Dr Turner and Partners

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 Dr Turner and Partners on 14 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

The areas where the provider should make improvement are:

- Ensure that staff acting as chaperones receive sufficiently regular training updates to maintain their knowledge of chaperoning responsibilities.
- Implement a failsafe system for ensuring that all medicines are disposed of when they reach their expiry dates.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and an apology. Where appropriate 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 (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. For example, the practice had implemented measures to audit and improve chlamydia screening rates.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as similar to others for many aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice's computer system alerted GPs if a patient was also a carer. One member of staff had a role as a carers' champion and directed carers to support services. The practice also offered carers in-house support and advice.
- GPs told us that when a patient was nearing the end of their life they provided their personal telephone numbers to the patient and their family members to ensure that they could offer support when needed if out of surgery hours.

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, they had developed a business plan and been awarded funds to move to a larger premises to meet patient need.
- Patients said they could make an appointment with a named GP with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

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

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 had a named GP.
- There was a named GP at the practice for a local residential home. The GP visited the residents every week as part of the Care Home Surgery Agreement Scheme. Audit showed that as a consequence fewer emergency hospital admissions occurred and patients died in their preferred place more often.
- The practice was part of a telemedicine pilot with a vascular surgeon to improve the care and experience of patients with leg ulcers. There was a dedicated leg ulcer clinic which had in the past run on bank holidays so that patients did not have to attend hospital.

People with long term conditions

Good

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

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March was 94% compared to the CCG average of 96% and national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. 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 who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 92%, which was higher than the CCG average of 83% and the national average of 82%.
- 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 schools.
- The practice had been proactive about auditing and improving chlamydia screening rates.

Working age people (including those recently retired and students)

Good

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

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

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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.

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).

- 96% of patients at the practice diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 85% and national average of 84%.
- The practice held a dementia pilot carried out by a GP and health care assistant. The practice invited patients to attend for memory assessment to improve dementia detection rates.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% compared to the CCG average of 89% and England average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients when appropriate.
- The practice had told patients experiencing poor mental health about how to access counselling and psychological therapy services, 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 national GP patient survey results were published on 7 July 2016. The results showed the practice was performing above local and national averages in a number of areas. There were 217 survey forms distributed and 121 were returned. This represented 1.3% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the CCG average of 84% national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which all contained positive about the standard of care received. Feedback was that staff were pleasant, supportive, and professional. In seven of the cards patient reported that it was not always easy to make appointments at a convenient time.

We spoke with five patients during the inspection. All five patients said they were generally satisfied with the care they received and thought staff were committed and caring. The results of the Friends and Family Test for August 2016 showed that out of nine respondents, eight patients (89%) would be extremely likely to recommend the practice to friends and family, and one (11%) would neither be likely or unlikely to recommend the practice.

Dr Turner and Partners

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.

Background to Dr Turner and Partners

Dr Turner and Partners (Woodstock Surgery) is located in Woodstock, Oxfordshire. The practice resides in purpose built premises and there is no parking available. However, the GPs had developed a business plan and been awarded funds to move to a larger premises to meet patient need.

The practice has approximately 9000 registered patients. The practice has a high proportion of patients aged 65 years and above. The area in which the practice is located is placed in the least deprived decile. In general, people living in more deprived areas tend to have a greater need for health services. According to the Office for National Statistics, Oxfordshire has a high proportion of people from a White British background.

There are five GP partners, consisting of three male GPs and two female GPs. GPs provide approximately 36 sessions per week in total. The practice employs two female practice nurses and two health care assistants. The practice manager is supported by a team of administrative and reception staff. The practice provides training to medical students.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are from 9am to 11.45am and 4.30pm to 6.30pm daily. Extended hours appointments are offered between 6.45am and 8.30am on Wednesdays, from 6.30pm to 7pm on Mondays and Wednesdays, and on Saturdays between 8am and 10.30am. When the practice is closed patients can access the Out of Hours Service via NHS 111 service

Services are provided via a General Medical Services (GMS) contract (GMS contracts are negotiated locally between GP representatives and the local office of NHS England).

