

Over Surgery

Quality Report

1 Drings Close, Cambridge, Cambridgeshire
CB24 5NZ
Tel: 01954231550
Website: [www.oversurgery.nhs.uk/
welcome,44315.htm](http://www.oversurgery.nhs.uk/welcome,44315.htm)

Date of inspection visit: 24 November 2016
Date of publication: 24/02/2017

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Over Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Over Surgery on 24 November 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.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- 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.
- Feedback from patients about their care was positive. Patients said they were treated with compassion,

dignity and respect and they were involved in their care and decisions about their treatment. Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice in line with, or above , others for most aspects of care.

- 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.
- 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 a named GP and there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt well supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Arrangements were in place to respond to emergencies and major incidents.
- We reviewed three personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff 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 listed.
- Appropriate standards of cleanliness and hygiene were maintained. We saw evidence of staff cleaning checks and monitoring of the cleaners and staff reported any issues raised. We saw evidence that actions were planned or taken to address any improvements identified in the audit.
- The practice had a legionella policy, water temperatures were checked regularly and taps were run when they were in limited use.
- The practice had 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 that the practice had achieved 99% of the total number of points available, with 9% exception reporting.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice generally higher than others for many aspects of care. For example, 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%. 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- Feedback from patients about their care was positive. 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.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 106 patients as carers (2% of the practice list). We were told that 70 carers had undergone an annual health review for a chronic condition or a medication review (66%). Written information was available to direct carers to the various avenues of support available to them. For example, there was a display table in the practice reception area with information and advice for patients and their carers. The practice promoted the Carers Trust and offered the carers prescription service which ensured patients could be referred for support. Other information available included 'Your Life Your Choice' which provided advice on being a carer, living safely and independently at home, money advice and other social care packages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- 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.
- Results from the National GP Patient Survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages. For example 80% of patients were satisfied with the practice's opening hours compared to the CCG and the national average of 76%. 92% of patients said they could get through easily to the practice by phone; this was also above the CCG average of 75% and the national average of 73%.
- People told us on the day of the inspection that they were able to get urgent appointments on the same day when they needed them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- 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 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.
- The provider was aware of and complied with the requirements of the duty of candour. The GP and practice manager encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were above local and national averages.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with a 9% exception reporting rate which was two percentage points below the CCG average and one percentage point below the 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). We saw that exception reporting across all indicators was generally in line with local and national averages.
- Longer appointments and home visits were available when needed.
- 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.

Summary of findings

Families, children and young people

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

· There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

· Childhood immunisation rates for the vaccinations given were high when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% which was above the CCG average of 70% to 95% and five year olds from 90% to 97% which was comparable to the CCG average of 88% to 95%.

- 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 85%, which was above the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, 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.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 66% of the target population, which was above the CCG average

Good



Summary of findings

of 59% and the national average of 58%.The breast cancer screening rate for the past 36 months was 75% of the target population, which was also above the CCG average of 74% and the national average of 72%.

- 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. Since April 2015 the practice had sent out 370 invitations with 171 patients attending for a health check. The practice also facilitated health checks for older patients who were not reviewed as part of other chronic disease checks. The practice uptake for NHS health checks for patients over 75 years since April 2016 was 62%, with 341patients invited and 212 undergoing a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

People whose circumstances may make them vulnerable

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

- We saw that since April 2016 the practice had completed 22% of health checks for patients with a learning disability with invitations sent to the remaining patients. The practice offered longer appointments for patients with a learning disability.
- Treatment room doors were colour coded throughout the practice to assist patients who were unable to read, staff advised patients which colour door they required on arrival.
- 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record in the preceding 12 months (01/04/2014 to 31/03/2015) was 92%, which was above the CCG average of 87% and the national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 95%, which was above the CCG and the national average of 84%.
- 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 with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing above local and national averages in many areas, 222 survey forms were distributed and 115 were returned. This represented a 52% completion rate.

- 92% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 90% 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 87% and the national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 92% 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 80% and the national average of 78%.

Twenty nine of the thirty patient Care Quality Commission comment cards we received were positive about the service experience; one card contained negative feedback which we discussed with the practice. Patients said they felt the practice offered a good service, staff were professional, helpful, caring and treated them with dignity, we were told they were always given sufficient time with clinicians' and they were treated with consideration and respect.

