

Caversham Group Practice

Quality Report

4 Peckwater Street

London

NW5 2UP

Tel: 0203 317 5345

Website: www.cavershamgrouppractice.co.uk

Date of inspection visit: 28 January 2016

Date of publication: 23/03/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	12
Background to Caversham Group Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 28 January 2016. Overall the practice is rated as good.

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

There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they were generally able to make an appointment, with urgent appointments available the same day. The practice was actively monitoring the appointments system to identify where improvement could be made.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, we found that not all staff had received recent refresher training relating to infection prevention and control.
- Information about services and how to complain was available on the practice website and easy to understand. However, more information could be provided to patients regarding the complaints procedure.
- There was an active patient participation group, but it had been recognised that the membership did not wholly reflect the make-up of the patient list.

Summary of findings

The areas where the practice should make improvements are:

- Continue to monitor the appointments system to identify and implement possible improvement.
- Ensure that appropriate infection prevention and control training is provided to those staff for whom it is overdue.
- Provide information to patients in a paper format regarding the complaints procedure, escalating complaints to the Health Service Ombudsman and the availability of advocacy services to assist.
- Continue with efforts to increase the involvement of minority-background patients in the patient participation group.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed. However, we noted that not all staff had received recent refresher training in infection prevention and control.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable with CCG and national averages. The practice had taken action to address instances of underperformance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the National GP Patient Survey showed the practice was comparable with national and local averages.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they generally found it easy to make an appointment, with urgent appointments available the same day. The practice was actively monitoring the appointment system to identify where improvements could be made.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available on the practice website and easy to understand. However, more information could be provided to patients, relating to escalating complaints and available advocacy services. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



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

Summary of findings

- The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and efforts were being made to increase the number of members from different backgrounds.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained a register relating to avoiding unplanned hospital admissions (230 patients; a frailty register (92 patients); and had 26 patients on its Gold Standards Palliative Care Framework List. Twenty-two patients on the unplanned admissions register had received a follow up and care plan review in the preceding month.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above average.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was higher than the CCG and national averages.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and Outcome Framework results showed that performance relating to diabetes and hypertension were slightly lower than average. However, this had been recognised by the practice and it had taken steps to improve.
- Four hundred and ten patients (74% of the practice's diabetes register) had received an annual foot check and an eye (retinal) check.
- Ninety-seven per cent of patients on the heart failure register had had their annual medication reviews completed.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The percentage of people considered at risk who received a seasonal flu vaccination was higher than the CCG and national averages.

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.
- Rates for all standard childhood immunisations were comparable with the CCG average.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The percentage of patients on the asthma register who had had a review in the preceding 12 months was comparable with the national average.
- The practice's uptake for cervical screening tests was comparable with the national average.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, including those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- Ninety per cent of patients aged over 45 year had had their blood pressure checked in the preceding 12 months.

People whose circumstances may make them vulnerable

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 homeless people (87 patients) and those with a learning disability (78 patients).
- Fifty-seven patients (66% of those on the homeless register) had received an annual health check.
- Fifty-five patients (71% of patients on the learning disabilities register) had received an annual follow up and care plan review.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

- Seventy-nine per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Ninety-one per cent of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented on their records in the preceding 12 months. This was above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 7 January 2016 and related to the period January - March 2015 and July - September 2015. The results for the practice were generally comparable with local and national averages. A total of 393 survey forms were distributed and 108 (27%) were returned. This represented roughly 0.75% of the practice's patient list of approximately 14,300.

- 67% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 85% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).

- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received, although a few mentioned problems obtaining appointments. Comments included statements that the practice was excellent and efficient, and that the premises were clean, tidy and welcoming.

We spoke with eight patients during the inspection. Patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Results from the NHS Choices Friends and Families Test showed that 88% of patients who responded would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that appropriate infection prevention and control training is provided to those staff for whom it is overdue.
- Continue to monitor the appointments system to identify and implement possible improvement.
- Provide information to patients in a paper format regarding the complaints procedure, escalating complaints to the Health Service Ombudsman and the availability of advocacy services to assist.
- Continue with efforts to increase the involvement of minority-background patients in the patient participation group.

