

Happy House Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Happy House Surgery on 29 June 2016. Overall, the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Lessons were learned when incidents and near misses occurred.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Extended hours appointments were available on a Monday and Friday between 7am and 8:30am.
- 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. An influential and active patient participation group (PPG) had been established for over 20 years. The PPG were actively consulted on possible changes at the practice and they responded to issues raised by the group quickly.
- The provider was aware of and complied with the requirements of the duty of candour regulation.
- The practice won local awards from in 2015 and 2016 following nominations from patients.
- Data from the National GP Patient Survey, published in January 2016, showed that patients rated the practice highly for access to care and treatment. For example, of those that responded 99% found it easy to get

Summary of findings

through to the practice by phone (CCG average 78%, national average 73%) and 91% describe their experience of making an appointment as good (CCG average 76%, national average 73%). Of those who responded 84% feel that they don't normally wait too long to be seen (CCG average 64%, national average 58%).

We saw two areas of outstanding practice:

- Audio leaflets were available on the practice website so that patients who had difficulty seeing or reading were able to access practice information. Audio leaflets were available with information about the

practice, opening hours, making an appointment, ordering repeat prescriptions, home visits and emergencies and making a complaint. The practice could also provide this information directly to patients as a file that could be saved on a patient's phone or computer.

- Non-clinical staff who acted as chaperones wore a blue 'chaperone' badge that ensured patients were aware of the availability of chaperones at the practice.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes and prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, there was an effective safety alert system and safeguarding leads were in place.
- Good infection control arrangements were in place and the practice was clean and hygienic. Disclosure and Barring Service (DBS) checks had been completed for all staff that required them.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- We found that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed patient outcomes were above average for the locality. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 96.4% of the points available in 2014/2015. This was above the local average of 95.7% and the national average 94.8%. For eight of the 19 clinical domains within QOF, the practice had achieved 100% of the points available.
- Quality improvement work was taking place, including clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with others for several aspects of care. For example, results from the National GP Patient Survey showed that 96% of respondents had confidence and trust in their GP (CCG average 95%, national average 95%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We saw a strong patient-centred culture.
- Information for patients about the services offered by the practice was available. For example, they provided this information on the practice's website, patient leaflet and in the waiting areas. The practice had close links to local and national support organisations and referred patients when appropriate.
- The practice had appointed one of the nurses as a carers' champion.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Data from the National GP Patient Survey, published in January 2016, showed that patients rated the practice significantly better for access to care and treatment. For example, of those that responded 99% found it easy to get through to the practice by phone (CCG average 78%, national average 73%) and 91% describe their experience of making an appointment as good (CCG average 76%, national average 73%). Of those who responded 84% feel that they don't normally wait too long to be seen (CCG average 64%, national average 58%).
- The practice had good facilities and was well equipped to treat patients and meet their needs. Specialist clinics and support services were available for patients.
- Information about how to complain was available, for example on the practice website and in the waiting area.

Good



Summary of findings

- Audio leaflets were available on the practice website so that patients who had difficulty seeing or reading were able to access practice information.

Are services well-led?

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

Good



- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequality and obtain best value for money.
- The practice had a clear vision with quality and safety as their top priority. Staff were clear about the vision and their responsibilities in relation to this. There is a strong collaboration and support across all staff and a common focus on improving quality of care and patients experiences.
- There was a clear leadership structure and staff felt supported by management. There were high levels of staff satisfaction. Staff were proud of the organisation as a place of work and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns.
- The practice won local awards from in 2015 and 2016 following nominations from patients.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour regulation. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was an overarching governance framework, which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was an active patient participation group (PPG) and the practice had acted on feedback from the group. The PPG had been established for over 20 years.

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 their population. Patients aged 75 and over were allocated a named GP to help ensure their needs were met. The practice worked to reduce the unplanned hospital admissions for patients over the age of 75.
- The practice was responsive to the needs of older people; they offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were generally in line with local and national averages. For example, the practice had achieved 100% of the Quality and Outcomes Framework (QOF) points available for providing the recommended care and treatment for patients with heart failure. This was 1.3% above the local clinical commissioning group (CCG) average and 2.1% above the national average.
- The practice maintained a palliative care register and offered immunisations for shingles and pneumonia to older people.