We spoke with one member of the patient participation group (PPG) and five patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We were told the practice made every effort to ensure patients were seen in a timely way. Comment cards highlighted that staff were polite and thoughtful, the practice was always clean, nothing was too much trouble and staff listened and responded compassionately when they needed help, providing support when required.

Over 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 adviser and a second CQC inspector.

Background to Over Surgery

Over surgery is located in Over, Cambridgeshire. The practice is run by four GP partners (two female and two male). At the time of our inspection the practice supported the training of two GP registrars (these are fully qualified doctors who are training to become a GP). The practice employs three female practice nurses and one female health care assistant. The clinical team is supported by a practice manager and a team of administrative, secretarial and reception staff. There is a hybrid dispensary/pharmacy on site and the practice dispenses to approximately 40% of its patient population. The dispensary/pharmacy is managed by two pharmacists who are supported by a team of six dispensing and counter staff.

According to Public Health England information, the practice age profile has higher percentages of patients aged 44 to 69 years compared to the practice average across England. It has lower percentages of patients aged 20 to 40 years. Income deprivation affecting children and older people is lower than the local area and the practice average across England.

The practice is open between 8am and 6pm Monday, Tuesday, Thursday and Friday, and from 8am to 1pm Wednesdays. The practice is closed on Wednesday afternoons. Extended hours appointments are available from 7am to 8am on Monday and Wednesday mornings. Appointments are on average from 9am to 11.30am every

morning and 2pm to 4.30pm daily. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that need them. The pharmacy/dispensary is open from 8am to 1pm and 2pm to 6pm on Monday, Tuesday Thursday and Friday. Wednesday opening hours are from 8.30am to 2.30pm. Prescriptions can be requested on-line, by post, fax or the surgery post box.

The practice holds a General Medical Service (GMS) contract to provide GP services to approximately 4,855 registered patients, which is commissioned by NHS England. A GMS contract is a nationally negotiated contract to provide care to patients. In addition, the practice also offers a range of enhanced services commissioned by their local CCG: facilitating timely diagnosis and support for people with dementia and extended hours access. The practice is a teaching and training practice and undertakes regular research with the Primary Care Research Network to support medical research.

Out-of-hours care is provided by Herts Urgent Care through the NHS 111 service

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 24 November 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, as a result of one significant event the practice had reviewed its process for home visit requests to ensure there was a system in place to ensure action was undertaken.
- Patient complaints were also treated as significant events to encourage and embed learning from patient feedback.
- The practice carried out a thorough analysis of the significant events to identify trends and make changes when necessary. A significant events matrix was maintained to ensure that incidents were reviewed in a timely manner.
- Significant events were discussed at whole team meetings and reviewed bi-annually.
- The practice recorded positive incidents as significant events, which were used to share good practice amongst the team.

We reviewed safety records, incident reports, patient safety alert, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA), and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading and monitoring patient safety alerts, such as those from the MHRA. There were effective systems in place to ensure that reviews of patient safety updates from the MHRA were consistently undertaken and that appropriate and effective action was taken to keep patients safe.

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 was a clinical lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There were cohesive systems in place to ensure families and vulnerable children were read coded on the computer system, including if they failed to attend a hospital appointment. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children with additional training for safeguarding adults as relevant to their role. GPs were trained to child protection or child safeguarding level three. We saw that the practice held regular (quarterly) meetings with health visitors, school nurses and other local health providers and services.
- 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 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Medicines management.

The practice dispensary was situated within the pharmacy, which was adjacent to the practice. The pharmacy staff were able to evidence their Standard Operating Procedures (SOPs) which were dated and signed by the dispensers and the superintendent pharmacist (these are practice specific written instructions about how to dispense medicines safely). The SOPs were reviewed on a regular basis and updated in response to incidents or changes to guidance.

