

Sheerness Health Centre

Quality Report

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Sheerness

Kent

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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 Sheerness Health Centre name on 25 July 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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.
- 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 the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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



- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had introduced a mobile phone app for patients to book and cancel appointments.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence the practice complied with these requirements.

Summary of findings

- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was ongoing and refresher information was built into staff appraisals.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, the practice used 'Your wishes' an IT system to record information about terminally ill patients which was shared with the out of hours service, to help ensure continuity of care.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- GPs and nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 91% compared with the clinical commissioning group and national average of 78%. This was marked in CQC data as a positive variation.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- The practice had a system for monitoring repeat prescribing for patients with long term conditions. For example, there was a rolling disease modifying anti-rheumatic drugs (DMARD) audit which monitored the repeat prescribing of medicines such as Methotrexate.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. Where a patient was unable to attend the practice for their annual review the GP carried out home visits to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- The practice had a process to follow up on any children who missed outpatient appointments by telephoning the parent/carer.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided post-natal checks and child health surveillance clinics.

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).

Good



Summary of findings

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice provided care and treatment for the residents of a care home for people living with a learning disability and for three patients in a nursing home.
- Patients with learning disabilities were flagged on the IT system so that the appropriate level of care and length of appointment time could be offered.
- Annual reviews were carried out for patients with a learning disability and care plans which demonstrated updates to care and treatment were seen.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The practice carried out advance care planning for patients living with dementia.
- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 83% and national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. For example, there was a rolling audit which monitored the repeat prescribing of medicines such as Lithium.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% compared to 93% at CCG level and 89% as a national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. 281 survey forms were distributed and 110 were returned. This represented 2.5% of the practice's patient list.

- 98% of respondents described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 89% of respondents described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 94% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 38 comment cards which were all positive about the standard of care received. Comments stated that the practice offered an invaluable, professional and caring service which provided an essential lifeline to the local community; that the everyone in the team from the reception staff to the doctors treated patients with respect, dignity and compassion; that the staff are kind and listen; that appointments are available and the GP will telephone to advise; that the service provided and the GPs are excellent and the staff team take the time to explain treatment; that the nursing staff are excellent and that as a whole the practice is amazing.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice is rated as five star on NHS Choices as a result of 12 reviews since 2015.

Sheerness Health Centre

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 CQC Assistant Inspector.

Background to Sheerness Health Centre

Sheerness Health Centre is situated in Sheerness town centre. There are three separate GP practices housed in the purpose built premises. The practice was newly registered as a provider in April 2015. All patient areas are on the ground floor and are accessible to patients with reduced mobility, as well as parents with children and babies. There is parking available for patients with a disability who attend the practice and unrestricted on street parking and local transport.

The practice consists of two GP partners, both male, a practice nurse and HCA, both female and a regular locum GP who works each Wednesday, who is male. The clinical team are supported by a practice manager and an administration and reception team.

There are approximately 4200 patients on the practice list. The practice age range population profile is close to national averages. However, the practice has more young patients registered from 0 to 9 years, and less working age people than the national average. The practice is situated in an area that is considered to be more deprived. It is rated as 2 on the Indices of Multiple Deprivation (IMD) scale, with one being the most deprived and 10 being the least deprived. The practice patient population is mainly white, with 2% being identified as Asian or other ethnicity. 47% of

patients are identified as being in paid work or full time education compared with the clinical commissioning group (CCG) average of 59% and the national average of 63%.

The practice is open from 8.30am to 6.30pm Monday to Friday. The phone lines are maintained by the out of hours service between 8am and 8.30am and the GP will be contacted if there is an emergency. There was an extended hours clinic on Tuesday evenings from 6.30pm to 8pm. GP appointments were offered daily from 9.30am to 11.30am, 3.30pm to 5.30pm and from 6.30pm to 7.40pm on Tuesday evening. The practice offers pre-bookable appointments as well as urgent on the day appointments for patients that needed them.

An out of hour's service is provided by MedDoc, outside of the practices normal opening hours and there is information available to patients on how to access this in the practice information leaflet and on the website.

Services are delivered from:

250 – 262 High Street, Sheerness, Kent, ME12 1UP.

