Valley View Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Valley View Surgery on 25 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

The practice participated in the Local Clinical Commissioning Group (CCG) winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local accident and emergency department. The practice had seen 1,145 patients during additional appointments and provided 2,725 additional telephone appointments between 1 November 2015 and 31 January 2016. Local data showed the practice had the lowest rate of emergency admissions into hospital within the CCG area in December 2015.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons learnt 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 and 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 well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey results published on 7 January 2016 showed patients rated the practice higher than others for several aspects of care.
- The practice offered flexible appointment times based on individual needs.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, a Phlebotomist from a hospital Trust visited the practice three times a week to take blood samples from patients for required testing.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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. The practice had systems in place for identifying notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement and the practice worked closely with other practices and the local Clinical Commissioning Group.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for avoiding unplanned admissions to hospital and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- The practice had completed 820 health checks for patients aged over 75 since January 2015, which was 66% of this population group.
- Flu vaccination rates for patients aged over 65 were comparable with the national average.
- The practice worked closely with a rapid response service in place to support older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nurses would conduct home visits to offer flu vaccinations and annual health checks for people with long term conditions.
- Performance for diabetes related indicators was comparable with the local Clinical Commissioning Group (CCG) and national averages.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition 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.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and identified as being at possible risk, for example, children and young people who had a high number of Accident and Emergency attendances. Immunisation rates were high for all standard childhood immunisations.
- 73% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable with the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86% which was in line with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Mother and baby post-natal checks were arranged by a dedicated member of staff and the practice actively followed up missed appointments for childhood immunisations.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- It provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice was proactive in offering online services such as appointment booking and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- Appointments were offered on two Saturdays a month and extended until 8pm once a week.
- The practice offered daily telephone consultations with all GPs for routine issues and with the duty doctor for urgent matters. Nurse telephone consultations also took place three times a week.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments and annual health checks for people with a learning disability.
- The practice held a register of carers and had identified 372 patients as carers. There was a nominated carer's champion who was proactive in offering health checks, flu vaccinations and information and advice about local support groups and services.
- The practice had a system in place to identify patients with a known disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients had been told how to access various support groups and voluntary organisations.
- Staff had received safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff members 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.

People experiencing poor mental health (including people with dementia)

Good

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

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was higher than the national average of 84%.
- Performance for mental health related indicators was in line with the CCG and national average.
- The practice carried out advance care planning for patients with dementia.
- It held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patients were referred to a well-being service and a Psychologist held a session at the practice once a week.

Summary of findings

- The practice worked closely with a rapid response service which included Community Psychiatric Nurses (CPNs) who were able to support patients experiencing poor mental health in their own homes.
- The practice had a system in place to follow up patients who had attended Accident and Emergency (A&E) 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

We looked at the national GP patient survey results published on 7 January 2016. The results showed the practice was performing above local and national averages. There were 245 survey forms distributed and 108 were returned. This represented 1% of the practice's patient list.

- 90% found it easy to get through to this surgery by phone compared to a CCG average of 63% 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 83%, national average 85%).
- 93% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, 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 42 comment cards, 39 comments were positive about the standard of care received, two patients commented on long waiting times before being seen and one commented on confidentiality when using the electronic check-in kiosk. Patients said staff acted in a professional and courteous manner and described the services provided as excellent. Patients commented on how clean the practice was and how satisfied they were with the reception staff and the quality of care provided by the doctors and nurses.

We spoke with eight patients during the inspection. All eight patients said they were happy with the care they received and thought staff members were approachable, committed and caring. The practice had received 24 responses to the NHS Friends and Family Test (FFT) between November 2015 and January 2016. The FFT asks people if they would recommend the services they have used and offers a range of responses. One person said they were 'neither likely nor unlikely' to recommend the practice and 23 people who responded said they were either 'extremely likely' or 'likely' to recommend the practice.