The practice had signed up to the Dispensing Services Quality Scheme (DSQS) which rewards practices for providing high quality services to patients of their dispensary. As part of this scheme the practice had to ensure that face to face reviews of 10% of patients are carried out to assess compliance and understanding of the medicines being prescribed, known as Dispensing Review of the use of Medicines (DRUMs). During the inspection it was confirmed that the relevant number of reviews were being carried out appropriately by the superintendent pharmacist. Regular reports were run to ensure the correct number of DRUMs had been carried out. General stock checks were carried out every three months and also as and when stock was used or replenished. Medicines were stored securely and in a clean and tidy manner and were within their expiry date. Annual stock checks were also carried out and balance checks were carried out monthly. The pharmacy/dispensary was accessible to staff, GPs and authorised personnel only and was locked in the evenings and at weekends.

The pharmacy/dispensary was air conditioned and the room temperature gauge was checked daily. The refrigerator used to store medicines incorporated a temperature gauge. This was monitored by the dispensing staff and a record sheet was completed daily with the temperatures recorded. The refrigerators were checked and stocks were in date with enough space around the medicines for air to circulate.

The dispensing staff and superintendent pharmacist ensured that all prescriptions were signed by a GP prior to medication being dispensed. There was a robust process in place for the dispensing of high risk medicines and all prescriptions and medications were kept in a separate area

in the pharmacy. Prescriptions were given to the GPs to sign prior to medicines being dispensed. There was good communication between the pharmacy/dispensary and the GPs, and changes to medication were checked with a GP before dispensing. There were systems in place to ensure medicines not collected by patients were notified to GPs and where appropriate patients were telephoned to check why medicines had not been collected.

The dispensers had achieved the appropriate NVQ level two, level three or level three plus diploma. There were seven members of the dispensary team, which included the superintendent pharmacist. All staff had undergone DBS checks (the Disclosing and Barring Service which helps employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, formerly known as Criminal Records Bureau (CRB) checks).

There was a named GP responsible for the dispensary, and weekly meetings took place to discuss issues relating to dispensing procedures, policies, concerns or incidents. Appropriate records were kept of any dispensing errors and incidents were logged efficiently and reviewed promptly. This helped to ensure that appropriate actions were taken to minimise the chance of similar errors occurring again and were discussed on a regular basis with the dispensing staff and also the practice team. Appropriate records were maintained of significant events, actions taken and learning outcomes.

The pharmacy held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and there were procedures in place to manage them safely. Dispensing patients had the choice of collecting their medication from the pharmacy/dispensary or other local pharmacies. The practice dispensed to approximately 40% of their patients.

A SOP was in place for the preparation of monitored dosage systems commonly known as dosette boxes (these are boxes containing medications organised into compartments by day and time in order to simplify the taking of medications). The preparation of dosette boxes was undertaken by the dispensers and checked by a second dispenser. Patients were required to sign when collecting these medicines. Unwanted and expired medication was disposed of in line with waste regulations. There was a private area available where patients could

Are services safe?

privately discuss any areas of concern or queries. The pharmacy/dispensary photocopied or printed information leaflets for patients in the event that these were not included in the medication packets.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and had undertaken fire drills. Staff commented that procedures had worked well during the drills. All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises, for example, control of substances hazardous to health. 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. Some staff were multi skilled and could cover other roles when required.

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 and emergency medicines were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date.
- 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.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers.

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. The practice had produced a resume of guidelines that was accessible for all staff.

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 2015 to 2016 were 99% of the total number of points available, with a 9% exception reporting rate which was two percentage points below the CCG average and one percentage point above the 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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was better in comparison to the CCG and national averages, with the practice achieving 98% across all indicators. This was seven percentage points above the CCG average and eight percentage points above the national average. Exception reporting was in line with CCG and national averages.
- Performance for mental health related indicators was also better in comparison to the CCG and the national averages. With the practice achieving 97% across each

indicator, this was three percentage points above the CCG average and four percentage points above the national average. Exception reporting was in-line with local and national averages.

- Performance for asthma, atrial fibrillation, cancer, chronic kidney disease, chronic obstructive pulmonary disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, osteoporosis, palliative care and rheumatoid arthritis were all above or in-line with CCG and national averages with the practice achieving 100% across each indicator. Exception reporting was in-line with local and national averages.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example the practice benchmarked a total number of prescribed antibiotic items per 1000 registered patients per quarter as 123 items compared to the national average per 1000 patients per quarter of 169 items.