Services are provided from the following location:

Woodstock Surgery

Park Lane

Woodstock

Oxford

OX20 1UB

Why we carried out this inspection

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

Detailed findings

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 14 September 2016. During our visit we:

- Spoke with four GP partners, two nurses, one health care assistant, the practice manager, and two members of administrative staff.
- Spoke with five patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 35 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when the vaccine fridge broke down the practice took appropriate action. They sought advice from the medicine advice centre and the medicine manufacturers and destroyed all affected vaccines and medicines. They also ensured that no patients had been affected. Following this the practice obtained a new fridge and reviewed their processes and policy to ensure that these continued to be effective in managing such situations.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses and health care assistants had received child safeguarding training level two. Notices around the practice advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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). One member of staff did not describe the correct position to stand in when chaperoning. The practice told us that staff would immediately receive further refresher training.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP and practice nurse were the infection control clinical leads. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific

prescription or direction from a prescriber. The doctors kept a supply of medicines that they took out on home visits with them. There was a system for checking the expiry dates of these. However, we found that two of the medicines were out of date. When we informed the practice of this they disposed of these immediately.

- We reviewed one personnel file 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. The practice had placed checklists in staff files to monitor that the appropriate recruitment documentation had been obtained for staff.

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 a fire risk assessment and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw evidence that any equipment that was not working correctly was repaired or replaced promptly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff that we spoke with said that there were sufficient staff on duty at the practice and that in the event of staff absences existing staff provided coverage, or on rare occasions locum staff were employed.

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.
- Staff had received basic life support training and there were emergency medicines available.
- The practice had emergency equipment available on the premises, including oxygen and a defibrillator. 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.
- 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. All GPs had copies of the business continuity plan at their homes so that it could be accessed in the event of an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2014 to 2015 were 98% of the total number of points available. The practice showed us that QOF results for 2015 to 2016 were 99% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March was 94% compared to the CCG average of 96% and national average of 94%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% compared to the CCG average of 89% and England average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 17 clinical audits undertaken in the last year, and we saw examples of completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of audit included introducing further systems for ensuring that guidance was followed for women having a particular medical injection. Information about patient outcomes was used to make improvements such as adding reminders to the computer system to prompt GPs and nurses to remind patients to attend for a review within recommended timescales.
- The practice had been proactive about auditing and improving chalmydia screening rates. Chlamydia self testing kits were available, patients were sent reminders to attend for screening, and information was displayed around the practice. The practice reported that since employing these measures their chlamydia screening rate had improved from 4.6% in 2015 to 15.2% and that this was the highest rate in North East Oxfordshire.

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. This covered such topics such as health and safety, confidentiality, and identification of required mandatory and specialist training.
- 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 and patients who were emotionally distressed.
- Staff administering vaccines and taking samples for the cervical screening programme had received training. However, for two staff it was unclear when their most recent immunisation training had taken place. The practice told us that these staff were booked to receive vaccine training updates within the next month.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support,

Good

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, infection control, fire safety awareness, health and safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis and care plans were routinely reviewed and updated for patients with complex needs. The practice had a system for seeking email or telephone advice from medical consultants of various specialities which enabled them to assess and treat patients with specific complex conditions and determine whether a referral to another service was required.

The practice reviewed learning points from unplanned admissions on a weekly basis. GPs also reviewed each other's referrals to ensure that best use had been made of community clinics and in-house skills before making hospital referrals.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those with long-term conditions, those with learning disabilities, those experiencing severe mental health difficulties, and those requiring advice on their diet, smoking and alcohol cessation. Patients had a named GP and were signposted to the relevant service.
- Smoking cessation advice and support to develop a healthy lifestyle and encourage exercise was available at the practice.

The practice's uptake for the cervical screening programme was 92%, which was higher than the CCG average of 83% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test and to offer smear tests when patients were attending appointments for other reasons. 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. The practice percentage of females age 50-70, screened for breast cancer in last 36 months was 81% which was slightly higher than the CCG average of 76% and national average of 72%. The practice percentage of persons, age 60-69, screened for bowel cancer in last 30 months was 61% which was similar to the CCG average of 59% and national average of 58%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were similar or higher compared to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 99% compared to CCG figures ranging from 95% to 97% and

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Are services effective?

(for example, treatment is effective)

national rates ranging from 73% to 95%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 91 to 95% compared to CCG ranges of 92% to 97% and national ranges of 81% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. There were self-service machines to measure blood pressure, weight, height, and body mass index in the waiting area. Results were given to clinicians to provide additional means to monitor patient health.

The practice provided flu clinics and offered additional clinics in the week and on weekends during flu season. GPs also visited three local villages, sheltered housing and a local residential home to hold flu clinics for the residents.

There was a named GP at the practice for a local residential home. The GP visited the residents every week as part of the Care Home Surgery Agreement Scheme. Audit showed that as a consequence fewer emergency hospital admissions occurred and patients died in their preferred place more often.

The practice held a dementia pilot carried out by a GP and health care assistant. The practice invited patients to attend for a memory assessment to improve dementia detection rates. 96% of patients at the practice diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 85% and national average of 84%.