Outstanding practice

The practice participated in the Local Clinical Commissioning Group (CCG) winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local accident and emergency department. The practice had seen 1,145 patients during additional appointments and provided 2,725 additional telephone appointments between 1 November 2015 and 31 January 2016. Local data showed the practice had the lowest rate of emergency admissions into hospital within the CCG area in December 2015.

Valley View Surgery

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 advisor, a nurse specialist advisor and a practice manager specialist advisor.

Background to Valley View Surgery

Cuffley and Goffs Oak Medical Practice provide primary medical services, including minor surgery, to approximately 12,358 patients from two premises in south-east Hertfordshire. Valley View Health Centre is the main practice located in Goffs Oak Village and Cuffley Village Surgery is a branch surgery located in Cuffley Village.

The practice serves a lower than average population of those aged between 20 to 39 years, and higher than average population of those aged between 45 to 54 years and 65 to 84 years. The population is 93% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team across both premises consists of five GP Partners and two salaried GPs and one retained GP (Six GPs are female and two are male). There is one nurse practitioner, three practice nurses, two healthcare assistants, one practice manager and 20 administration and reception staff.

Valley View Health Centre is open to patients between 8am and 6.30pm Monday to Friday. Appointments with a GP are available from 9am to 11.30am and from 2.30pm to 6pm Monday to Friday. The practice offers extended opening hours between 6.30pm to 8pm once a fortnight and between 9am and 12pm one Saturday each month. Emergency appointments are available daily with the duty doctor. A telephone consultation service is also available with a GP or nurse for those who need advice. Cuffley Village Surgery is open between 8am and 6.30pm Monday, Tuesday and Thursday and between 8am and 2pm on Wednesday and Friday.

Home visits are available to those patients who are unable to attend the surgery and the practice is also able to offer home visits via the Acute In Hours Visiting Service. This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital. The out of hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available on the practice website and telephone line.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before inspecting, 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 inspection on 25 February 2016. We inspected the main practice and branch surgery and during our inspection we:

- Spoke with three GPs, the nurse practitioner, one practice nurse, the practice manager, two members of the administration team and six members of the reception team.
- Spoke with eight patients and observed how staff interacted with patients.
- Reviewed 42 comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with the chair of the Patient Participation Group (PPG). (This was a group of volunteer patients who worked with practice staff on how improvements could be made for the benefit of patients and the practice).
- Received feedback from nine members of the PPG.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. Senior staff understood their roles in discussing, analysing and learning from incidents and events.
- Staff would complete a significant event record form. We were told that the event would be discussed with the GP partners as soon as possible and acted on and also discussed at a partners meeting, which took place weekly. Information and learning would be made available on the staff intranet and discussed at staff meetings.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to ensure action was taken to improve safety in the practice. For example, the practice received a safety alert for a type of inhaler. The practice carried out a search on their system to see if any patients were using that particular device and then took the appropriate action.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice revised their policy for assessing electrocardiogram results (a simple test used to check heart rhythm and electrical activity) to ensure results were seen by either the patients doctor or duty doctor as soon as possible.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding adults and children. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level in safeguarding children.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and a risk assessment was in place for circumstances in which staff acted as a chaperone without having a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a system in place to record when a patient was offered a chaperone, including whether this had been accepted or declined by the patient.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The nurse practitioner was the infection control clinical lead who accessed regular training to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken annually and we saw evidence that action was taken to address any improvements identified as a result. The most recent audit had been completed in January 2016.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and daily logs were completed. Spillage kits were available and clinical waste was stored appropriately and was collected from the practice by an external contractor on a weekly basis.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines. The practice carried out regular medicines audits, with the support of the local medicines

management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions 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.

- 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.
- 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 (DBS).