Clinical audits demonstrated quality improvement. Clinical audits had been completed in the last year; we looked at completed audits where the improvements made were implemented and monitored. For example, following a significant event the practice had undertaken an audit of patients prescribed non-steroidal anti-inflammatory drugs (NSAIDs) who had also been prescribed a proton pump inhibitor, (medicine to reduce the potential for a gastrointestinal bleed as a result of the use of NSAIDs). Re-audit evidenced improvements and the learning outcome from these completed audits resulted in a change in the practice protocol for the prescribing of these medicines. Other audits included audits of intrauterine contraception devices, audits of minor surgery undertaken at the practice and any subsequent infection rates. We saw that each audit resulted in reviews and learning outcomes which were discussed and shared with the practice team to ensure improvements were established and reviewed.

The pharmacy/dispensary had carried out audits including an audit of patients taking warfarin (a medicine used to treat or reduce the formation of blood clots in veins or arteries). The audit included any polypharmacy (whether patients were taking other medication) and dietary information in order to check whether these could interact with warfarin. Regular and varied medication meetings took place throughout the year, including clinical prescribing meetings, significant event meetings and

Are services effective?

(for example, treatment is effective)

pharmacy meetings. Topics for discussion included: audit learning outcomes, signing prescriptions, prescribing issues, risk management, NICE guidelines and cost effective prescribing.

High risk medications were monitored regularly by doing a search on the clinical computer system. The practice described and showed us how their recall system worked for various drug monitoring. There were recalls in place and the practice checked that patients had been in for their blood tests.

The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and held regular meetings to discuss the care and support needs of patients and their families with all services involved.

The practice participated in non-clinical audits including data quality, patient feedback, infection control, cleaning standards appointment schedules. The practice also took part in local audits, national benchmarking, accreditation, peer review and research. For example the practice kept a log book of all minor surgery undertaken at the practice and undertook annual audits of the outcomes and any secondary infections. The practice ran searches in response to any medicine issues. For example the practice recently checked all patients on one medicine to confirm they were on the correct dose. As a result two patients over 80 years on one medicine had their dose reduced and four patients whose renal function had deteriorated had the dose of their medicine reduced.

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 topics including safeguarding, infection prevention and control, fire safety, 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. Staff who administered vaccines 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 or with peers.

- 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 ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal in the past 12 months.
- The practice shared new learning with staff. For example, on reading an article on the management of chicken pox the practice revised its protocol on prescribing for this condition. The practice was in the process of developing a practice formulary for all prescribing staff with added safety alerts and messages.

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 ongoing 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 when care plans were routinely reviewed and updated for patients with complex needs. For those patients that were considered for hospital admission avoidance the practice worked closely with other services. They discussed these patients on a weekly basis with community services and we saw evidence of improved patient outcomes because of effective information sharing. The practice was pleased to report low emergency admission rates for children with chronic diseases such as asthma, diabetes and epilepsy.

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.

• 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.
- The process for seeking consent was monitored through patient records audits.

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 at risk of developing a long-term condition including diabetes and those requiring advice on their diet, drug and alcohol consumption, and smoking cessation. Patients were signposted to the relevant service. There was a display in the practice waiting room area with examples which showed the amount of sugar in soft drinks, each bottle of or can had a bag beside it which indicated the amount of sugar found in each drink. This ensured patients of all ages and abilities would be able to understand the relevance of the display, for example a bottle of water had an empty bag beside it, and other sugary non-diet drinks had bags with substantial amounts of sugar beside them.

The practice's uptake for the cervical screening programme was 85%, which was above the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer

screening. The bowel cancer screening rate for the past 30 months was 66% of the target population, which was above the CCG average of 59% and the national average of 58%. The breast cancer screening rate for the past 36 months was 75% of the target population, which was also above the CCG average of 74% and the national average of 72%. Patients who failed to attend for screening had this addressed in their consultations. This included patients who underwent five year colonoscopy, non-attenders had this addressed at their next GP appointment. The practice had proactive recall systems in place for other observations such as scans, blood tests and hormone injections. The practice reported a low smoking prevalence of 8% compared to the national average of 16%.