People with long term conditions

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

Good



- GP and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients at risk of hospital admission were identified as a priority for care and support by the practice, comprehensive care plans were in place and regularly reviewed.
- Nationally reported data showed that outcomes for patients with conditions commonly found in this population group were generally in line with local and national averages. For example, the practice had achieved 97.3% of the QOF points available for providing the recommended care and treatment for patients with diabetes. This was 3.8% above the local CCG average and 8.1% above the national average. The practice had achieved 91.9% of the QOF points available for providing the recommended care and treatment for patients with chronic obstructive pulmonary disease (COPD). This was 4.2% below the local CCG average and 4.1% below the national average.

Summary of findings

- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice held weekly meeting where the management of long-term conditions was discussed.
- The practice held regular clinics for long term conditions, for example for patients with diabetes.

Families, children and young people

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

- There were processes in place for the regular assessment of children's development. This included the early identification of problems and the timely follow up of these. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were arrangements for new babies to receive the immunisations they needed. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.7% to 100% (CCG average 96.2% to 98.9%) and for five year olds ranged from 92.3% to 100% (CCG average 91.6% to 98.9%).
- Urgent appointments for children were available on the same day.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.
- Nationally reported data showed that outcomes for patients with asthma were above average. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with asthma. This was 2.9% above the local CCG average and 2.6% above the national average.
- The practice provided contraceptive and sexual health advice and services.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients could order repeat prescriptions and routine healthcare appointments online.
- Telephone appointments were available.
- A text message reminder service was available.
- The practice offered a full range of health promotion and screening which reflected the needs for this age group.
- The practice's uptake for cervical screening was 75%, compared to the CCG average of 81.7% and the national average of 81.8%.
- Additional services such as new patient health checks, travel vaccinations and minor surgery were provided.
- The practice website provided a good range of health promotion advice and information.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances.
- The practice held a register of patients with a learning disability; patients with learning disabilities had been invited to the practice for an annual health check. 78 patients were on this register, 54% had an annual review and 38% had an influenza vaccination (2015/2016 data, which had not yet been verified or published).
- Nationally reported data showed that outcomes for patients with a learning disability were good. The practice had achieved 100% of the QOF points available for providing the recommended care and treatment for patients with a learning disability. This was the same as the local CCG average and 0.2% above the national average.
- The practice offered longer appointments for patients with a learning disability if required.
- The practice regularly worked with multi-disciplinary teams (MDT) in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Good arrangements were in place to support patients who were carers.

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).

- The practice had identified 2% of their population with enduring mental health conditions on a patient register to enable them to plan and deliver relevant services. 53% of those has an annual review, 24% had an influenza vaccination (2015/2016 data, which is yet to be verified or published).
- Nationally reported data showed that outcomes for patients with mental health conditions were below average. The practice had achieved 85.5% of the QOF points available for providing the recommended care and treatment for patients with mental health conditions. This was 6.3% below the local CCG average and 7.3 % below the national average.
- Nationally reported data showed that outcomes for patients with dementia were below average. The practice had achieved 91.2% of the QOF points available for providing the recommended care and treatment for patients with dementia. This was 4.3% below the local CCG average and 3.3% below the national average. 95.5% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, which was above as the national average of 84%.
- 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 advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

- Staff had undertaken dementia friends training and the signs in the practice were 'dementia friendly' to support accessibility for people with dementia.

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 and national averages in many areas. There were 338 forms sent out and 112 were returned. This is a response rate of 33.1% and represented 2% of the practice's patient list.

- 99% found it easy to get through to this surgery by phone (CCG average 78%, national average of 73%).
- 88% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 90% described the overall experience of their GP surgery as good (CCG average 87%, national average 85%).
- 85% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 78%).
- 94% found the receptionists at this surgery helpful (CCG average 90%, national average of 87%).
- 98% said the last appointment they got was very convenient (CCG average 94%, national average 92%).

- 91% described their experience of making an appointment as good (CCG average 76%, national average of 73%).
- 88% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%).
- 84% felt they don't normally have to wait too long to be seen (CCG average 64%, national average 58%).

