care, with urgent appointments available the same day. There was effective joint working with other community services which maximised patient choices.

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. There was evidence of complaints being responded to in a timely way and resolved to the satisfaction of the person who had complained.

Are services well-led?

Good

Ward Medical Practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was proactive and involved. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Ward practice is rated as good the care of older people. The practice had a high percentage of its patient population in the 65 and over age group. The older people we spoke with were very appreciative of the GPs and nurses. They felt they were treated in a professional and kindly manner. Nursing staff were trained and experienced in providing care and treatment for medical conditions affecting older patients. GPs were able to refer patients to local services such as dementia screening clinics and falls assessment clinics. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

There were two care homes for older people in the area. There was a dedicated GP responsible for the care of the elderly people that lived there. There was also a dedicated telephone line that the care homes can use to call the practice to avoid delays and to be given priority.

Care was tailored to individual patient needs and circumstances. Patients were reviewed regularly by the GPs and nurses to promote their health and independence and to help avoid the admission to hospital. There were regular patient care reviews involving patients, and their carers where appropriate.

People with long term conditions

Good

Ward Medical Practice is rated as good for the care of people with long-term conditions. There were emergency processes in place and referrals were made for patients whose health deteriorated suddenly. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

Ward Medical Practice is rated good for families, children and young people. The practice worked with local health visitors to offer a full health surveillance programme for children under the age of five. Checks were also made to help ensure the maximum uptake of childhood immunisations.

Ante-natal care was provided by a team of midwives who worked from the local hospital next door to the practice. Health visitors also

Summary of findings

held baby clinics at the community hospital and the practice had contact with the school nursing team. Systems were in place to alert health visitors when children had not attended routine appointments and screening.

Appropriate systems were in place to help safeguard children and young people who may be vulnerable or at risk of abuse.

Working age people (including those recently retired and students)

Good

Ward Medical Practice is rated good for working age people. Patients who were of working age or who had recently retired were pleased with the care and treatment they received.

The practice offered extended opening times four days a week to provide easier access for patients who were at work during the day. Patients were offered a choice when referred to other services.

People whose circumstances may make them vulnerable

Good

Ward Medical Practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and offered longer appointments for them if required.

There were care homes for people with learning disabilities in the area. Annual health checks were offered to these patients in their own homes and for those living in care homes. Vaccinations were offered when required and managed safely. Appropriate arrangements were in place to facilitate access to care for patients with mobility limitations.

The practice worked with community health care professionals including physiotherapists and mental health workers to make sure vulnerable patients were visited in their homes to assess needs and facilitate provision of any equipment, mobility or medicines.

People experiencing poor mental health (including people with dementia)

Good

Ward Medical Practice is rated good for people experiencing poor mental health. The practice was tailored to patient individual needs and circumstances, including their physical health needs. Annual health checks were offered to people with serious mental illnesses.

GPs had the necessary skills and information to treat patients with poor mental health. They were also responsive in referring patients with mental health concerns to specialist services. Liaison was undertaken with external agencies, for example the mental health crisis team, local support groups and counsellors when required.

Summary of findings

What people who use the service say

We spoke with eight patients during our inspection. We spoke with one representative of the patient participation group (PPG).

The practice had provided patients with information about the Care Quality Commission prior to the inspection. Our comment box was displayed and comment cards had been made available for patients to share their experience with us. We collected 16 comment cards which contained detailed positive comments.

Comment cards stated that patients were pleased with the caring attitude of the staff and for the staff who took time to listen effectively. Comments also highlighted a confidence in the advice from staff and their medical knowledge, access to appointments and praise for the continuity of care and for not being rushed.

These findings were reflected during our conversations with patients and discussion with the PPG representative. The feedback from patients was overwhelmingly positive.

Patients told us about their experiences of care and praised the level of care and support they consistently received at the practice. Patients stated they were happy, very satisfied and said they received good treatment. Patients told us that the GPs were excellent.

Patients were happy with the appointment system and said it was easy to make an appointment.

Patients appreciated the service provided and told us they had no complaints and could not imagine needing to complain.

Patients were satisfied with the facilities at the practice. Patients commented on the building being clean and tidy. Patients told us staff used gloves and aprons where needed and washed their hands before treatment was provided.

Patients found it easy to get repeat prescriptions and said they thought the practice website was good.

Ward Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a practice manager specialist advisor and a nurse specialist advisor.

