

Dr Underwood 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Underwood and Partners on 14 April 2016. The practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they were able to get same day appointments and pre bookable appointments were available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure that controlled drugs registers are completed in accordance with the misuse of drugs regulations 2001.
- Ensure all staff are up to date with mandatory training.

Summary of findings

- Ensure the practice has a written strategy and supporting business plan which outlines their vision and plans for the future.

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.

- 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.
- Patients affected by significant events received a timely apology and were told about actions taken 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were comparable to the local CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national survey showed that patients rated the practice higher than others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed a patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

- Two of the reception staff had been identified as 'carer's leads' and patients could ask to speak to them for advice and support. There was information in the waiting room and on the TV screen to make patients aware of this.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice 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, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care. The partners operated a 'buddy' system so when the named GP was not available the 'buddy' GP provided cover. Urgent appointments available the same day.
- Late evening and Saturday morning appointments were available with the GPs.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The 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 knowing about notifiable safety incidents.
- 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.

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. Patients over the age of 75 had a named GP.
- The practice had assessed the older patients most at risk of unplanned admissions and had developed care plans which were reviewed every three months.
- They were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data for 2014/2015 showed that outcomes were good for conditions commonly found in older people. For example, performance for heart failure indicators was 100%; this was 1.9% above the local CCG average and 2.1% above the England average.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90.4%. This was 2.1% above the local CCG and England average.
- The Practice had a GP with a Special Interest in Diabetes and Endocrinology and all diabetic patients were seen by the diabetic specialist GP when they were newly diagnosed.
- Longer appointments and home visits were available when needed.
- Patients with LTCs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GPs 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.

Good



- 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 or who failed to attend hospital appointments.
- Immunisation rates were high for all standard childhood immunisations. For example, rates for all immunisations given to children aged 12 months, 24 months and five years were 95% or above.
- 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.
- Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 84.5%. This was comparable to the local CCG average and 2.8% above the England average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a nominated receptionist who following delivery of a baby made telephone contact with the family to ask whether a visit or appointment to the new mother or baby would be appreciated.
- We saw good examples of joint working with midwives, health visitors and school nurses. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the health visiting service to follow up any concerns.
- Practice staff spent two Sundays every September at a local residential college of further education to enable students to register with the practice. The college provided a minibus to bring students to the practice each day and the practice made a number of appointments available to coincide with the college transport time. Students could also have appointments at other times as and when required.

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).

Good



Summary of findings

- 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 reflected the needs for this age group.
- Telephone consultations were available every day with a call back appointment arranged at a time to suit the patient, for example during their lunch break.
- Late evening and Saturday morning appointments were available with the GPs

People whose circumstances may make them vulnerable

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

- The practice held registers of patients living in vulnerable circumstances which included those with a learning disability.
- The practice offered longer appointments for people with a learning disability.
- Nursing staff used easy read leaflets, pictures and CDs to assist patients with learning disabilities to understand their treatment.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told 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.
- One of the GPs was the local Safeguarding Adults Lead and provided regular education and updates for staff, as well as advice in the event of any difficult issues arising from capacity questions.
- Telephone interpretation services were available and information leaflets in different languages were provided when required.

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

- Nationally reported data from 2014/2015 showed 84% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the preceding 12 months. This was the same as the local CCG and England average.
- Nationally reported data from 2014/2015 showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 92.2%. This was 1.3% above the local CCG average and 3.9% above the England average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced 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.
- One of the GPs was a member of the national Mental Capacity Forum.
- Staff had a good understanding of how to support people with mental health needs and dementia. Nursing and non clinical staff had completed dementia training to become 'dementia friends'. (A dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action).
- Staff were trained to recognise patients with memory problems and arranged telephone reminders for appointments when needed.

Summary of findings

What people who use the service say

The National GP patient survey results published in January 2016 showed the practice was performing above the local CCG and national averages in all areas. There were 239 survey forms distributed for Dr Underwood and Partners and 123 forms were returned, representing 1% of the practice's patient list.