We reviewed 37 CQC comment cards that patients had completed. All of these were positive about the standard of care received; many of the cards very positive about the staff at the practice, they were described as very friendly and helpful. Words used include excellent, fantastic, very happy; several comments mentioned that the practice was very clean.

We spoke with eight patients during the inspection. Patients said they were very satisfied with the care they received. They said they thought the staff involved them in their care, explained tests and treatment to them. They thought the practice was clean and they said that appointments were always available.

Outstanding practice

- Audio leaflets were available on the practice website so that patients who had difficulty seeing or reading were able to access practice information. Audio leaflets were available with information about the practice, opening hours, making an appointment, ordering repeat prescriptions, home visits and

emergencies and making a complaint. The practice could also provide this information directly to patients as a file that could be saved on a patient's phone or computer.

- Non-clinical staff who acted as chaperones wore a blue 'chaperone' badge that ensured patients were aware of the availability of chaperones at the practice.

Happy House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector and included a GP specialist advisor.

Background to Happy House Surgery

Happy House Surgery is registered with the Care Quality Commission to provide primary care services.

The practice provides services to around 5,500 patients from one location:

- Happy House Surgery, Durham Road Sunderland, Tyne and Wear, SR3 4BY.

We visited this address as part of the inspection.

Happy House Surgery is based in converted premises in Sunderland. All reception and consultation rooms are fully accessible; a lift is available to allow access to services provided on the first floor of the practice. There is on-site parking and disabled parking. Disabled WCs are available.

The practice has two GP partners and one salaried GP (two male, one female). The practice employs a practice manager, a senior receptionist, a nurse practitioner, two practice nurses and two healthcare assistants, as well as five staff who undertake reception and administrative duties. The practice provides services based on a General Medical Services (GMS) contract agreement for general practice.

Happy House Surgery is open at the following times:

- Monday and Friday 7am to 5:45pm.

- Tuesday, Wednesday and Thursday 8:30am to 5:45pm.

The telephones are answered by the practice during their opening times. When the practice is closed patients are directed to the NHS 111 service. This information is also available on the practices' website and in the practice leaflet.

Appointments are available at Happy House Surgery at the following times:

- Monday 7am to 12:10pm and 1pm to 5:20pm
- Tuesday 9:10am to 12:10pm and 2:40pm to 5:20pm
- Wednesday 8:30am to 11:30pm and 2:40pm to 5:20pm
- Thursday 9:10am to 12:10pm and 2:40pm to 5:20pm
- Friday 7am to 12:10pm and 1pm to 5:20pm

Extended hours appointments are available from 7am to 8:30am on a Monday and Friday.

The practice is part of NHS Sunderland clinical commission group (CCG). Information from Public Health England placed the area in which the practice is located in the second most deprived decile. The income deprivation score for the practice was 35 compared to the CCG average of 29.7 and the national average of 21.8. In general, people living in more deprived areas tend to have greater need for health services

Average male life expectancy at the practice is 76 years compared to the national average of 79 years. Average female life expectancy at the practice is 81 years compared to the national average of 83 years.

The proportion of patients with a long-standing health condition is above average (66.3% compared to the national average of 54%). The proportion of patients who are in paid work or full-time employment or education is

Detailed findings

below average (48% compared to the national average of 61.5%). The proportion of patients who are unemployed above average (13.6% compared to the national average of 5.4%).

The service for patients requiring urgent medical care out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered 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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 June 2016.

During our visit we:

- Reviewed information available to us from other organisations, such as NHS England. Reviewed information from the CQC intelligent monitoring systems.