Background to Ward Practice

The practice provides primary medical services to people living in the town of Honiton, Devon and the surrounding areas. At the time of our inspection there were approximately 12270 patients listed. The practice provides services to a diverse population age group and is situated in a town centre location.

The practice comprises of a team of ten GP partners (four men and six women) who hold managerial and financial responsibility for running the business. In addition there are nine registered nurses and six health care assistants. An administration team and a full time practice manager are employed in the running of the practice .

Ward Medical Practice (which is part of the Honiton Surgery Group) is open between Monday and Friday from 8.30am-6.30pm with extended opening hours being offered four days a week. Outside of these hours a service is provided by another health care provider, which patients access by dialling a national service number.

The practice has an established patient representation group (PPG). This is a group that acts as a voice for patients at the practice.

Patients who use the practice have access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, mental health staff, counsellors, chiropodist and midwives.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

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. This 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.

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

How we carried out this inspection

The inspection team carried out an announced inspection of the Ward Medical Practice (which is part of the Honiton Surgery Group) on 16 December 2014. We spoke with eight patients and 12 members of staff. We spoke with a member

Detailed findings

of the patient participation group (PPG). The purpose of a PPG is to comment on the overall quality of the service at the practice and to act as an advocate on behalf of patients when they wish to raise issues.

We observed how reception staff dealt with patients in person and over the telephone. We discussed patient care plans. We spoke with and interviewed a range of staff including GPs, the practice manager, the practice nurses, reception and administrative staff. We also reviewed comment cards where patients shared their views and experiences of the service. These had been provided by the Care Quality Commission (CQC) before our inspection took place. In advance of our inspection we talked to the local clinical commissioning group (CCG) and the NHS England local area team about the practice.

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

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

We also looked at how well services are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Good

Are services safe?

Our findings

Safe Track Record

The practice used a range of information to identify risks and improve patient safety. For example, National Institute for Health and Care Excellence (NICE) guidance and reminders were cascaded by the GPs to relevant staff. These were also discussed at clinical governance meetings to ensure consistent information was given to patients. National patient safety alerts were also cascaded and discussed with all staff.

The management team, GPs and practice nurses discussed significant events at their regular meetings. The meeting minutes we reviewed provided evidence of new guidelines, complaints, and incidents being discussed positively and openly. These significant events were also discussed at meetings between senior managers who ensured there was shared learning from incidents. All the staff we spoke with, including reception staff, were aware of the significant event policy and knew how to escalate any incidents. They were aware of the forms they were required to complete and knew who to report any incidents to at the practice.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. For example a recent significant event had been recorded when a patient had become unwell whilst taking warfarin (an anti-coagulant drug) and anti-depressant medication. Research was undertaken by one GP and actions taken to improve the patient's care. A detailed report of the findings of this case was circulated to all GPs at the practice and this was also shared with NHS England. All significant events that we reviewed showed the date the event was discussed, a description of the event, what had gone well, what could have been done differently, a full reflection of the event and what changes had been carried out.

Multi-disciplinary practice meetings took place where attendance included clinicians from other disciplines such as Macmillan Nurses, safeguarding leads, community midwives or health visitors. Minutes from the meetings identified sharing information and reflective practice to reduce risk and improve services going forward.

Reliable safety systems and processes including safeguarding

All staff had received relevant training in safeguarding. A training record was seen which showed this. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours. Contact details were easily accessible.

A chaperone policy was in place and was visible in the waiting room. Chaperone training had been undertaken by all nursing and healthcare staff. Staff were able to describe what their duties were should they need to chaperone a patient.

There were environmental risk assessments for the building. For example annual fire assessments, electrical equipment checks, control of substances hazardous to health (COSHH) assessments and visual checks of the building.

Medicines Management

The practice had an independent dispensary attached to the building. Patients told us this was really useful.

We looked at all the areas in the practice where medicines were stored. Emergency medicines for cardiac arrest, anaphylaxis and low blood sugar were available within each clinic and treatment room. We checked the emergency drug boxes and saw that medicines were stored appropriately and were in date. There was a clear policy for maintenance of the cold chain with actions to be taken in the event of any potential failure. No controlled drugs were kept on site.

The practice had a protocol for repeat prescribing which was in line with GMC guidelines. This covered how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. There was a system for reviewing patient's repeat medicines to ensure it was still safe and necessary. Patients said that getting repeat prescriptions was easy and said the system worked well.

Cleanliness & Infection Control

Patients said the practice was always very clean. There was an infection control policy and a dedicated infection control lead who attended up to date training. There was

guidance on infectious diseases for staff to access should an infected patient present at the practice. This gave guidance of when staff need to report infections to relevant agencies.