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 such as NHS Swale clinical commissioning group to share what they knew. We carried out an announced visit on 25 July 2017. During our visit we:

- Spoke with a range of staff including a GP, HCA, practice manager and admin/reception and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system 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). Records demonstrated that all staff had signed attendance at a meeting where significant events were discussed.
- From a sample of documents we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient search was carried out after receipt of a safety alert involving medication prescribed to children where there was a possibility of overdose. All parents/carers were informed of the detail of the alert by letter and this was reviewed a month later.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. This information was also placed on the wall in all consulting, treatment and

admin rooms. One GP partner was the lead member of staff for safeguarding children and the second for safeguarding adults. From the sample of documents we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. Staff were aware of how to raise a safeguarding alert and had done so when circumstances required. GPs were trained to child protection or child safeguarding level three.
- 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 chaperone policy was comprehensive and included information on the Gillick Competence Guidance regarding young people having informed consent. It also signposted documents for further guidance for GPs.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. The cleaning was carried out by an outsourced company identified by NHS Property Services. The practice communicated with the company and over saw the work carried out. There were cleaning schedules and monitoring systems for medical devices and equipment.
- The practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. Quarterly health and safety audits were carried out which incorporated IPC. We saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The

Are services safe?

practice had established a system of on-going audit for the review of patients on high risk medicines who required blood tests to help ensure the correct level of medicine was prescribed.

- Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. For example, all prescriptions with re-started or newly prescribed medicine from secondary care were forwarded to the GPs with a prescribing slip attached and the letter of authority from the consultant or the relevant discharge letter.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice was identified as a low prescriber. For example, the 'average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) which was 0.06 at the practice compared to 1.27 at CCG level and 0.98 at national average. CQC data highlighted this as a significant positive variation.
- The number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) were 0.7 at the practice, 1.11 at CCG level and 1.01 at national average. This was marked as a positive variation on CQC prescribing data.
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones was 3% at the practice compared to the CCG average of 6% and the national average of 5%.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. All prescription pads and computer prescription paper were logged as used.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the

appropriate professional body and the appropriate checks through the DBS. The practice utilised a three month probationary period to help ensure staff would be suitable to remain on the team. During this period the staff were supervised at all times. Staff told us that at the end of this period a formal contract would be offered and DBS checks sought.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and quarterly safety checks were carried out of the premises.
- The fire risk assessment and fire drills were the responsibility of NHS Property Services. The practice manager provided documents to show that the property services had been contacted to organise a drill and that she had made a contingency plan to carry out a dummy run fire drill in the interim. There were designated fire wardens within the practice and a fire evacuation plan.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order and recalibration was booked for August 2017.
- The practice had a variety of other risk assessments 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). These were carried out by NHS Property Services. We saw evidence of water flushing taking place and a copy of the legionella risk assessment. COSHH was also managed by NHS Property Services on behalf of the practice.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff told us that they covered one another with overtime when there was annual leave or sickness. One member of reception staff was training alongside an administrator to enable her to carry out admin and correspondence duties in her absence. The practice had two GP partners and had also secured a long term locum GP to work a session each week.

Arrangements to deal with emergencies and major incidents

Are services safe?

The practice had adequate arrangements 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 as well as panic buttons.
- All clinical staff received annual basic life support training and non-clinical staff received the training in January 2016 and were due to be updated in October 2017.
- A first aid kit and accident book were available.
- A practice located within the same building had a defibrillator available on their premises which was also used by Dr Witts and Dr Kallinannan's practice in an emergency. Staff told us that this had been used previously for emergency situations. The emergency protocol reflected that the defibrillator was stored in the adjacent practice.
- Oxygen with adult and children's masks was available in the treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Staff told us that a new process had been established after a significant event whereby one clinical member of staff checked the emergency medicines were in date weekly and another member of the clinical team carried out a secondary check.
- The practice had a comprehensive business continuity plan 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 by reviewing them at clinical meetings. For example, NICE guidelines were examined by the clinical team in relation to a patient complaint to determine whether best practice had been followed and scope for improvement.
- The practice used templates derived from NICE guidance to deliver care and treatment and also took paper copies of these on home visits which were scanned onto the patient notes on their return. Staff told us that they used personal learning, the monthly PLT and peer to peer support and supervision to keep up to date with the guidelines. Where appropriate the practice used an online medicines management service for guidance on the length of treatment for certain prescribed medicines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%.