- Spoke to staff and patients. This included two GPs, the practice manager, a nurse practitioner, a nurse and two members of the reception team. We spoke with eight patients who used the service, including a member of the patient participation group (PPG).
- Looked at documents and information about how the practice was managed and operated.
- Reviewed patient survey information, including the National GP Patient Survey of the practice.
- Reviewed a sample of the practice's policies and procedures.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff to use to document these. The incident recording form supported the recording of notifiable incidents under the duty of candour regulation. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal apology and were told about any actions to improve processes to prevent the same thing happening again. For example, following a significant event the practice reviewed their procedures for making appointments and ensured all staff were aware of the actions required to prevent the event happening again.
- The practice carried out a thorough analysis of the significant events. We reviewed the forms and log used to record significant events. These recorded the event and any actions taken by the practice to reduce the risk of the event reoccurring. The practice shared details and learning from significant events with the patient participation group (PPG) where appropriate.
- Incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS) when appropriate.
- The practice had an effective system for reviewing and acting on safely alerts received.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. We found that:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for adult and child safeguarding. The GPs attended

safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level three in children's safeguarding.

- Notices in the waiting room and clinical rooms advised patients that staff would act as chaperones, 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). Non-clinical staff who acted as chaperones wore a blue 'chaperone' badge that ensured patients were aware of the availability of chaperones at the practice.
- The practice maintained appropriate standards of cleanliness and hygiene. We saw that the premises were clean and tidy. The nurse was the infection control lead; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training appropriate to their role. Infection control and hand washing audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, new waste bins had been ordered and cleaning scheduled when required. The practice carried out their own patient survey that asked 'do you feel the practice looks clean?' For the last four years, 100% of those who responded had said yes.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

- The practice had a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster, which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice regularly reviewed the staffing needs of the practice.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks were available in a treatment room. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date and fit for use.
- The practice had a business continuity plan. It included details of actions to be taken in the event of possible disruptions to service, for example, loss of power.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice discussed guidelines at regular clinical meetings and ensured some of the clinical audits they undertook were linked to NICE guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results showed the practice had achieved 96.4% of the total number of QOF points available compared to the local clinical commission group (CCG) average of 95.7% and the national average of 94.8%.

At 13.1 %, their clinical exception-reporting rate was 2.3% above the local CCG average and 3.9% above the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice had undertaken an audit of their exception reporting for 2014/2015 to identify any issues and improvements that could be made for 2015/2016. The practice had reviewed 53% of records of patients who had been exception reported. Very few errors were found to have been made. Following the audit the practice decided to improve their practice and determine if some annual reviews could be completed at home for patients who had difficulty attending the practice.

Data from 2014/2015 showed;

- Performance for the diabetes related indicators was above average (97.3% compared to the national average of 89.2%).

- Performance for the mental health related indicators was below average (85.5% compared to the national average of 92.8%).
- Performance for the heart failure related indicators was above average (100% compared to the national average of 97.9%).
- Performance for the dementia related indicators was below average (91.2% compared to the national average of 94.5%).
- The practice performed well in other areas. For example, the practice had achieved 100% of the points available for eight of the 19 clinical domains, including the learning disability, depression and rheumatoid arthritis domains.

The practice was an outlier for one target that related to antibacterial prescribing. They had worked with the local CCG medicines optimisation team to reduce the number of antibiotics they prescribed. The practice had reduced the number of items prescribed in the last three months ; this work is still in progress.

A process had been put in place to target support for patients with diabetes based on the results of blood tests taken. The nurse practitioner contacted the patients whose blood test results indicated the highest risk and asked the patient to attend for a review of their care.

Patients who did not attend for a review of their long-term condition or an annual health check were actively contacted by telephone by the practice nurse. A plan was in place for the nurse to visit patients who did not respond to this call; the initial focus would be to visit patients in care homes and those that were housebound.

There was evidence of quality improvement including clinical audit.

- The practice were able to demonstrate that they had carried out clinical audit activity to help improve patient outcomes. We saw evidence of several two-cycle audits, including one used to review patients presenting with symptoms of a sore throat to determine if antibiotics were prescribed in line with local and national guidance. The audit led to improved practice, for example the second cycle of showed that 97.3% of patients were managed in line with NICE guidance compared to 74.4% in the initial audit. We also saw evidence of a number of other audits that were linked to improving patient outcomes.

Are services effective?

(for example, treatment is effective)

- The practice had completed an audit of the referral process at the practice to ensure the referrals that they made completed the information required and that they had been appropriately referred. Following this audit, the practice had planned one area of improvement; they planned to set up a process to follow up patients who failed to attend for their referred appointment.
- The practice provided a minor surgery service and monitored the quality of this service.
- The practice participated in clinical commissioning group (CCG) medicines optimisation work.