The treatment and consulting rooms appeared very clean, tidy and uncluttered. We saw that staff all knew where items were kept and worked in a clean environment. The clinical rooms were stocked with personal protective equipment (PPE) which included a range of disposable gloves, clinical cleaning wipes, aprons and coverings, which staff used. This reduced the risk of cross infection between patients. Within communal areas, for example the patient toilets, hand washing guidance and paper towels were available.

There was an appropriate system for safely handling, storing and disposing of clinical waste. Clinical waste was stored securely in a dedicated secure area whilst awaiting its weekly collection from a registered waste disposal company. There were cleaning schedules in place and an infection control audit system in operation. Treatment rooms had hard flooring to simplify the clearance of spillages. Staff had received updated training in infection control.

Staff were clear about their responsibilities in relation to infection control. For example, all staff knew who the lead for infection control was, knew where to find policies and procedures and were aware of good practice guidance. Nursing staff were responsible for managing clinical spillages and had spillage kits available for use. Infection control audits were undertaken.

Equipment

Emergency equipment available to the practice was within the expiry dates. The practice had a system using checklists to monitor the dates of emergency medicines and equipment which helped to ensure they were discarded and replaced as required. Equipment such as the weighing scales, blood pressure monitors and other medical equipment were serviced and calibrated where required.

Portable appliance testing (PAT), where electrical appliances were routinely checked for safety annually, was last carried in 2014. Staff told us they had sufficient equipment at the practice.

Staffing & Recruitment

Staff told us there were suitable numbers of staff on duty and that staff rotas were managed well. The practice had a low turnover of staff. The practice said they used locums as staff cover but tried to use the same one for continuity. GPs told us they also covered for each other during shorter staff absences.

The practice used a team approach where the workload for part time staff was shared equally. Staff explained this worked well but there remained a general team work approach where all staff helped one another when one particular member of staff was busy.

Recruitment procedures were in place and staff employed at the practice had undergone the appropriate checks prior to commencing employment. Once in post staff completed an induction which consisted of ensuring staff met competencies and were aware of emergency procedures.

Criminal records checks were performed for GPs and all clinical staff.

The practice had clear disciplinary procedures to follow should the need arise.

The registered nurses Nursing and Midwifery Council (NMC) status was completed and checked annually to ensure they were listed on the professional register, to enable them to legally practice as a registered nurse.

Monitoring Safety & Responding to Risk

The practice had a suitable business continuity plan that documented the practice's response to any prolonged period of events that may compromise patient safety. For example, this included computer loss and lists of essential equipment.

Nursing staff received any medical alert warnings or notifications about safety by email or verbally from the GPs or other designated members of staff.

Arrangements to deal with emergencies and major incidents

Appropriate equipment was available to deal with an emergency, for example if a patient should collapse. The staff we spoke with all knew where to easily locate the equipment and emergency medicines. The emergency equipment was well maintained and effective checks were in place to ensure emergency medication and equipment did not expire. All staff, including administration staff had received training in emergency procedures.

Good

Are services safe?

The practice had a small supply of medicines for emergency use. Records showed these were checked regularly to make sure they were safe to use. Records were also kept of the contents of GP emergency bags and monitored by staff to make sure they remained safe to use.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They worked to guidelines from local commissioners and discussed best practice at GP meetings held every week and during regular informal meetings between the ten GPs who worked at the practice. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with current guidelines and these were reviewed when appropriate.

GPs and nurses remained up-to-date by attending courses in subjects relevant to their practice. We were able to see the records kept by the practice manager of all training courses and educational meetings they had attended. All the GPs and nurses interviewed were aware of their professional responsibilities to maintain their professional knowledge and skills.

GPs had areas of personal interest in which they specialised within the practice. Their expertise they shared amongst their peers to support their continual development. GPs and nurses were very open about asking for and providing colleagues with advice and support.

The practice referred patients appropriately to secondary and other community care services. National data showed the practice was in line with national standards on referral rates for all conditions.

All new patients to the practice were offered a health assessment carried out by the practice nurse to ensure the practice was aware of their health needs. Patients who relied on long term medication were regularly assessed and their medication needs reviewed. There were systems in place to ensure that the GPs reviewed the diagnostic and blood test results of their patients. If a GP requested a diagnostic test such as a blood test the results would be returned to them electronically.