The overall exception rate was 3% which was lower than the CCG average of 5% and the national average of 6%. (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 a positive outlier for QOF clinical targets regarding recording blood pressure tests for patients with diabetes. Data from 2015/16 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 91% compared with the clinical commissioning group and national average of 78%. This was marked in CQC data as a positive variation
- Performance for diabetes related indicators were higher than and comparable to the CCG and national averages. The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 77% compared to 74% at CCG average and 78% at national average.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 83% compared to the CCG average of 79% and the national average of 80%.
- Performance for mental health related indicators was higher than and comparable to the CCG and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 94%, which was the same as the CCG average and comparable to the national average of 89%. The exception rate for this indicator was 0% which was lower than the CCG and national average of 10%.

There was evidence of quality improvement including clinical audit:

- The practice had conducted a number audits in the last two years. Records demonstrated that audits were used to identify areas for improvement and that action was taken to implement and monitor these improvements.
- An audit was carried out across a number of years regarding the prescribing of a psychoactive medicine whereby the practice determined the number of patients who were receiving this medicine on a repeat prescription and for what time frame. (The medicine is for short term use and long term use can potentially have adverse rather than beneficial effects). An audit from 2011 showed that initially there had been 57 patients receiving the medicine on repeat prescription. An audit from 2015 showed that 12 patients were

Are services effective?

(for example, treatment is effective)

receiving the medicine on repeat prescription. The practice aim was to reduce the number of patients on the medicine unless the patient was under a consultant and for patients to be enrolled on a reduction plan to gradually stop the medicine over time, whilst being monitored. The practice repeated the audit to check they were abiding by the practice plan.

- The practice carried out a rolling audit of controlled drug prescribing to ensure that patients were not receiving their medication early. Where early requests were made these were logged and where necessary a prescription would be forward dated to take account of the excess medicine.
- Findings were used by the practice to improve services. For example, recent action taken included a two cycle bowel screening audit where the practice sent a personal letter to all patients eligible for bowel screening in the hope that it would increase their uptake of the provision. An audit was carried out to see if this was successful; however, it did not have the required impact. The practice used the findings to explore other means of improving the bowel screening uptake.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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. The HCA had received training which included, phlebotomy, Injection Technique and Immunisation Training for HCA's, anaphylaxis, Diabetes Awareness and the Role of HCA in Managing Diabetes.
- 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 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. We looked at their system which demonstrated that all scanning of correspondence was up to date as were test results.
- From a sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way. For example when referring patients to other services such as an urgent two week referral the GP would send a task to their reception/admin team who would fax or email the referral immediately. This would be kept for three weeks to ensure the patient was seen accordingly.

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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice used the Gold Standards Framework regarding end of life care and

Are services effective?

(for example, treatment is effective)

ensured that information regarding resuscitation and personal wishes were recorded on the 'your wishes' system which could be shared with other services. The practice provided daily access to a GP for patients at the end of their life.

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.
- Patient records had evidence of verbal consent recorded and information regarding whether a patient has capacity. The documents also recorded best interest decisions and mental capacity assessments. Deprivation of liberty safeguards were discussed in practice meetings.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and drug addiction.
- Smoking cessation advice was available from a local support group.
- The practice were involved in a health inequalities project to address obesity, smoking and alcohol use.

- A Health Trainer attended the practice weekly on a Monday afternoon to signpost patients to available support services.

The practice's uptake for the cervical screening programme was 83%, which was comparable with the CCG and the national average of 81%. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, for the vaccines given to two year olds the practice had achieved 90% and for the booster immunisation given to five year olds the practice had achieved 90%. This data was taken from NHS information.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. For example, the percentage of females, aged between 50 and 70 who were screened for breast cancer in the last 36 months (3 year coverage) was 77% compared to 73% at both CCG and national average; and the percentage of persons aged between 60 and 69, who were screened for bowel cancer in the last 30 months (2.5 year coverage) was 55% compared to the CCG average of 57% and the national average of 58%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two patients who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice 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 with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 92%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.