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, including locum GPs. It 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 updates for relevant staff. For example, for those reviewing patients with long-term conditions. Staff who took samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by having access to on line resources and discussion at practice meetings.
- Staff received training which included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training and external training.
- The learning needs of staff were identified through a system of meetings and reviews of practice development needs. The training needs of the practice were actively reviewed as part of the development of the practice's business plan. We saw that staff training needs were monitored. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff were encouraged to keep records of the training they completed and were actively encouraged to identify areas of development which the practice supported.
- 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. The practice monitored the clinical supervision undertaken by the nursing staff. All staff, where appropriate, had received an appraisal within the last 12 months. Nursing staff also received a clinical appraisal each year where a sample of cases was reviewed and discussed with a GP. They also attended a local nurse forum.

- The practice demonstrated their commitment to the training and development of staff. For example, one of the GP partners had recently completed a minor surgery qualification, the nurse practitioner was currently completing a mentorship course and the healthcare assistant was completing training to become a registered nurse. Non-clinical staff were also supported to develop their roles, for example one of the receptionists was completing a level 5 NVQ management qualification. Staff told us they felt supported to develop their roles by the practice. All of the healthcare assistants who worked at the practice had originally been employed as receptionists but had been supported by the practice to change roles.

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 and intranet systems.

- This included risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Staff worked together with other health and social care services 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, when they were referred or, after they were discharged from hospital.

Are services effective?

(for example, treatment is effective)

- We saw evidence that multi-disciplinary team (MDT) meetings took each week. These meetings discussed vulnerable patients and focused on providing effective support and the reduction of hospital admission for these patients.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- This included 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. The practice provided in house smoking cessation and weigh.

- Information such as NHS patient information leaflets was also available.
- The practice's website provided a good range of health information and details of support services available for patients.

The practice's uptake for the cervical screening programme was 75%, which was below the local average of 81.7% and national average of 81.8%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two years old ranged from 95.7% to 100% (CCG average 96.2% to 98.9%). For five year olds rates ranged from 92.3% to 100% (CCG average 31.6% to 98.9%). The practice worked to encourage uptake of screening and immunisation programmes with the patients at the practice.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We reviewed 37 Care Quality Commission comment cards completed by patients. All of these were very positive about the care and service experienced. Several said the care provided was excellent and that they staff at the practice very caring and helpful. On the day of the inspection, we saw several examples of staff responding well to the needs of patients who needed extra support.

Results from the National GP Patient Survey, published in January 2016, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect.

- 96% said they had confidence and trust in the last GP they saw or spoke to (CCG average 95%, national average 95%).
- 91% said the GP they saw or spoke to was good at listening to them (clinical commissioning group (CCG) average 90%, national average 89%).
- 85% said the GP they saw or spoke to gave them enough time (CCG average 88%, national average 87%).
- 85% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 99% had confidence or trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 95% said the last nurse they saw or spoke to was good at listening to them (CCG average 94%, national average 91%).
- 93% said the last nurse they saw or spoke to was good involving them in decisions about their care (CCG average 89%, national average 85%).

The practice gathered patients' views on the service through the national friends and family test (FFT). (The FFT

is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). Data from the most recent Friends and Family Survey carried out by the practice, from February 2016 to April 2016, showed that 96% of patients said they would be extremely likely or likely to recommend the service to family and friends. Only 1% of patients would be unlikely to recommend the service to family and friends.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

For example:

- 85% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 94% said the last nurse they saw was good at explaining tests and treatments (CCG average 93%, national average 90%).
- 93% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 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.
- A hearing loop was available on reception for patients who were hard of hearing.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice website also provided a range of health advice and information.

The practice's computer system alerted GPs if a patient was also a carer. One of the practice nurses was the carer's champion. Patients could complete an online form to inform the practice that they had carers responsibilities. The practice manager or carer's champion reviewed these forms and took action as required, for example referring the patient to the local carers' organisation. Information was also available in reception and on the practice website

to direct carers to the various avenues of support available to them. The practice had links to support organisations and referred patients when appropriate. The practice had identified 171 of their patients as being a carer (3% of the practice patient population). Sixty-four percent of carers on this register had an influenza immunisation and 25% had had a carers health check completed in the last year (2015/2016 data, which had not yet been verified or published).