The practice provided specialised appointments to meet the needs of patients. These included diabetes, asthma, and chronic obstructive pulmonary disease (COPD), a disease which results in breathing difficulties. These specialised appointments were carried out by the practice nurse who had a specialist qualification in asthma and further relevant training, with support from the GPs. There were arrangements in place to ensure all patients with a long term medical condition received an annual health check.

The practice was aware of the top 2% of their patients at most risk of frequent hospital admission. Care plans had been produced for each of these patients. The practice used computerised tools to identify patients with complex needs. The practice held multi-disciplinary meetings twice a month when patients recently discharged from hospital and those patients who required a multi-disciplinary approach to their complex health and social needs were discussed.

Interviews with GPs and staff showed that the culture in the practice was that patients were referred on need and decisions were not adversely influenced by patient age, gender or race.

Management, monitoring and improving outcomes for people

The practice were keen to ensure that staff had the skills to meet patients needs. For example, nurses had received extensive training including immunisation, diabetes care, cervical screening and travel vaccinations.

The practice was proactive in the way older people were cared for in the community and in secondary care. The key aim was to keep people at home with support from other members of the primary healthcare team. There was a scheme involving an early intervention service that utilised a "red telephone" to access rapid assessment of frail older people in their own homes within two hours via a multidisciplinary team.

GPs at the practice undertook minor surgical procedures and joint injections in line with their registration and NICE guidance. The staff were appropriately trained and kept up to date. There was evidence of regular clinical audit in this area which was used by GPs for revalidation of their professional qualifications and personal learning purposes.

Effective staffing

All of the GPs in the practice participated in the appraisal system leading to revalidation over a five-year cycle. The GPs we spoke with told us these appraisals have been

Good

Are services effective?

(for example, treatment is effective)

appropriately completed. Nursing and administration staff received an annual formal appraisal and kept up to date with their continuous professional development programme.

There were effective staffing and recruitment policies to ensure staff were recruited and supported appropriately. Paper and computer staff records demonstrated that staff had been recruited and employed in line with the practice policy. Before staff were appointed there was evidence that relevant checks had been made in relation to identity, registration and continuous professional development.

Staff said they all received an annual appraisal and attended regular staff meetings to enable information sharing. Nursing staff received clinical supervision from the GP partners. They also met with the GPs informally to discuss clinical issues and diagnoses. All staff told us they had access to training related to their roles. Staff were alerted by a designated member of staff to concerns about faulty equipment from MHRA alerts. Patients were treated effectively by informed staff.

All the staff we spoke with said they felt well supported by the GPs and nursing team as well as by the practice manager and each other. Patients told us they felt staff were appropriately skilled and knowledgeable in whichever role they provided.

Working with colleagues and other services

The Ward Medical Practice was part of the Honiton Surgery Group. The practice was shared with the Seamark Practice. Staff were employed by the Honiton Surgery Group and worked for both practices. There was a computer system that had a 'shared administrative' facility which enabled all teams to view patients as one data base (GPs, nurses, community nurses and administrative staff). Both practices worked as if the Honiton Surgery was one practice, however financially they were managed separately.

All the practice staff worked closely together to provide an effective service for their patients. They also worked collaboratively with community services who shared the building and professionals from other disciplines to ensure all round care for patients. Minutes of meetings evidenced that district and palliative nurses attended the GP quality team meeting to discuss the palliative patients registered with the practice. The detail evidenced good information sharing and integrated care for those patients at the end of their lives.

The practice worked with other service providers to meet patients' needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, information from the out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received.

Information Sharing

The practice proactively identified people including carers who may need ongoing support. New patients were offered a consultation to ascertain details of their past and medical and family history.

Consent to care and treatment

Staff were aware of the Mental Capacity Act (2005). For example they described how they recorded requests around resuscitation.

When patients did not have the capacity to make decisions, the nurses we spoke with described the process by which best interest decisions were made. The nurses also described and gave a clear understanding of the Gillick competencies which set out principles to follow regarding consent from patients under 16 years of age.

We saw how consent to treatment was recorded (both on the computer and written consent was obtained) when a minor operation was being undertaken.

Health Promotion & Prevention

Health promotion literature was readily available to patients and was up to date. This included information about services to support them in, for instance, smoking cessation schemes. Patients were encouraged to take an interest in their health and to take action to improve and maintain it.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. There was a clear policy for the practice nurse to follow up patients who did not attend their appointment.

New patients were invited into the practice when they first registered, so that details of their past medical and family

Good

Are services effective?