- 94% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared with 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.

Children and young people were treated in an age-appropriate way and recognised as individuals and this was reflected in the reference to Gillick Competence in policies and procedures. Staff told us they were aware of both Gillick competence and Fraser guidelines in relation to young people. (Gillick competency and Fraser guidelines are legal terms used to determine a children's rights and wishes).

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 local and national averages. For example:

- 93% of respondents said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.

Are services caring?

- 90% of respondents said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 80% and the national average of 82%.
- 95% of respondents said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 93% of respondents said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 64 patients as carers (1.5% of the practice list). Information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

The practice were able to clearly explain the patient population profile and understood the needs of their registered patient group. The GP told us that approximately 1% of their patient group were of mixed ethnicity and 1.2% were Asian. The practice was situated in an area of greater deprivation with less than average working age people between the ages of 35 and 50. The practice population had a higher than average proportion of patients with long term conditions such as heart failure, obesity, hypertension, smoking, asthma, diabetes and chronic heart disease. The practice had taken part in the Health Inequalities Project for Obesity, Smoking and Alcohol and were focusing on identifying patients who may have undiagnosed chronic obstructive pulmonary disease or asthma. A Health Trainer attended the practice once each week to speak with patients in the waiting area and signpost them to appropriate services.

- The practice offered extended hours on a Tuesday evening until 8pm for working patients who could not attend during normal opening hours.
- The practice has implemented the use of an App, which patients can use to book or cancel appointments and order prescriptions.
- Patients are able to email the practice to book an appointment or order prescriptions.
- 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.
- The practice attended patients at home to conduct their treatment and medicine reviews if they were unable to attend.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.

- The practice used the Gold Standard Framework and a system called 'your wishes' to co-ordinate end of life care.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice was aware of patients who were unable to read or write and these patients were supported by the reception team.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice was open from 8.30am to 6.30pm Monday to Friday. The phone lines were maintained by the out of hours service between 8am and 8.30am and the GP would be contacted if there was an emergency. There was an extended hours clinic on Tuesday evenings from 6.30pm to 8pm. GP appointments were offered daily from 9.30am to 11.30am, 3.30pm to 5.30pm and from 6.30pm to 7.40pm on Tuesday evening. The practice offered pre-bookable appointments as well as urgent on the day appointments for patients that needed them. Patients were also able to book telephone appointments and the practice would carry out patient reviews by telephone if this was appropriate.

An out of hour's service was provided by MedDoc for care and treatment outside of the practices' normal opening hours and there was information available to patients on how to access this in the practice information leaflet and on the website.

Results from the national GP patient survey 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?)

- 83% of respondents were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 82% of respondents said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.
- 87% of respondents said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 66% and the national average of 76%.
- 93% of respondents said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 89% of respondents described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 76% of respondents said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 56%.

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

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

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

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, where a complainant was concerned that a disease had not been identified, the complaint was reviewed in a clinical meeting where the NICE guidelines regarding the disease were examined. The patient notes were also reviewed with regards to the NICE guidelines and the complaint. The practice considered whether they could have done anything differently or they had missed anything.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a clear awareness of their patient population and tailored their values and objectives to meet their needs.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

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 and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice had introduced a system to keep written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs had an email system to communicate with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view. The practice organised staff team outings for special occasions.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met quarterly, but the numbers had reduced over time. Minutes of meetings are displayed on the practice website.

Are services well-led?

Good 

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

- the NHS Friends and Family test, complaints and compliments received
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, additional learning information was attached to policies, such as details regarding Gillick competencies; or NICE guidelines or pertinent policies attached to meeting

agendas. Information was shared at both clinical and non-clinical staff meetings. Documents demonstrated that child protection, best interest decisions and deprivation of liberty safeguards had been discussed at a non-clinical staff meeting and that they were present at a significant event meeting where these were discussed and reviewed. There was an on-going programme of training and competence based learning by online, in-house and external provision. Clinical staff were involved in peer to peer learning as well as attendance at protected learning time events. The practice team was forward thinking and part of quality projects to improve outcomes for patients in the area.