Staff told us that if families had suffered bereavement, the practice contacted them or sent them a sympathy card, the practice would offer support in line with the patient's wishes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

The practice was aware of the needs of their practice population and provided services that reflected their needs. We found that:

- Audio leaflets were available on the practice website so that patients who had difficulty seeing or reading were able to access practice information. Audio leaflets were available with information about the practice, opening hours, making an appointment, ordering repeat prescriptions, home visits and emergencies and making a complaint.
- When a patient had more than one health condition that required regular reviews, they were able to have all the healthcare checks they needed completed at one appointment if they wanted to.
- The practice held regular clinics. For example, for patients diagnosed with diabetes, coronary heart disease, and to provide childhood immunisations and minor surgery.
- There were longer appointments available for patients with a learning disability, patients with long term conditions and those requiring the use of an interpreter.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. Patients told us that appointments were available when required.
- Extended hours appointments were available on a Monday and Friday between 7am and 8:30am.
- Patients were able to receive travel vaccinations that were available on the NHS.
- The practice ensured that patients could attend secondary care appointments at a time that was convenient to them by making appointments at the practice on the day when the referral was made.
- Smoking cessation support and dietary advice was provided by the practice.
- A same day blood testing service was provided when appropriate.
- There were disabled facilities, a hearing loop and translation services available. A wheelchair was available for patients to use if they had difficulty walking.
- Patients could order repeat prescriptions and book GP appointments on-line.
- A text message service was available to remind patients when they had an appointment.
- The practice provided contraceptive services.
- Patients were able to access external support services at the practice.

Access to the service

Happy House Surgery was open at the following times:

- Monday and Friday 6:45am to 5:45pm.
- Tuesday, Wednesday and Thursday 8:30am to 5:45pm.

Appointments were available at Happy House Surgery at the following times:

- Monday 7am to 12:10pm and 1pm to 5:20pm
- Tuesday 9:10am to 12:10pm and 2:40pm to 5:20pm
- Wednesday 8:30am to 11:30pm and 2:40pm to 5:20pm
- Thursday 9:10am to 12:10pm and 2:40pm to 5:20pm
- Friday 7am to 12:10pm and 1pm to 5:20pm

Extended hours appointments were available on a Monday and Friday between 7am and 8:30am.

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

- 80% of patients were satisfied with the practice's opening hours (CCG average 79%, national average of 75%).
- 99% patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 88% patients said they able to get an appointment or speak to someone last time they tried (CCG average 83%, national average 85%).
- 84% feel they normally don't have to wait too long to be seen (CCG average 64%, national average 58%).
- 91% describe their experience of making an appointment as good (CCG average 76%, national average 73%).
- 84% feel that they don't normally wait too long to be seen (CCG average 64%, national average 58%).

Are services responsive to people's needs?

(for example, to feedback?)

Patients told us they were able to get appointments when they needed them. The practice had a system in place to assess:

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

This was done by gathering information from the patient when they called to request an urgent appointment. For four days a week the nurse practitioner contacted them by phone to gather additional information. For one day a week this process was completed by a GP. All patients assessed as in need of an urgent appointment were seen the same day.

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.

We also spoke with eight patients during the inspection. Patients told us that routine and urgent appointments were always available when required. On the day of the inspection, there was a routine appointment with a doctor or a nurse available on the same day.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice; GPs provided clinical oversight when required.
- We saw that information was available to help patients understand the complaints system. Information was on display in the reception area and in the practice leaflet and on the practice website.
- An online contact form was available on the practice website, the practice manager responded to these forms.

We looked at a sample of the seven complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint the practice produced detailed advice on what information the practice could provide to patients under the Freedom of Information Act. This leaflet was available at the practice and on the practice website. The practice reviewed and audited all complaints received each year to ensure lessons had been learned and actions taken. The practice shared details and learning from complaints with the patient participation group (PPG) where appropriate.