(for example, treatment is effective)

health histories could be recorded. They were also asked about social factors including occupation, lifestyle and medicines. This enabled the GPs and nurses to assess a new patient's risk factors.

GPs and nurses were automatically alerted to patients who were also registered as carers. This helped GPs awareness of the wider context of the patient's health needs. Care checks were undertaken by the nurses who provided additional practical and emotional support.

All patients with a learning disability had been offered a health check in the past twelve months. These were undertaken either at the practice or in the patient's home.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

Patients we spoke with told us they felt more than just well cared for and that staff were very considerate, friendly and genuinely concerned and attentive to their needs. Patients told us privacy during consultations was maintained; curtains were used to protect modesty and window blinds were closed. Conversations could not be heard through closed doors.

Patients spoke highly of the practice, the reception staff and the GPs. One patient went out of their way to tell us about the wonderful care they had received at the practice that day and every time they visited.

Reception staff were respectful and patient. There was a genuine and friendly connection between the reception staff and patients of all ages. Patient experience feedback showed a high degree of satisfaction with the service provided and the attitude towards them by the staff who delivered it.

Care planning and involvement in decisions about care and treatment

The patient survey information showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment, they rated the practice well in these areas. Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in their care decisions. They told us they felt listened to and supported by staff and had sufficient time during consultations to make informed decisions about the choice of treatment they wished to receive.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, 80% of the respondents in the 2013/2014 survey stated that they were treated with consideration by their GP and 81% said they felt respected. The patients we spoke to on the day of our inspection and the comment cards we received were also consistent with this information. For example, these highlighted staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room and patient website signposted people to a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Carer checks were offered by the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice were responsive to patient needs. They were pro-active in contacting patients who failed to attend vaccination and screening programmes and worked to support patients who were unable to attend the practice. For example, patients who were housebound were identified and visited at home by the community nurses to receive their influenza vaccinations. All the practice staff pro-actively followed up information received about vulnerable patients.

The practice worked hard to ensure frail elderly patients were cared for well in the community and in secondary care, with the key aim to enable patients to remain at home, with support from other members of the primary healthcare team, rather than need admission to hospital. Every patient who was reported as having a fall was contacted by the practice nurse who could then liaise with other members of the multi-disciplinary teams to ensure extra care was provided in the patient's home and keep them safe.

The practice provided carers with health and wellbeing checks. These were comprehensive health checks, followed by a discussion session on a one to one basis with the carer about their needs and what other services may be available to them.

Practice staff cared for patients with long term conditions including asthma, diabetes, and heart disease. They also provided child immunisation, travel vaccinations and phlebotomy (the process of taking blood). Maternity services were provided by the GPs and the locality midwifery team.

Nursing staff told us they took every opportunity to monitor a patient's health. They used routine appointments to monitor patients with long term conditions as well as having dedicated days specific to different conditions, for example diabetes. They said this had improved and increased patient access and choice about when they attended appointments.

Systems were in place to make sure urgent and routine referral letters were triaged, written and sent promptly. There were also systems in place to follow up on, for example, blood tests, x-rays and scans, and letters from the hospital. Patients were able to request appointments with the same GP unless it was an emergency and their preferred GP was not available. Continuity of patient care was enhanced by seeing the same GP, whenever it was possible.

Patients being referred to hospital were supported to choose a hospital or service that met their preference. The practice had good links between the hospital and community services which enabled swift referrals.

The practice actively engaged with commissioners of services, local authorities and other health care professionals to provide co-ordinated and integrated pathways of care that met patients' needs.

There was an active patient participation group (PPG) in place. Members of this group were very proactive and involved at the practice. They met quarterly with a GP nurse and a manager in order to improve awareness of what patients wanted and to discuss any current issues. The practice recently held an open evening facilitated by the PPG, over 70 local people attended. A range of topics were discussed and speakers from local groups were invited to raise awareness of what the local community offers. For example a memory café.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Staff said no patient would be turned away. Temporary residents were welcomed.

The number of patients with a first language other than English was very low and staff said they knew these patients well and were able to communicate well with them. The practice staff knew how to access language translation services if information was not understood by the patient, to enable them to make an informed decision or to give consent to treatment.

General access to the building was good. The practice had an open waiting area and sufficient seating. The reception and waiting area had sufficient space for wheelchair users. The consulting rooms were on the ground floor.

Access to the service

Patients told us if they needed to see a GP there were urgent and emergency appointments available on the same day. Patients were able to book appointments by telephone or the practice online appointment service. The

Good

Are services responsive to people's needs?