- 78% found it easy to get through to this surgery by phone compared with the local CCG average of 68% and national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared with the local CCG average of 86% and national average of 85%.
- 95% described the overall experience of their GP surgery as good compared with the local CCG average of 87% and national average of 85%.
- 94% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

As part of our inspection we asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our visit. We received 37 completed

comment cards which were very positive about the standard of care received. Patients said staff were polite and helpful and treated them with dignity and respect. Patients described the service as excellent and very good and said staff were friendly, caring, listened to them and provided advice and support when needed.

We spoke with 11 patients during the inspection including three members of the Patient Participation Group. They also confirmed that they had received very good care and attention and staff treated them with dignity and respect.

We looked at the results of the 'Family and Friends' (F&Fs) survey results from January 2015 and of 203 replies 198 patients said they would be likely or extremely likely to recommend the practice. They were also very positive about the care and treatment received and patients said they were able to get appointments when they needed them.

Feedback on the comments cards and from patients we spoke with reflected the results of the national survey. Patients were very satisfied with the care and treatment received.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that controlled drugs registers are completed in accordance with the misuse of drugs regulations 2001.
- Ensure all staff are up to date with mandatory training.
- Ensure the practice has a written strategy and supporting business plan which outlines their vision and plans for the future.

Dr Underwood and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector and included a CQC Pharmacist, a GP Specialist Advisor and a Practice Manager Specialist Advisor.

Background to Dr Underwood and Partners

Dr Underwood and Partners is located in the centre of Beverley and is close to local bus routes. There is parking, including disabled parking available at the practice. The practice is in a purpose built health centre and shares the building with various community health services. Consulting and treatment rooms are available on the ground and first floors; there is lift access to the first floor.

The practice provides services under a General Medical Services (GMS) contract with the NHS North Yorkshire and Humber Area Team to the practice population of 12300, covering patients of all ages. The practice is a 'dispensing practice' and is able to dispense medicines for patients who live more than one mile from the nearest pharmacy.

The proportion of the practice population in the 65 years and over age group and the under 18 age group are similar to the England average. The practice scored nine on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

The practice has seven GP partners, three are full time and four are part time. There are two male and five female GPs. There are three practice nurses and three health care

assistants, all female and all work part time. There is a practice manager, an assistant practice manager, a finance manager and a team of administrators, secretaries and receptionists/phlebotomists. There is a pharmacist and three prescribing clerks.

The practice is open between 8am to 6pm Monday to Friday. Appointments are available from 8am to 11.00am and 1pm to 5.35pm Monday to Friday. There is extended opening on a Monday until 8pm and on a Saturday morning from 8.30am to 11am for pre-booked appointments only. Information about the opening times is available on the website and in the patient information leaflet.

The practice, along with all other practices in the East Riding of Yorkshire CCG area have a contractual agreement for the Out of Hours provider to provide OOHs services from 6.00pm. This has been agreed with the NHS England area team.

The practice has opted out of providing out of hours services (OOHs) for their patients. When the practice is closed patients use the 111 service to contact the OOHs provider. Information for patients requiring urgent medical attention out of hours is available in the waiting area, in the practice information leaflet and on the practice website.

The practice is a teaching practice for first year medical students from the Hull York Medical School.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out an announced inspection to check whether the provider is meeting the

Detailed findings

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.

How we carried out this inspection

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

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

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

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

- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed policies, procedures and other information the practice provided before and during the inspection. We carried out an announced visit on 14 April 2016. During our visit we:

- Spoke with a range of staff including two GPs, a practice nurse and a health care assistant. We also spoke with the practice manager, the data entry clerk, a secretary and two receptionists.
- Spoke with 11 patients who used the service including three members of the patient participation group (PPG).
- Reviewed 37 comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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).
- Patients affected by incidents received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and they were discussed at the practice meetings. Lessons were shared with individual staff involved in incidents to make sure action was taken to improve safety in the practice. However the staff were not always involved in the discussion and lessons not always shared with staff if they were not involved in the incident.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Safety alerts were disseminated to staff and action taken, however the action taken was not always documented. Following incidents lessons were shared to make sure action was taken to improve safety in the practice. For example, a HBA1C blood test result (a test that measures blood glucose levels over a period of time) for diabetes was reviewed by the lead GP for diabetes and then filed in the patient's record as satisfactory. However the result was actually in the diabetic range for a patient without a previous diagnosis of diabetes. The procedure was changed so that all HBA1C results would be reviewed by the patient's usual GP and it was reiterated to the GPs the risk of filing these results without reviewing the patients records.