Caversham Group Practice

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, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Caversham Group Practice

The Caversham Group Practice operates from 4 Peckwater Street, NW5 2UP. The premises are purpose-built and are owned by the practice partnership. It is located in Kentish Town, a short distance from bus, tube and overground rail services.

The practice provides NHS services through a General Medical Services (GMS) contract to approximately 14,300 patients. It is part of the NHS Camden Clinical Commissioning Group (CCG) which is made up of 34 general practices. The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, family planning, maternity and midwifery services, treatment of disease, disorder or injury.

The patient profile for the CCG has a higher number of working age adults than the national average, with fewer older patients, younger people aged under 19 and children under 5 years old. Staff told us that the patient list has a higher than average number of students and transient people.

The practice has a staff of ten doctors, comprised of seven GP partners (three female and four male) and three salaried GPs (two female, one male). There is also a regular

female locum GP. The GPs cover 52.5 clinical sessions per week, averaging seven sessions each. It is a training practice, with four GP registrars currently working there. The clinical team is completed by two female nurses who work part time and two male health care assistants. In addition, there are two regular female locum nurses. The administrative team is made up of a practice manager and 20 administrative staff.

The practice's reception is open on Monday, Wednesday, Thursday and Friday from 8.30am until 6.30pm. On Tuesday it opens from 7.00am to 8.00pm. Appointments are available on Monday, Wednesday, Thursday and Friday between 8.30am and 7.00pm and on Tuesday between 7.00am and 8.00pm. In addition, the practice has appointments available on one Saturday morning per month, between 9.00am and 11.50am. Appointments are 10 minutes long. Telephone consultations and home visits are available. Appointments can be booked online by patients who have previously registered to use the facility.

The practice has opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There is a link to the NHS 111 service on the practice website, which also includes details of local urgent care centres.

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

Detailed findings

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.

It had not been inspected previously.

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 28 January 2016. During our visit we:

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

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- There was a GP partner who led on investigating significant events. The practice carried out a thorough analysis of the events and undertook annual reviews.
- Arrangements were in place to share information on significant events with the CCG and secondary care providers.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. The practice had recorded 11 significant events in the preceding 12 months. Lessons were shared to make sure action was taken to improve safety in the practice. Events were discussed at practice meetings and we saw minutes of annual significant event review meetings, which confirmed incidents were discussed and learning was shared with staff. Specific examples of significant events included an incident when there was a delay in placing vaccines delivered to the practice in the fridges, managers and staff reviewed and amended the practice's cold chain policy. In addition, refresher training was provided to staff, steps were taken to improve communication between reception staff and administrators, and the practice's induction procedure was amended to ensure that suitable guidance was given to new staff.

We saw evidence that when there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant

legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding level 3. The practice's adult safeguarding policy had been reviewed in December 2015; the child safeguarding policy in January 2016.

- Notices in the waiting room and in all consultation rooms advised patients that chaperones were available if required. Information was also given on the waiting room TV screen. All staff who acted as chaperones, including five administrative staff, were trained for the role and had received a Disclosure and Barring Service (DBS) check of appropriate level. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who had received relevant up to date training from the CCG in November 2015. The Nurse liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and annual infection control audits were undertaken. We saw that most recent audit had been carried out in January 2016 and included a detailed action plan to address any improvements identified as a result. Appropriate infection control training was provided to new staff during their induction and we saw that a number of staff had received refresher training in infection prevention and control in 2013 and 2015. However, evidence relating to other staff was lacking. The practice confirmed that the training would be provided forthwith.

