# Claremont Medical Practice

## Quality Report

Exmouth Health Centre
Claremont Grove
Exmouth
Devon
EX8 2JF
Tel: 01395 273666
Website: www.claremontmedicalpractice.co.uk

Date of inspection visit: 11 August 2015
Date of publication: 03/12/2015

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

## Ratings

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

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Claremont Medical Practice on 11 August 2015.

Overall the practice is rated as good.

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

- Staff fulfilled their responsibilities to raise concerns and report incidents. All opportunities for learning from incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The practice was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

We identified areas of outstanding practice. For example;

The practice was innovative in delivering services to meet patient's needs. For example**,** the practice had instigated

# Summary of findings

a pilot scheme between October 2014 to March 2015 to introduce online face to face video conferencing appointments. Patients stated that this pilot had been successful. A total of 56 patients had been treated using the pilot scheme. All patients who used the online service had provided positive feedback. The practice had worked with local media including newspapers and radio services to advertise the service. Due to the success of the pilot the practice has continued to offer this service to all patients.

There had been some patient feedback about a lack of continuity with seeing different GPs. The practice had responded to this by introducing a GP buddy system to ensure that two GPs had good knowledge of each patient's needs and could cover for their GP buddy's absences. As a direct result of this feedback, the practice had also recruited successfully for a GP partner to work eight sessions (four days) a week at the practice. This enabled more patients to see the same GP if they wished to do so.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

**Are services effective?**

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

**Are services caring?**

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that 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.

# Summary of findings

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

The practice used modern technology such as online face to face video conferencing appointments in response to patient's needs.

The practice had made positive improvements in response to patient feedback, such as introducing a GP buddy system and recruiting a new GP partner to conduct eight sessions a week (four days), this had improved the access patients had to see the GP of their choice.

**Are services well-led?**

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. There were 10 PPG members. There was also a patient reference group with 200 members who the practice routinely sought feedback from. Staff had received inductions, regular performance reviews and attended staff meetings and events.

# Summary of findings

## The six population groups and what we found

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

**Older people**

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Life expectancy amongst the practice population is 80 years for males and 84 years for females. This was higher than the national average which is 79 years for males and 83 for females.

**People with long term conditions**

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Data showed that the practice was performing well above national averages in relation to reviewing their asthmatic patients and those with Chronic Obstructive Pulmonary Disease (COPD) For example, of the 674 patients registered with asthma 78.4% had received a review in the last 12 months, which was higher than the national target of 70%. Patients with COPD numbered 83, of these, 95.1% had their condition confirmed by spirometry. This was higher than the national target of 80%.

**Families, children and young people**

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside

# Summary of findings

of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. The practice provided a contraceptive coil fitting and implant service.

**Working age people (including those recently retired and students)**

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice recorded whether patients smoked or not and offered smoking cessation support to patients who smoked and wished to stop. Between April – June 2015, twenty five patients who had expressed a wish to stop and had subsequently been referred to the stop smoking service, 52% had successfully stopped smoking. The practice referred a higher number of patients for support than other local practices.

**People whose circumstances may make them vulnerable**

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for 73 registered patients with a learning disability and 80% of these patients had received a health check. The remaining 20% were scheduled to receive a health check. The practice had a system to follow up their invitations to these voluntary checks. The practice offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Vulnerable patients had been given information about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Of 82 patients

# Summary of findings

registered with poor mental health 100% had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia. We saw examples of where patient's best interests had been considered using the Mental Capacity Act 2005 (MCA) and an independent mental capacity advocate (IMCA) consulted.

# Summary of findings

## What people who use the service say

Results from the National GP Patient Survey July 2015 (from 129 responses which is equivalent to 1.1% of the 11,500 patient list) demonstrated that the practice was performing as follows, when compared to local and national averages.

The practice scored higher than average in the following areas:

1. 91% of respondents find it easy to get through to this practice by phone.
2. 81% of respondents are satisfied with the practice's opening hours.
3. 87% of respondents would recommend this practice to someone new to the area.
4. 98% had confidence and trust in the last GP they saw or spoke to.