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies and procedures were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and staff told us they had received training relevant to their role. GPs were trained to safeguarding children level three. One of the GPs was the local Safeguarding Adults Lead and provided regular education and updates for staff, as well as advice in the event of any difficult issues arising from capacity questions.
- Information telling patients that they could ask for a chaperone if required was visible in the consulting rooms, on the reception desk and on the TV screen in the waiting room. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training. Infection control monitoring was undertaken throughout the year. An annual infection control audit had been completed. Action was taken to address any improvements identified.
- The arrangements for managing medicines in the practice, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We checked medicines stored in the treatment rooms, doctors bags, and medicine refrigerators and found they were stored securely with access restricted to authorised staff. We found two medicines that had expired and these were replaced immediately. Processes were in place for handling repeat prescriptions which included the review

Are services safe?

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. Prescription pads were securely stored and there was a system in place to track them through the practice. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistants were trained to administer medicines against a patient specific prescription or direction from a prescriber.

- The practice was a dispensing practice and dispensing was undertaken by a pharmacist who was employed by the practice and they were supported by repeat prescribing clerks. The pharmacist had regular appraisal by the lead GP for dispensing and the practice manager. The practice had no process in place for seeking assurance regarding the dispensing of medicines for their patients, including patient safety incidents or monitoring of the quality of the service provided. The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. Prescriptions were signed before dispensing and a system was in place to ensure this happened.
- The practice held stocks of controlled drugs (CDs) (medicines that require extra checks and special storage because of their potential misuse) and these were been managed safely. Balance checks of controlled drugs had been carried out but not at the required intervals. There were arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted in one file that there was no record of references been obtained.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available and a poster with details of responsible people. The practice had an up to date fire risk assessment, carried out regular fire drills and had eight staff trained as fire wardens.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staff groups to ensure that enough staff were on duty. Staff we spoke with told us they provided cover for sickness and holidays and locums were engaged when required. A member of staff had been employed recently to provide cover for maternity leave.

Arrangements to deal with 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 basic life support training.
- The practice had a defibrillator available on the premises and oxygen, with adult and children's masks.
- There was a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We checked medicines were in date and stored securely.
- 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 for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

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 2014/2015 showed the practice achieved 99.9% of the total number of points available, with 9.8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Lower exception reporting rates are more positive. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90.4%. This was 2.1% above the local CCG and England average.
- The percentage of patients with asthma, who had had an asthma review in the preceding 12 months that included an assessment of asthma control, was 70.6%. This was 6.2% below the local CCG average and 4.7% below the England average.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had had a review,

undertaken by a healthcare professional, including an assessment of breathlessness in the preceding 12 months was 92%. This was 3% above the local CCG average and 2% above the national average.

- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the preceding 12 months was 84%. This was the same as the local CCG and England average.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, one of these was a completed audit cycle where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation and peer review.

Findings were used by the practice to improve services. For example, an audit was done to check if patients that had polymyalgia rheumatica (a condition that causes inflammation, pain and stiffness in the neck, shoulders and hips) were being prescribed the recommended medication and having assessments of their risk of fractures and falls carried in line with current guidelines. The audit confirmed that all but two patients were being treated in line with current guidelines. An existing clinical template was amended to include all the requirements for these patients to improve compliance with current guidelines.

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 as 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. Nursing staff had completed training in diabetes, asthma and respiratory disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during staff meetings, one-to-one meetings, appraisals, supervision and support for the revalidation of the GPs and nurses. One of the Health Care Assistants was starting an Associate Practitioner course in September 2016.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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 test results. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when people were referred to other services.

Staff worked together, and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place quarterly and that care plans were routinely reviewed and updated.