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 along with a poster in the reception office which included the names of the health and safety leads at the practice. A health and safety assessment was completed in December 2015. The practice had up to date fire risk assessments. Fire alarms were tested weekly and the practice carried out fire drills and checked fire equipment on a regular basis. All electrical equipment was checked in January 2016 to ensure the equipment was safe to use and clinical equipment was checked in August 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as Control of Substances Hazardous to Health (COSHH), infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff members were on duty. The practice had staff available to cover busy periods and staff absence. The practice would use the same locums if required and completed the necessary recruitment checks and monitored their training. Staff had a flexible approach towards managing the day to day running of the practice.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on A&E attendance, emergency admissions to hospital, outpatient attendance and bowel and breast screening uptake. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 94% of the total number of points available, with 8% exception reporting which was in line with the local and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practiced monitored its QOF activity on a regular basis and had accessed training from their local CCG on using data analysis software to monitor their activity trends and referral rates. The practice had a system in place to increase the number of health checks and annual reviews performed and the practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- The overall performance for diabetes related indicators was in line with the CCG and national average. The practice had achieved 87% of the total number of points available, compared to 89% locally and 89% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was in line with the CCG and national average. The practice had achieved 93% of the total number of points available, compared to 90% locally and 91% nationally.
- Performance for mental health related indicators was in line with the CCG and national average. The practice had achieved 96% of the total number of points available, compared to 96% locally and 93% nationally.

Clinical audits demonstrated quality improvement.

- There had been twelve clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer reviews.
- Findings from audits were used by the practice to improve services. For example, one of these audits looked at the safe prescribing of a medicine commonly used to treat type two diabetes, to ensure prescribing was in line with NICE guidelines. This audit identified good practice and also resulted in changes to individual patient care and treatment plans.
- The practice also completed an audit on antibiotic prescribing for uncomplicated urinary tract infections to review their prescribing against local guidelines. This audit identified good practice and learning points. For example, the practice had achieved a good rate of first choice antibiotic prescribing, and identified the need to improve on the duration of antibiotic prescribing and suspected urinary tract infection read coding.

Effective staffing

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

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection control, fire safety, equality and diversity, basic life support, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings. The practice nurses regularly attended nurse forum meetings within the locality.
- The learning needs of staff were identified through a system of appraisals, meetings and review of personal development needs. Staff had access to a wide range of training courses 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. New reception staff had access to a two day training course organised by the local CCG and all staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, infection control, equality and diversity, basic life support and confidentiality. Staff had access to and made use of e-learning training modules and would attend CCG led training days.
- We were told that the practice had close links with the University of Hertfordshire who provided nurse training modules on topics including spirometry, COPD and diabetes.
- The nurse practitioner and practice nurses had lead roles in chronic disease management, diabetes and asthma. One of the nurses was trained in tissue viability and provided leg ulcer care.

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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the Choose and Book System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis for vulnerable patients and for patients requiring palliative care. The practice had signed up to an enhanced service and had a comprehensive system in place to respond to unplanned admissions to hospital.
- The practice had arrangements in place for blood samples to be taken at the practice by a Phlebotomist three times a week.
- The practice held monthly meetings with health visitors to manage child protection concerns.
- The practice worked closely with a local multidisciplinary team which provided a rapid response service to support people with long term or complex conditions and enable them to remain at home rather than going into hospital or residential care. This multi-disciplinary team included community psychiatric nurses, a pharmacist and palliative care nurse.
- Patients were referred to a wellbeing service and a psychologist from this service held a session at the practice once a week.

Good

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients considered to be 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, support for drug or alcohol misuse and patients experiencing poor mental health. Patients were then signposted to the relevant service.
- Smoking cessation advice was provided by the nursing team at the practice.
- The practice held a register of patients with a learning disability and was pro-active in offering these patients annual health checks and vaccinations. The practice had completed 15 out of 22 learning disability health checks since April 2015.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available, and a dedicated member of staff was responsible for following up patients who had not attended their appointment. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, and the practice had a member of staff in place responsible for sending reminder letters out to patients. The practice had screened 64% of patients for bowel cancer, aged 60 to 69, in the last 30 months compared to 60% locally and 58% nationally. The practice had screened 72% of female patients for breast cancer, aged 50 to 70, in the last 36 months compared to 72% locally and 72% nationally.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% and five year olds from 91% to 97%. Flu vaccination rates for the over 65s were 76% which was comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. The practice had completed 820 health checks for patients aged over 75 since January 2015, which was 66% of this population group. New patients were offered a health check upon registering. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 42 CQC patient comment cards, 39 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eight patients who said they felt the practice offered a good service and staff members were helpful, caring and treated them with dignity and respect.