General cleaning was carried out in accordance with agreed cleaning schedules and logs were maintained. There was an adequate supply of personal protective

Are services safe?

equipment, such as gloves, masks and aprons. Patients we spoke with confirmed these were used when appropriate during examinations. All instruments were disposed of after single use. Those we checked were within their use-by dates. The practice had suitable arrangements for the disposal of clinical waste. We saw that there were posters giving guidance on hand washing technique in most consultation rooms, but not in the nurse's room.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw examples relating to shingles vaccines, flu and meningitis B. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises. The practice had a policy on controlled drugs in place, last updated in January 2016, and had completed the required self-assessment and declaration for the NHSE Accountable Officer.

The temperatures of vaccines fridges were monitored electronically and recorded on the practice's computer system, which automatically alerted staff should the recommended temperature range be exceeded. There were arrangements in place for staff to check and record the supplies of vaccines and emergency drugs. The process was undertaken by nursing staff, but we saw that there were occasions when GPs were required to carry it out due to nurse shortages.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had carried out a fire risk assessment in July 2015 and undertook regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. We saw that this was last done in November 2015. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that the infection control risk assessment was up to date, as was the legionella risk assessment, which had last been carried out in July 2015. A general Health and Safety audit had been conducted in June 2015.
- 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. The practice recognised that more nurses were needed, there being two whole-time nurse vacancies, but had encountered difficulties in recruiting suitable staff. The practice had a "bank" of regular locum nurses and GPs (including ex-GP registrars who had trained there) who were therefore familiar with the service.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

We checked that the defibrillator pads were in date and that the battery was charged and ready for use. There was a first aid kit and an accident recording book was maintained.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had last been reviewed and updated in December 2015. It included emergency contact numbers for staff and arrangements for the service to be relocated to a nearby practice (with which the practice has a "buddying" arrangement) if the premises could not be used.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

The practice made use of the "Map of Medicine", a web-based service set up with the involvement of a local NHS Trust and teaching establishment to provide guidance and make specialist knowledge available to healthcare professionals to improve referral quality and patient outcomes. It linked with the practice's clinical records system, assisting GPs to plan patients' care pathways in line with the latest clinical guidance and which could be adapted according to locally available healthcare services and to meet the local commissioning requirements.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available, with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed -

- Performance for diabetes related indicators was 74%, being 14% lower than the CCG and national averages.
- Performance for hypertension related indicators was 88%, being 9% below CCG and national averages.

- Performance for mental health related indicators was 92%, being 2% above the CCG average and 0.5% below the national average.
- Performance for chronic kidney disease related indicators was 100.0%, being 6% above the CCG and 5% above the national average.
- Performance for chronic obstructive pulmonary disease was 100.0%, being 6% above the CCG average and 4% above the national average.
- Performance for secondary prevention of coronary heart disease was 98%, being 4% above the CCG average and 3% above the national average.

We discussed the results with staff. The practice's performance was closely monitored and it had been noted that last year's results relating to diabetes and hypertension (high blood pressure) were lower than average. Accordingly, a nurse who specialised in the care of patients with diabetes and hypertension had been appointed.

The practice maintained a register of 78 patients with learning difficulties. In 2014/15, annual reviews had been carried out in respect of 26 (33%) of the patients. Following the appointment of a specialist nurse, results so far in 2015 had improved with 55 (71%) reviews being completed.

Clinical audits demonstrated quality improvement.

- The practice carried out regular clinical audits to monitor performance and identify where improvements might be made. Results of the audits were presented at practice meetings to share learning. We saw a record of 14 clinical audits completed in the last 12 months, which included three completed-cycle audits, where the improvements made were implemented and monitored. For example, the practice carried out an audit of patients on anticoagulants in 2014 and 2015. Anticoagulants are medicines that help prevent blood clots and are prescribed for patients with particular existing health conditions. The audit results showed that the practice's benchmark figures for its anticoagulation service had improved by one percentage point and was now at a level generally accepted to be of very high quality.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice was generally able to demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were generally well-monitored through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had 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 and made use of e-learning training modules and in-house training. We found that not all staff had received up-to-date refresher training in infection prevention and control. When we discussed this with the practice it was confirmed that suitable training would be provided.