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.

Patients' privacy and dignity was maintained during examinations, investigations and treatments.

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

All of the 35 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Patients that we spoke with said they felt the practice offered an excellent service and that staff were helpful.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. Comment cards highlighted strongly 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. Results were in line with CCG and national averages for satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 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 from the comment cards we received was also 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:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- GPs were proactive in providing patient information leaflets to help patients understand and make informed decisions about their care.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups and services was also available on the practice website. There was also information on the website about how to access paper and electronic reading materials promoting emotional and psychological wellbeing. There was a counsellor who provided support for patients at the practice.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 235 patients as carers (2.6% of the practice list). One member of staff had a role as a carers' champion. The practice offered carers a number of services which included support so carers could attend appointments, safe lifting advice, and help to plan for the event of an emergency. Written information was available in the practice and on the practice website and Facebook page to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP provided support. GPs told us that when a patient was nearing the end of their life they provided their personal telephone numbers to the patient and their family members to ensure that they could offer support when needed if out of surgery hours.

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 had developed a business plan to move to new premises and obtained government funds towards achieving this to enable patients to receive treatment in a larger and more modern premises.

- The practice offered early morning, evening, and weekend appointments for working patients who could not attend during normal opening hours.
- The practice offered telephone appointments where required.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Where possible these were provided by patients' named GPs.
- A particular GP provided weekly appointments to a local residential home.
- There were longer appointments available for patients with learning disabilities or complex needs.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- One GP spoke two other languages which meant that patients who spoke these languages could receive consultations in their language of choice.
- There were facilities for babies, toddlers, and young children, including baby changing facilities, a potty, and toys in the waiting area.
- The practice offered carers a number of services which included support in the waiting room for the person being cared for so carers could attend appointments.
- The notes of patients with sensory difficulties had alerts to enable staff to provide support for them to access appointments as needed.
- The practice provided online services including requesting prescriptions and appointment booking.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9am to 11.45am and 4.30pm to 6.30pm daily. Extended hours appointments were offered between 6.45am and 8.30am on Wednesdays, from 6.30pm to 7pm on Mondays and Wednesdays, and on Saturdays between 8am and 10.30am. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and national average of 73%.
- 78% of patients described their overall experience of making an appointment as good compared to the CCG average of 80% and national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. All 35 comments cards contained positive comments about the care that patients had received at the practice. However, in seven of the cards patient feedback was that it was not always easy to make appointments at a convenient time. The practice told us that in the past they had repeatedly reviewed the appointments system to meet patient need. They showed us that they had recently analysed the results of the GP patient survey and developed further plans to improve the appointment system which would be re-audited in six months' time.

The practice had a system in place to assess:

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

This was done by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical

Good

Are services responsive to people's needs?

(for example, to feedback?)

need. The practice could also request emergency home visits from a service whereby paramedics or similarly trained staff visited patients to make an initial assessment which they then discussed with GPs on the phone.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available in summary leaflets in reception and on the practice website to help patients understand the complaints system.

We looked at 14 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint and investigation about a delayed patient referral, the practice changed the hours of administrative staff to ensure that it was possible to complete the administrative aspect of referrals in a prompt fashion.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, they had developed a business plan and been awarded funds to move to a larger premises to meet patient need. Staff were aware of and involved with these plans. Information for patients about the planned move was available at the practice and on the practice website.

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. GPs and nurses had areas of responsibility and at times these were shared to ensure that there was a lead member of staff available when needed.
- Practice specific policies were implemented and were available to all staff in hard copy and online.
- A comprehensive understanding of the performance of the practice was maintained. Meetings were held with individual staff groups, and whole team meetings took place to ensure practice priorities and developments were clearly discussed with all relevant staff. Minutes of meetings were detailed and these were reviewed to ensure action points were followed up.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager were approachable and always took the time to listen to all members of staff. Staff told us that they felt very positive about the culture within the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

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 and complaints received. The PPG met regularly and submitted proposals for improvements to

Are services well-led?

Good

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

the practice management team. For example, the practice had incorporated additional health information to the practice notice board and website following PPG feedback.

- The practice had gathered feedback from staff through annual staff surveys and 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. For example, following staff feedback the practice had put a line on the reception floor which patients were asked to stand behind when queuing to maintain confidentiality. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of a telemedicine pilot with a vascular surgeon to improve the care and experience of patients with leg ulcers. There was a dedicated leg ulcer clinic which had in the past run on bank holidays so that patients did not have to attend hospital.