However; results also indicated the practice could perform better in certain areas. The practice scored lower than average in the following areas:

1. 55% of respondents with a preferred GP usually get to see or speak to that GP
2. 61% of respondents usually wait 15 minutes or less after their appointment time to be seen
3. 87% of respondents say the last GP they saw or spoke to was good at listening to them

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 (which is 0.37% of the practice patient list) comment cards which were all positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they were treated with compassion and that GPs provided compassionate care when patients required extra support. We also spoke with members of the PPG who spoke highly of the service.

## Outstanding practice

The practice was innovative in delivering services to meet patient's needs. For example**,** the practice had instigated a pilot scheme between October 2014 to March 2015 to introduce online face to face video conferencing appointments. Patients stated that this pilot had been successful. A total of 56 patients had been treated using the pilot scheme. All patients who used the online service had provided positive feedback. The practice had worked with local media including newspapers and radio services to advertise the service. Due to the success of the pilot the practice has continued to offer this service to all patients.

There had been some patient feedback about a lack of continuity with seeing different GPs. The practice had responded to this by introducing a GP buddy system to ensure that two GPs had good knowledge of each patient's needs and could cover for their GP buddy's absences. As a direct result of this feedback, the practice had also recruited successfully for a GP partner to work eight sessions (four days) a week at the practice. This enabled more patients to see the same GP if they wished to do so.

# Claremont Medical Practice

**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, a practice nurse specialist adviser and an Expert by Experience.

## Background to Claremont Medical Practice

Claremont Medical Practice is located in the coastal resort of Exmouth. There were 11,500 patients on the practice list and the majority of patients were of white British background. The practice manager told us there were a higher proportion of older people on the patient list compared with other practices nationally. Over 27% of patients at the practice were aged over 65 years.

The practice is a training, teaching and a research practice. The practice assists in the training of new GPs (registrars) and the teaching of medical students, together with conducting research. The practice has 10 GPs (five male and five female). The practice is managed by six GP partners with four salaried GPs. The practice also had two registrar GPs. There are nine practice nurses, four health care assistants, a practice manager, practice manager's assistant and additional reception and administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to 6pm daily. Extended hours surgeries are offered on Monday evenings until 8pm and Tuesday mornings at 7.20am and every Saturday morning.

Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service.

The practice provided services at two locations. The main location is at Claremont Medical Practice, Claremont Grove, Exmouth EX8 2JF. The branch surgery is at Underhill, Lympstone EX8 5HH. Members of our inspection team visited both of these locations.

The practice has a Personal Medical Service (PMS) contract and also offers enhanced services for example; extended hours.

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

## How we carried out this inspection

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

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

# Detailed findings

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

• Older people

• People with long-term conditions

• Families, children and young people

• Working age people (including those recently retired and students)

• People whose circumstances may make them vulnerable

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on Tuesday 11 August 2015.

During our visit we spoke with a range of staff including GPs, nurses, health care assistants, management, reception and administration staff. We spoke with 20 patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 43 comment cards where patients and members of the public shared their views and experiences of the service. We also spoke with five members of the patient participation group (PPG).

Good

# Are services safe?

## Our findings

**Safe track record and learning**

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an urgent fax to a nearby stroke unit had been sent unsuccessfully. Staff had not verified that the fax had been successfully sent. The fax had been filed away. The error had been detected. Shared learning had taken place and a system put in place to ensure checks were made to show that the fax had been sent successfully. A summary of significant events was prepared every quarter and discussed at every monthly staff meeting.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

**Overview of safety systems and processes**

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

- There was a lead GP for safeguarding. The GPs attended safeguarding meetings and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training at the appropriate level relevant to their role. There was a coding system for child protection and safeguarding was a standard agenda item at clinical mtgs. Safeguarding notes were scanned onto patient records. We saw three examples of safeguarding referrals to social services. One example showed steadfast persistence in following up an initially rejected referral.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS) to 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken (May 2015 was the most recent) and we saw evidence that action had been taken to address improvements identified as a result. For example, the waiting room carpet had been removed and hard flooring laid in order to make it safe and easier to clean.
- The arrangements for managing medicines, including emergency drugs and vaccines, kept patients safe (this included the obtaining, prescribing, recording, handling, storing and security of medicines). Regular medicine audits were carried out with the support of the local CCG pharmacy teams to ensure the practice had been prescribing in line with best practice guidelines for safe prescribing. The practice had clear guidelines on the

security of prescription pads. However, we found blank prescription pads in an unlocked unattended room. This was immediately rectified when we brought it to the attention of the practice manager.