The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 92%, which was above the CCG average of 87% and the national average of 88%. We saw that since April 2016 the practice had completed 65% of all mental health reviews. We saw that since April 2016 the practice had completed 22% of health checks for patients with a learning disability with invitations sent to the remaining patients. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 95%, which was above the CCG and the national average of 84%. We saw that since April 2016 the practice had completed health checks for 66% of patients identified as having dementia, with a care plan in place for each patient. The practice referred patients to various support services as required.

Childhood immunisation rates for the vaccinations given were high when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% which was above the CCG average of 70% to 95% and five year olds from 90% to 97% which was comparable to the CCG average of 88% 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. Since April 2016 the practice had sent out 370 invitations with 171 patients attending for a health check. The practice also facilitated health checks for older patients who were not reviewed as part of other chronic disease checks. The practice uptake

Are services effective?

(for example, treatment is effective)

for NHS health checks for patients over 75 years since April 2016 was 62%, with 341 patients invited and 212 undergoing a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Twenty nine of the thirty patient Care Quality Commission comment cards we received were positive about the service experience; one card contained negative feedback which we discussed with the practice. Patients said they felt the practice offered a good service, staff were professional, helpful, caring and treated them with dignity, we were told they were always given sufficient time with clinicians' and they were treated with consideration and respect.

We spoke with one member of the patient participation group (PPG) and five patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We were told the practice made every effort to ensure patients were seen. Comment cards highlighted that staff were polite and thoughtful, the practice was always clean, nothing was too much trouble and staff listened and responded compassionately when they needed help, providing support when required. Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.
- 94% 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 positive and aligned with these views. We also saw that care plans were personalised.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally above local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Are services caring?

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 was also available on the practice website. The practice staff were aware that some patients were unable to read or write so they ensured they gave clear instructions to patients. For example about how to take medicines. Staff also ascertained if a family member could read for the patient if giving written information. Where patients experienced failing or poor eyesight, we saw staff personally guide patients and where required ensured patients were registered as partially sighted. Practice doors were colour coded to assist patients with literacy, sight or dementia concerns.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 106 patients as carers (2% of the practice list). We were told that 70 carers had undergone an annual health review for a chronic condition or a medication review (66%). Written information was available to direct carers to the various avenues of support available to them. For example there was a display table in the practice reception area with information and advice for patients and their carers. The practice promoted the Carers Trust and offered the carers prescription service which ensured patients could be

referred for support. Other information available included 'Your Life Your Choice' which provided advice on being a carer, living safely and independently at home, money advice and other social care packages.

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

Practice nurses had, for the previous five years provided nursing services in the community to patients who were unable to travel to the practice, this support was put in place following the reductions of local community services and continued to be supported by the practice. Domiciliary visits were also available for sight and hearing tests where patients were unable to travel to the practice.

The practice was located close to a day care centre; staff told us that GPs often provided urgent support to people who attended the centre including those who were not registered patients at the practice when required. The practice responded to the day centre when they were concerned about repeat prescription requests for their clients, in response the practice dispensary team collect and deliver dosset boxes to patients when they attend the centre.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

In addition;

- The practice offered a 'Commuter's Clinic' on a Monday and Wednesday morning from 7am 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 had clinical needs which resulted in difficulty attending the practice.
- 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 as well as those only available privately.
- There were disabled facilities, a portable hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness.
- The practice provided a range of nurse-led services such as management of asthma, and spirometry clinics, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice. Chronic disease appointments were available at a time that was convenient to patients.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery.
- Hypertension clinics were available and the practice provided home loan blood pressure monitors in order to improve the care of patients.
- The practice supported the management of leg ulcers, minor injuries; post-operative wound care, learning disability health checks.

- The practice identified and visited the isolated, frail and housebound regularly. Chronic disease management was provided for vulnerable patients at home and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients.
- Telephone appointments were available for patients if required. The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice hosted other services from the surgery including a weekly midwifery service, physiotherapy services, aortic aneurysm screening and a drug and alcohol addiction support service.
- The practice website provide links to on-line services such as; booking and cancelling appointments, prescription ordering, notifying changes to patients records, online access to records and electronic prescriptions.
- The practice also provided NHS Health Checks, emergency contraception, family planning, sexual health advice, weight management and smoking and drug misuse guidance.
- A breastfeeding and quiet room was available for patients to use as required.
- Patients over 75 years and vulnerable patients were offered same day appointment or same day duty GP triage telephone appointments.
- The practice also responded to patient comments and provided hydraulic couches to make examination easier, raised chairs in the waiting room and chairs with arms for patients with restricted mobility.