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 aims and objectives included 'to provide high quality, effective, patient centred care' and to 'provide a caring and compassionate service respecting the needs of our patients and their families'.
- The practice had recently updated their business plan. We saw that this plan was very comprehensive and supported the management and development of the practice and the staff employed. For example, the plan was linked to training and development needs of staff.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequality and obtain best value for money.

Governance arrangements

The governance and performance management arrangements at the practice were proactively reviewed and reflected best practice. The practice had an overarching governance framework, which supported the delivery of their strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs, nurses and the practice management team held lead roles in key areas, for example safeguarding and QOF areas. The management of the practice had a comprehensive understanding of the performance of the practice
- Practice specific policies were implemented and were available to all staff
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of the 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.

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 duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

There were high levels of staff satisfaction. Staff were proud of the organisation as a place of work and spoke highly of the culture. Staff at all levels were actively encouraged to raise concerns.

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

- The practice won local awards from in 2015 and 2016 following nominations from patients.
- The practice held regular meetings. For example, the practice held a weekly meeting that had a different focus each week. For example, one week a whole team meeting was held that all available staff attended. Another week the weekly meeting had a clinical focus where issues such as QOF outcomes and medicines management.
- Practice specific policies were implemented and these were easily accessible to staff. Policies were regularly reviewed and updated.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident in doing so and were supported if they did.
- Staff said they felt respected, valued and supported by the partners, the practice manager, and their own teams. During the inspection we saw that staff and the management of the practice had strong working relationships.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, a practice risk register was part of the business plan.

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:

- Their patient participation group (PPG), surveys and complaints received. An influential and active patient

Are services well-led?

Good 

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

participation group (PPG) had been established for over 20 years. The group met regularly, and had a constitution in place. The PPG were actively consulted on possible changes at the practice and the practice responded to issues raised by the group quickly. The group had been closely involved in the work required to develop the practice building in 1999 and 2003. The group helped design, approval and analyse all patient surveys since 2004. They were seen as providing valuable patient insight to all areas of the practice. The practice shared the issues raised when complaints were made when this was appropriate. The PPG told us that the practice was always open and honest with them. Information on the PPG was displayed in the waiting area and on the practice website. The practice manager had recently attended a local event on how to develop an effective PPG.

- The practice had reviewed the results of their most recent annual patient survey and created an action plan with agreed success criteria to ensure they delivered improvements. For example, the practice planned to increase the number of patients registered for online access from 6.1% to 12.5% by 31 December 2016. They planned to do this by promoting online access, for example on posters in the reception area.

The practice had gathered feedback from staff through:

- Staff meetings and discussion.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff that carried out chaperone duties wore a blue 'chaperone' badge; this was adopted after a suggestion from a member of staff.

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 was planning effectively for changes at the practice.

For example:

- The practice planned to become active in clinical research with the support of the newly appointed salaried GP. They had already attended a local research forum and had planned the work required to allow the practice to implement this change effectively.
- There was a strong collaboration and support across all staff and a common focus on improving quality of care and patients experiences. The practice demonstrated this by their commitment to the training and development of staff. For example, one of the GP partners had recently completed a minor surgery qualification, the nurse practitioner was currently completing a mentorship course and the healthcare assistant was completing training to become a registered nurse. Non-clinical staff were also supported to develop their roles, for example one of the receptionists was completing a level 5 NVQ management qualification. Staff told us they felt supported to develop their roles by the practice. All of the healthcare assistants who worked at the practice had originally been employed as receptionists but had been supported by the practice to change roles.
- The practice looked for ways to improve the effectiveness of the care they provided by taking part in local initiatives. For example, Map of Medicine had recently been installed (this is a tool that offers comprehensive, evidence-based local guidance and clinical decision support). Dementia friendly signs had been installed in the building and My DiagnoStick (a new device for the detection and diagnosis of atrial fibrillation) was soon to be available. (atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate). They were in the process of implementing local initiatives to manage/reduce unplanned admission.
- In order to improve outcomes for patients who were in care homes or housebound, the practice was in the process of introducing home visits by the nurse practitioner. These visits would focus on patients with long-term conditions.