- The practice dispensary at the Underhill branch was well organised and had arrangements in place to meet the required standards around the safety and security of medicines. The Underhill branch dispensary met NHS Protect guidance on prescription management.
- Recruitment checks were carried out and the three staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment, including proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups which ensured that enough staff were on duty.

**Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training.

The practice had a defibrillator available on the premises and oxygen with adult and child masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Staff had paper copies of this in the event of IT failure.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment and consent**

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had immediate online access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with atrial fibrillation was being used by staff.

Patient consent to care and treatment was always sought in line with legislation and guidance. The practice had a consent policy. 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, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to the medical records.

**Protecting and improving patient health**

Patients who may be in need of extra support had been identified by the practice. This included patients who required advice on their diet, smoking and alcohol cessation. Patients had been signposted to the relevant service. Nurses offered health promotion advice to patients at a number of clinics. These included a smoking cessation clinic which was run by health care assistants.

The practice's uptake for the cervical screening programme was 82.5%, which was comparable with the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG/National averages. For example, there were a total of 324 children aged two years who required immunisations. Of these, 95.67% had received immunisations. Of the 136 five year olds who required immunisations, 95.58% had received them.

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

The practice had responded to the relatively high rates of skin cancer in Devon. Two GPs at the practice specialised in skin disorders (dermatology). One GP was a dermatology specialist and the other GP worked as a hospital assistant in dermatology. Both of these GPs offered a dermoscopy service. Dermoscopy can diagnose skin conditions and if necessary can refer patients with negative results hospital for treatment. The numbers of patients who had benefitted from this proactive service was over 100. This was particularly relevant to the patient population due to the higher than national average levels of sunshine in Devon and increased associated risk.

**Co-ordinating patient care**

Staff had all the information they needed to deliver effective care and treatment to patients who used services. All 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 intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available.

**Management, monitoring and improving outcomes for people**

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 100% of the total number of QOF points available. This was higher than the CCG average and the national average.

Some examples of this successful performance included;

The percentage of patients aged 65 and older who have received a seasonal flu vaccination was 74.56% which was higher than the national average of 73.24%. The

Good

# Are services effective?

## (for example, treatment is effective)

percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 12 months was 98.83% which was higher than the national average of 94.36%.

Audits had been carried out on patients with asthma in conjunction with CCG medical prescribing officer through 2014-15. Practice GPs met with the CCG and an action plan was agreed. This was shared through the team at the practice. The results of the audits had been shared with the rest of the CCG to improve treatment outcomes for these patients in the area, this had instigated quarterly reviews to specifically treat patients with this condition.

Other monitoring examples included an audit of any non-collection of prescriptions for mental health related medicine. This was repeated on a monthly basis in order to reduce the resultant risks of an abrupt halt in medication to the patients concerned.

A monthly audit of medicines used to treat patients with arthritis had been carried out. This ensured all patients had their blood tests regularly, and as an extra safety feature, the practice IT team checked whether practice patients who had their medicine administered by the local hospital had received their regular blood tests.

**Effective staffing**

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- All GPs were up to date with their yearly appraisals. There were annual appraisal systems in place for all other members of staff.

One of the GP partners had the lead role of liaison with all practice staff and providing holistic support. Staff told us this GP had been able to address employment issues and also acted as a mentor.

Good

# Are services caring?

## Our findings

**Respect, dignity, compassion and empathy**

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patient privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 43 patient CQC 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 also spoke with five members of the PPG on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Data from the National GP Patient Survey July 2015 showed from 129 responses that performance in some areas was above the national average. For example;

1. 91% of patients find the receptionists at this practice helpful compared to the national average of 87%.
2. 91% said the last GP they saw or spoke to was good at giving them enough time compared to the national average of 87%.

**Care planning and involvement in decisions about care and treatment**

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Data from the National GP Patient Survey July 2015 information showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

1. 83% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the national average of 81%.
2. 91% say the last GP they saw or spoke to was good at treating them with care and concern compared to the national average of 85%.

However, 88% said that the last nurse they saw or spoke to was good at explaining tests and treatments. This was slightly below the national average of 90%.