Consent to care and treatment

- 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, where appropriate, recorded the outcome of the assessment.
- Staff sought patients' consent to care and treatment in line with legislation and guidance. The process for seeking consent had not been monitored through records or minor surgery audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those with mental health problems. Patients were then signposted to the relevant service.
- The practice referred and sign posted people who needed support for alcohol or drug problems to local counselling services.

The practice had a comprehensive screening programme. Nationally reported data from 2014/2015 showed the practice's uptake for the cervical screening programme was 84.5%. This was comparable to the local CCG average and 2.8% above the England average. Nursing staff used easy read leaflets, pictures and CDs to assist patients with learning disabilities to understand the procedure. There was a policy to send written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from 2014/2015 showed childhood immunisation rates for the vaccinations given were high and were comparable to the local CCG and national averages for children aged 12 months, two and five years. For example, rates for all of the immunisations were 95% or above.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Nationally reported data from 2014/2015 showed the percentage of patients aged 45 or over who had a record of blood

pressure in the preceding five years was 91.5%, this was comparable to the local CCG and England average. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients and they were treated 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 and that confidential 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 the opportunity to discuss their needs in private.
- We observed staff coming to the waiting areas to call patients and supporting them into the consulting rooms.

Feedback on the 37 patient CQC comment cards we received was very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 11 patients including three members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients were very satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above the local CCG and national average for questions about how they were treated by the GPs, nurses and receptionists. For example:

- 94% said the last GP they saw was good at giving them enough time compared to the local CCG average of 91% and national average of 87%.

- 96% said the last GP they saw was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 98% said the last GP they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 88% and national average of 85%.
- 99% said they had confidence and trust in the last GP they saw or spoke to compared to the local CCG average of 97% and national average of 95%.
- 98% said the last nurse they saw or spoke to was good at giving them enough time compared to the local CCG average of 95% and national average of 92%.
- 96% said the last nurse they saw or spoke to was good at listening to them compared to the local CCG average of 93% and national average of 91%.
- 98% said the last nurse they saw or spoke to was good at treating them with care and concern compared to the local CCG average of 92% and national average of 91%.
- 99% said they had confidence and trust in the last nurse they saw or spoke to compared to the local CCG average of 98% and national average of 97%.
- 91% said they found the receptionists at the practice helpful compared to the local CCG average of 87% and national average of 87%.

The percentage of patients in the GP patient survey that said the GP or nurse was poor or very poor at giving them enough time and listening to them was 2% or less; this was below the local CCG and national average.

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 very positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above the local CCG and national average. For example:

Are services caring?

- 95% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 89% and national average of 86%.
- 94% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the local CCG average of 85% and national average of 82%.
- 100% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the local CCG average of 91% and national average of 90%.
- 93% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the local 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. There was a notice in the reception area informing patients this service was available. The self-check in screen also had a translation facility.

Patient and carer support to cope emotionally with care and treatment

There was a carers section on the practice website with information about various support available. There was information available in the waiting room to direct carers to the various avenues of support available to them. Two of the reception staff had been identified as 'carer's leads' and patients could ask to speak to them for advice and support. There was information in the waiting room and on the TV screen to make patients aware of this.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 93 patients as carers; this was 0.7% of the practice list. Staff sign posted carers to local services for support and advice.

Staff told us that if families had suffered bereavement the practice would always contact them and arrange a visit if requested. The GP also offered support and signposted the patient/family to bereavement support groups and other agencies if appropriate. Information on bereavement services was available in the waiting rooms and on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice worked with the CCG and the community staff to identify their patients who were at high risk of attending accident and emergency (A/E) or having an unplanned admission to hospital. Care plans were developed to reduce the risk of unplanned admission or A/E attendances. The practice had employed a nurse who was responsible for visiting these patients at home and also for seeing patients after they were discharged from hospital.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Information was available to direct patients to services that would offer support for lesbian, gay, bisexual and transgender issues.
- Appointments could be made on line, via the telephone and in person.
- Telephone consultations were available for working patients who could not attend during surgery hours or for those whose problem could be dealt with on the phone.
- Late evening and Saturday morning appointments were available with the GPs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- Consulting and treatment rooms were accessible and there was ramp access and a disabled toilet.
- There was a hearing loop for patients who had hearing problems. Staff told us they would take patients to a private room if they had difficulty communicating.
- There was a facility on the practice website to translate the information into different languages.