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 both in the waiting area and on the practice website.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that various multi-disciplinary team meetings took place on a monthly basis (more frequently when appropriate, for example every two weeks in relation to patients experiencing poor mental health) and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- The practice had identified the smoking status of 89% of its patients and provided advice. A smoking cessation adviser ran a weekly clinic and records showed that 174 patients had given up smoking in last year.

The practice's uptake for the cervical screening programme was 76%, 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 93% and five year olds from 72% to 94%. Flu vaccination rates for the over 65s were 76%, and for at risk groups, 58%. These figures were above the national averages.

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. The practice had records to show that 90% of patients aged over-45 had had blood pressure checks in last 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 32 patient Care Quality Commission comment cards we received and the eight patients we spoke with were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with six members of the patient participation group who told us that they too were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's results for patients' satisfaction with consultations with GPs and nurses were generally comparable with local and national averages -

- 89% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 83%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average 83%, national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%)
- 70% said the last nurse they saw was good at involving them in decisions about their care (CCG average 77%, national average 85%)

We discussed the figures relating to the nurses' interactions with patients, which were lower than those of the GPs. The practice had two whole-time nurse vacancies and it was likely that patients' perception of their consultations with nurses were as a consequence of the shortage the practice was experiencing. The practice was taking steps to recruit, with one of the locum nurses shortly to be made permanent.

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

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice participated in the Gold Standards Palliative Care Framework and had 26 patients registered on its list.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 256 patients on the practice list (approximately 1.75%) as carers. Written information was available to direct carers to the various avenues of support available to them.

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

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. Several of the partners worked with the CCG and were involved in commissioning services.

- The practice offered appointments throughout the day, including from 8.30am to 7.00pm for patients unable to attend during normal working hours.
- The practice offered appointments on one Saturday morning per month.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from them.
- Same day appointments were available for children and those with serious medical conditions.
- The premises had good facilities for disabled patients, with step-free access and a hearing loop.
- Translation and signing services were available, with double appointments being booked when the services were used.

Access to the service

The practice's reception opened on Monday, Wednesday, Thursday and Friday from 8.30am until 6.30pm. On Tuesday it opened from 7.00am to 8.00pm. Appointments were available on Monday, Wednesday, Thursday and Friday between 8.30am and 7.00pm and on Tuesday between 7.00am and 8.00pm. In addition, the practice had appointments available on one Saturday morning per month, between 9.00am and 11.50am. Appointments were 10 minutes long. Telephone consultations and home visits were available. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Appointments could be booked online by patients who had previously registered to use the facility. The practice participated in the electronic prescribing service, allowing patients to pick up prescriptions at their nominated pharmacies, without the need to attend the

practice first. The practice used the Choose and Book facility allowing patients referred for secondary treatment to have some choice, where practicable, of the hospital or clinic they attend and the date and time of the appointment.

The practice had opted out of providing an out-of-hours service. Patients calling the practice when it is closed are connected with the local out-of-hours service provider. There was a link to the NHS 111 service on the practice website, which also included details of local urgent care centres.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 67% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 41% patients said they always or almost always see or speak to the GP they prefer (CCG average 51%, national average 59%).

Three of the 32 comments cards we received mentioned patients' dissatisfaction with the waiting time for appointments; the others expressed no concerns. Two of the patients we spoke with also commented on the appointment system, with one saying it had become worse over the previous few months, particularly when requesting to see their preferred GP. We discussed this with staff, who informed us that the practice had introduced a system of GPs working in small teams so they could become more familiar with each other's patients, and thus allow for improved continuity of care.

Staff told us that the appointment system was being monitored constantly. We saw that the practice had engaged a firm of consultants to review the appointment process. This had led to the introduction of a triaging system and to patients being informed of the consequences of not attending booked appointments. The practice showed us evidence from the ongoing monitoring that the number of GP appointments offered had increased by over 4,000 from 2014 and 2015, with GP telephone

Are services responsive to people's needs?