We saw examples of how the practice had ensured patients with dementia or with learning disabilities had been involved in their care using the Mental Capacity Act 2005 (MCA). These examples included best interests meeting and the involvement of an independent mental capacity advocate (IMCA).

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice worked with patients and with the local CCG to improve outcomes for patients in the area. The practice was innovative in delivering services to meet patient's needs. For example**,** the practice had instigated a pilot scheme between October 2014 to March 2015 to introduce online face to face video conferencing appointments. This pilot had been successful.

A total of 56 patients had been treated by the pilot scheme. All patients who used the online service had provided positive feedback. The practice had worked with local media including newspapers and radio services to advertise the service. Due to the success of the pilot the practice had continued to offer this service to all patients.

The practice had also responded to rising patient demand by providing other online services. These included online appointment booking and repeat prescription ordering.

There was an active PPG with 10 members which met on a quarterly basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, feedback from the PPG about the questions to be asked during patient surveys had been acted upon.

Data from the friends and family NHS national survey results 2015 was positive. Between December 2014 to July 2015 there had been 256 respondents. Of these, 206 stated that they were either likely or extremely likely to recommend the practice. The remainder stated that they were neither likely nor unlikely to recommend it.

There had been some patient feedback about a lack of continuity with seeing different GPs. The practice had responded to this by introducing a GP buddy system to ensure that two GPs had good knowledge of each patient's needs and could cover for their GP buddy's absences. As a direct result of this feedback, the practice had also recruited successfully for a GP partner to work eight sessions (four days) a week at the practice. This enabled more patients to see the same GP if they wished to do so.

The practice had also responded to patient feedback about receptionist telephony skills. To improve this, the practice had arranged telephony and conflict resolution training for its staff.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Saturday morning appointments from 8.30am until 11am for working patients who could not attend during normal opening hours. These could also be accessed by any patient.
- Longer appointments available for people with a learning disability.
- Home visits were available for older patients with reduced mobility.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

**Access to the service**

Results from the National GP Patient Survey from July 2015 showed that patient's satisfaction with opening hours was 81% which was higher than the CCG average of 78% and national average of 75%.

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 6pm daily. Extended hours surgeries were offered on Monday evenings until 8pm and Tuesday mornings at 7.20am and also on every Saturday morning.

**Listening and learning from concerns and complaints**

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. The policy was reviewed annually and had most recently been reviewed in April 2015.

Information about how to make a complaint was available in the waiting room, in a practice leaflet and on the practice website. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a complaints log for written complaints. There had been 12 complaints in the previous twelve months which had been dealt with. During the same period there had also been 20 written compliments about the service.

# 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 vision centred on innovation, infrastructure, staff development and patient care. The practice was aware of the challenges facing general practice and was keen to find innovative solutions to tackle these.

The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The mission statement was included in the staff handbook which was reviewed in a staff meeting every April to agree any changes. An external HR company was used for the latest guidance. The mission statement was to provide high quality personal medical care, supported by a patient's charter which set out the standards patients should expect.

**Governance arrangements**

The practice had an overarching governance policy which outlined structures and procedures, the policy incorporated key areas including risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance systems in the practice had been underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff were in appraisal schemes and had continuing professional development. The GPs had learnt from incidents and complaints.

**Innovation**

The practice team was forward thinking and innovative in its approach to delivering its service to patients. For example, the use of modern technology to conduct online video conferencing, online appointments and online repeat prescription requests.

The practice had introduced a text messaging service for patients who had consented to this. This service sent patients a text message reminder the day before their booked appointment. This messaging service also provided a follow up message to patients who failed to appear for their appointment to explain the impact of non-attendance.

As a training practice, the practice had four trainer GPs, and two GP registrars. There were foundation year 2 doctors being supported at the practice on a regular basis. A successful training inspection had taken place in August 2015. The practice employed apprentices in administration support roles and encouraged them to share their ideas. As a result, the practice was developing its own web page on an internationally recognised social media website, in order to increase involvement of younger people in the PPG.

The practice held three training days for staff every year, in order to keep staff skills up to date and encourage staff development. The practice also held team building days twice a year in order to support staff morale, share new ideas including how they could be implemented.

This section is primarily information for the provider

# Requirement notices

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

# Enforcement actions

## Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.