- Nursing and non clinical staff had completed dementia training to become 'dementia friends'. (A dementia friend is someone who learns more about what it is like to live with dementia and turns that understanding into action).
- A visiting Consultant held a vasectomy clinic once a month which was available for the practice patients and patients from other practices in the area.
- The practice had a GP with a special interest in rheumatology and joint injections who carried out treatment for patients with osteoarthritis and rheumatoid arthritis.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with the service was very positive; results were above the local CCG and national average. This reflected the feedback we received on the day. For example:

- 95% described the overall experience of their GP surgery as good compared to the local CCG average of 87% and national average of 85%.
- 94% said they would recommend their GP surgery to someone new to the area compared to the local CCG average of 81% and national average of 78%.

Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were available from 8am to 11.00am and 1pm to 5.35pm Monday to Friday. There was extended opening on a Monday until 8pm and on a Saturday morning from 8.30am to 11am for pre-booked appointments only. Information about the opening times was available on the website and in the patient information leaflet.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. If patients needed to be seen urgently they would be provided with an appointment that day.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was positive. Results were above the local CCG and national average. This reflected the feedback we received on the day. For example:

Are services responsive to people's needs?

(for example, to feedback?)

- 75% of patients were satisfied with the practice's opening hours compared to the local CCG average of 73% and national average of 75%.
- 78% found it easy to get through to this surgery by phone compared to the local CCG average of 68% and national average of 73%.
- 85% of patients described their experience of making an appointment as good compared to the local CCG average of 73% and national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 86% and national average of 85%.

We looked at the results of the 'Family and Friends' (F&Fs) survey results from January 2015. They were also very positive about the care and treatment received and patients said they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- The practice 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.
- Information was available to help patients understand the complaints system in the complaints and patient information leaflets which were available in the waiting room. There was also a complaints poster in the waiting rooms and information on the practice website.

We looked at eight complaints that had been received in the last 12 months and found they were satisfactorily handled and dealt with in a timely way. For example, a patient complained that they had waited 50 minutes to see the doctor and had not been told the clinic was running late. This was discussed and reiterated to staff that they must keep patients informed if staff are running late. Messages are now also added to the TV screen if a clinic is running late.

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 values were outlined on the practice website and staff knew and understood the values.
- The practice had a strategy for the following 12 months regarding how they would continue to deliver their vision, however the strategy and supporting business plan were not documented.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the practice standards to provide 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.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit and monitoring 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, openness and transparency

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

The provider was aware of and complied with the requirements of the Duty of Candour. This requires any patient harmed by the provision of a healthcare service to be informed of the fact and an appropriate remedy offered,

regardless of whether a complaint has been made or a question asked about it. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unintended or unexpected safety incidents:

- Patients affected by significant events received a timely apology and were told about actions taken to improve processes to prevent the same thing happening again.
- They kept records of written correspondence and verbal communication.

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

- Staff told us that regular team meetings were held.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team building events were held periodically.
- Staff said they felt respected, valued and supported, by the GPs and practice manager. All staff were involved in discussions about how to run and develop the practice. The GPs and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Nursing staff were given protected time each week to complete administration tasks.

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 TV information screen to advertise the practice services, highlighting telephone consultations, online repeat prescriptions, booking appointments online and SMS Text messaging appointment reminders.
- The PPG members told us they were kept up to date with developments in the practice and received an e bulletin at least monthly between meetings.

Are services well-led?

Good 

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

- The Chair of the PPG group attended the GP Patient Group Sharing Ideas meetings at the CCG.
- The practice had also gathered feedback from staff, generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, nursing staff did a daily infection control check in each room but did not record this. After a suggestion from nursing staff the checks are now recorded, providing assurance along with a record of any actions required and confirmation they have been completed.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked to improve outcomes for patients in the area. For example, the practice formed sub-committees of the PPG to address specific issues, a Housing Development Strategy – GP Services in the Community committee had been established. The committee had contacted the local council, the Clinical Commissioning Group and NHS England to raise questions about the impact the new housing developments would have on GP services in the area.