Access to the service

The practice was open between 8am and 6pm Monday, Tuesday, Thursday and Friday, and from 8am to 1pm Wednesdays. The practice was closed on Wednesday afternoons. Extended hours appointments were from 7am to 8am on Monday and Wednesday mornings. Appointments were on average from 9am to 11.30am every morning and 2pm to 4.30pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 80% of patients were satisfied with the practice's opening hours compared to the CCG and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

In response to patient feedback the practice had reviewed the appointment system, providing on the day slots and routine slots, creating additional capacity at times of high demand, in addition the practice had redesigned the reception area providing better access for patients using wheelchairs and in response to concerns identified by the management team had put telephone training in place for all reception staff to improve the service and provide a uniform response. We were told this ensured staff were able to direct requests and enquiries appropriately. The practice recorded all telephone calls to provide a transcript if required.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

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. The practice used the ASSIST (Acknowledge, Sorry, Story, Inquire, Summarise, Solution, Travel) model when reviewing complaints. Staff had attended training seminars of managing adverse events to improve complaints handling and improve systems to reduce risk at the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Complaints were shared with staff to encourage learning and development.

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 provide up to date, personalised, holistic, family orientated care, and improve the health, well-being and lives of its patients. The practice aimed to deliver care within a culture defined by; personalised care, respect for patients, professional development, openness, commitment to work with other agencies, empowering patients and being responsive to patient needs.

The practice had identified future challenges including local disinvestment, increased demand on its chronic disease services and local increased population. There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual challenges and changes to practice, and made in depth consideration to how these would be managed.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit 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

On the day of inspection 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 were approachable, friendly and supportive.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. This included support training for all staff on communicating with patients about notifiable safety incidents. 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 people reasonable support and a verbal and 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 supported by management. 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. We noted the team also held regular social events, such as a Christmas party. 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), a suggestion via the practice website or a suggestion box in reception and through surveys and complaints received. The PPG had nine members plus four virtual members who received information from the practice and responded via email. The PPG met quarterly, carried out patient surveys, spoke with patients and submitted proposals for improvements to the practice management team. The results from the patient survey completed in October 2016 were reviewed by the patient group at a meeting held on 19th November 2016 and actions were agreed. The results from the survey and the minutes were also sent to all virtual members to review and for their comment prior to final issue. Actions included; displaying a poster in reception advising patients that if they have not been seen within 15 minutes of their booked appointment time to ask reception, and consideration of increasing appointment times to 12 minutes per patient, however the partners

Are services well-led?

Good 

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

were to monitor this and review again in the New Year. If patients had indicated 'no' on the survey it was agreed to ask for reasons in future to ensure further investigations could be addressed. WIFI access which was being implemented and a lack of nurse's appointments which the practice had responded to.

- Other feedback from patients has resulted in improvements including a water dispenser in the waiting room. Patient complained they could not see a GP of choice, as a result the practice introduced telephone appointments to help as two long term GPs had retired and the remaining long term GP partner only worked part-time. This was felt to improve things as the known name was more frequently requested. The practice also responded to the Practice Questionnaire about appointment availability for working patients and as a result introduced extended hours appointments on two mornings from 7am.
- The PPG worked with the practice to produce a practice newsletter for patients. This included important health information such as flu clinic dates, practice news and links to local organisations. The newsletter was available in the practice waiting room area and on the practice website. The PPG provided a second hand book sale in the practice reception, the funds from which went towards the practice equipment fund.
- The practice had also gathered feedback from staff through staff meetings, appraisals, discussion and away

days. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

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 took part in NHS supported research studies.

The practice was a teaching and training practice for medical students and GP registrars (these are fully qualified doctors who are training to become a GP) and the practice regularly sought feedback from them to improve their learning experience.

The partners were mindful of the potential ways that primary care services may need to adapt to meet future demand and the availability of resources. They were considering how this might impact on their practice and were working to prepare for this, to ensure they could address challenges and maximise opportunities to develop. For example, the practice were exploring the potential of expanding the premises to provide further treatment rooms and services.