(for example, to feedback?)

practice opening hours were clearly displayed in the practice and on their website and patient information leaflet. If patients required GP assistance out of practice hours then details of who to contact were clearly displayed in the practice, on their website and in the practice information leaflet.

Most patients, especially younger people, were not worried which GP or nurse they saw, but those with complicated and/or long-term conditions usually tried to see their preferred GP. These patients were appreciative of the reception who knew them well

Patients told us they were happy with the appointment system. They said they could contact the practice easily for an appointment, were given an appointment when needed and often saw their GP of choice. Patients said sometimes their appointments were late but they were informed by reception or on the automated check in if there was a delay. We saw reception staff informing patients as they arrived how many people if any were to be seen before them.

The practice offered a drop in clinic for people who required more urgent tests to be undertaken. For example blood tests or an electrocardiogram (ECG- heart recording) that had been requested by the GP. Patients told us they thought this was a really valuable service that saved them time.

Listening and learning from concerns & complaints

The practice had a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

There was a complaints process publicised in the waiting room, on the practice web site and in the practice patient leaflet. Patients we spoke with had not had any cause to complain but they believed any complaint they made would be taken seriously.

We saw the practice's log and annual review of complaints it received. The review recorded the outcome of each complaint and identified where learning from the event had been shared at a practice meeting.

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

Discussions and evidence we reviewed identified that the management team had a clear vision and purpose. The GPs we spoke with demonstrated an understanding of their area of responsibility and took an active role in ensuring that a high level of service was provided on a daily basis. All the staff we spoke with said they felt they were valued and their views about how to develop the service were acted upon.

The practice leaflet and website stated that the practice were interested in the views of their patients and carers. These views were fed into the practice so that they could consider how the service could be improved. For example a notice board had been purchased for the waiting room so that patients could keep updated with new initiatives at the practice.

The staff were dedicated to providing a service with patient's needs at the heart of everything they did. Staff spoke positively about communication, team work and their employment at the practice. They told us they were actively supported in their employment and described the practice as having an open, supportive culture and being a good place to work. There was a stable staff group and were positive about the open culture within the practice.

Staff said they communicated informally through day to day events and more formally though meetings and formal staff appraisal. They felt this worked well and that individual voices were heard and listened to.

Governance Arrangements

The practice had a clear governance structure designed to provide assurance to patients and to the local clinical commissioning group (CCG) that the service was operating safely and effectively. There were clearly identified lead roles for areas such as medicines management, complaints and incident management, and safeguarding. The responsibilities were shared between the GPs, the practice manager and designated members of staff.

Leadership, openness and transparency

Staff communicated a very clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and a lead GP for safeguarding. Staff spoke about effective team working, clear roles and responsibilities but within a supportive organisation. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns. Staff described an open culture within the practice and had opportunities to raise issues at team meetings.

The practice manager was responsible for human resource policies and procedures. Staff were aware of where to find these policies if required.

Practice seeks and acts on feedback from users, public and staff

The practice had an active patient participation group (PPG). The PPG member who we spoke with said the practice manager and GP representative were keen to encourage patient feedback and involvement.

The practice used an independent company to carry out an annual survey of its patients. One of the benefits of this was that it enabled the practice to compare its performance with other practices. In 2013 all patients were asked over a two week period for their views about the service they received. The results showed that the practice was close to or above the national benchmark in all of 28 key indicators. These included all aspects of the practice, from staffing to the environment and care given. It showed 81% of patients rated the practice as good, very good or excellent.

Management lead through learning & improvement

We saw evidence that staff had access to learning and improvement opportunities. Mandatory training was provided during the weekly staff meetings. These meetings were also an opportunity for other training to be delivered during protected learning time, and we saw training was monitored and arranged when required.

Peer support and regular formal appraisals were evident. The staff we spoke with told us they regularly attended training courses. Mandatory training was arranged for them and they were able to request relevant training courses that would enhance their performance at work. Clinical staff told us they were supported to maintain their continual professional development (CPD). Staff told us they felt very well supported at work and that the management team had an open door policy so they could raise any concerns they had at any time.

Are services well-led?

Good

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

The practice had completed reviews of significant events and other incidents and shared these with staff via their regular meetings to ensure the practice improved the outcomes for patients.

The staff files we examined provided evidence that training was up to date and staff had attended appraisal meetings with their line manager. We also saw that new staff followed a formal induction programme where they received regular feedback and were in turn asked for their opinion of how their induction programme was being managed.