We received feedback from nine members of the Patient Participation Group (PPG). They also told us they 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 patients needed help and provided support when required.

Results from the national GP patient survey results published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly above CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 85%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 94% said they found the receptionists at the practice helpful (CCG average 84%, 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.

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:

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Patient and carer support to cope emotionally with care and treatment

- Notices in the patient waiting rooms told patients how to access a number of support groups and organisations.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 372 carers which was 3% of the practice list. A receptionist was the nominated carers' champion who was proactive in offering health checks, flu vaccinations and information and advice about local support groups and services.

Good

Are services caring?

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the Local Clinical Commissioning Group (CCG) winter resilience scheme and offered more appointments. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local accident and emergency department. The practice had seen 1,145 patients during additional appointments and provided 2,725 additional telephone appointments between 1 November 2015 and 31 January 2016. Local data showed the practice had the lowest rate of emergency admissions into hospital within the CCG area in December 2015.

- The practice offered extended hours on two Saturday's each month between 9am and 12pm, and weekly on a Monday or Thursday evening between 6.30pm and 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for the disabled and a portable hearing loop.
- Translation services and British Sign Language (BSL) services were available.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- The practice used notes and reminders on patient records to alert staff of patients with known visual, physical or hearing impairments.
- The practice had baby changing facilities, an area for pushchairs and prams, a suitable place available for baby feeding, and a reading and play area for children.

Access to the service

The main practice was open to patients between 8am and 6pm Monday to Friday. Appointments were from 9am to 11.30am every morning and from 2.30pm to 6pm daily. Extended surgery hours were offered between 6.30pm to 8pm once a fortnight and between 9am and 12pm one Saturday each month.

The branch surgery was open to patients between 8am and 6.30pm Monday, Tuesday and Thursday and between 8am and 2pm on Wednesday and Friday. Appointments were from 9am to 11.30am every morning and 2.30pm to 6pm Monday, Tuesday and Thursday. Extended surgery hours were offered between 6.30pm to 8pm once a fortnight and between 9am and 12pm one Saturday each month. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available on the same day for people that needed them. The practice also offered a telephone consultation service with the doctor Monday to Friday and three times a week with the minor illness nurse.

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

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 90% of patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 64% of patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them, and the practice offered longer appointments if required.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. This information was available on the practice website and in the patients waiting areas.

We looked at 14 complaints received since March 2015 and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency when dealing with complaints. Apologies were offered to patients when required. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice took the necessary action to ensure the most appropriate telephone number was recorded for temporary residents requiring a telephone consultation.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement but not all staff knew and understood the values.
- The practice had a strategy which reflected the vision and values of the practice and was in the process of developing a supporting business plan.

Governance arrangements

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

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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff had lead roles and they prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 patients reasonable support and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- 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 to do so.
- Staff said they felt respected, valued and supported. Staff said they 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.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys, friends and family test results and complaints received. There was an active PPG which met regularly, and carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG encouraged the installation of an electronic display screen by the CCG. They supported the establishment of a carers' network. A diabetes support group was established by one of the patients under guidance from Diabetes UK and the local CCG.
- The practice had gathered feedback from staff through regular meetings and as part of their annual appraisal. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. A senior member of the administration team was being trained for a future role in practice management, and a practice nurse had discussed continued professional development during their appraisal and was supported in accessing training in smoking cessation as a result.

Are services well-led?

Good

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The nurse practitioner held a nurse mentorship qualification and was planning on providing training to student nurses. Senior staff regularly attended meetings with peers within their locality and the practice was a member of a local GP federation.