(for example, to feedback?)

consultations increasing by a thousand. The rate of patients not attending booked appointments had halved. We noted that the number of nurses appointments had dropped by almost 4,000 during the period. The practice employed two nurses, working 15 and 19 hours per week and used two regular long term locum nurses; one working between 27 and 30 hours a week and the other 17 hours a week. Combined, this equated to three full time nurses. The practice informed us after the inspection that the locum nurse currently working 17 hours was to be employed permanently from April 2016.

The practice also had arrangements in place to monitor the use of its telephone system. There were nine incoming lines, staffed by four operators, and this was subject to ongoing review.

The premises were purpose-built in 1997 and extended in 2010. There were 20 consultation rooms and good facilities, including step-free access and disabled parking bays. Areas were set aside for breast feeding and baby changing.

Listening and learning from concerns and complaints

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

- We saw that information was available to help patients understand the complaints system on the practice website. However, there was no leaflet available for patients without internet access.

- The practice complaints policy and procedures were generally in line with recognised guidance and contractual obligations for GPs in England. The website guidance mentioned escalating a complaint to NHS England, but did not give details of how to contact the Health Service Ombudsman or of any advocacy service available to assist patients making complaints.
- There was a designated responsible person who handled all complaints in the practice.

We looked at records for the 18 complaints received in the last 12 months. We found that they had been appropriately handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, when a patient who was advised by a GP to book a follow up appointment found the process difficult and complained, a new process was introduced allowing the GPs to book follow up appointments on the patient's behalf during the original consultation.

We noted that the practice monitored patients' reviews left on the NHS Choices website, with responses being given by one of the GP partners.

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. It had a written mission statement as follows –

“Our mission is to provide personalised, safe, effective and high quality NHS primary care to all our patients in a supportive and responsive manner. We strive to treat all our patients fairly and with dignity and respect. We aim to make full use of latest technologies and keep abreast of organisational changes within the NHS whilst retaining the core values of traditional general practice. We seek to maintain continuity of care with our usual doctor system.”

Its aim was “to support patients to improve their health and well-being by:

- Offering advice and support to prevent disease through healthy lifestyle choices and promoting appropriate illness prevention strategies.
- Working closely with community and local services to meet identified needs of our patients.
- Working as patient advocates and liaising with relevant professionals and other agencies as appropriate.
- Working in partnership with our patients, their families and carers, involving them in decision making about their treatment and care and encouraging them to participate fully by listening and supporting them to express their needs and enabling them to maintain the maximum possible level of independence, choice and control.
- To use precious NHS resources in most cost effective way to maximise benefit to all our patients.”

Staff we spoke with knew and understood the mission statement and aim.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to them.

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents, the practice gave affected people reasonable support, truthful information and a verbal and written apology. It kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. There were regular staff social events, including team “awaydays”.

Are services well-led?

Good 

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

- Staff said they felt respected and valued. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- There was an active patient participation group (PPG) and an extended "virtual" patient representative group, which was contacted by email. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had acted upon a request by the PPG to change the recorded message for incoming calls to include more information on the types of appointments available. Members of the PPG that we spoke with said the group received excellent support from the practice. It was recognised that the make-up of the PPG was not fully representative of the patient group as a whole. The practice was making efforts to increase the participation of patients from different backgrounds and ethnic groups. For example, one of the administrative staff had visited local community groups and centres to try to encourage a wider representation of patients.

- The practice had gathered feedback from patients through the PPG, patient surveys and complaints, a suggestions box, the Friends and Family Test and by monitoring reviews on the NHS Choices website.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice and staff had protected learning time. Staff told us of support provided by the practice with computer training and management courses.

Staff told us that GP registrars spent time with the administrators to gain experience of how practices operate. They also accompanied district nurses on home visits. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was one of the first to pilot the idea of joint working with health visitors and other community service workers, relating to families, children and young people.