

Three Swans 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 the Three Swans Surgery on 7 July 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice was proactive and passionate about sharing and utilising opportunities for learning.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the GPs worked proactively with the other health care professionals to ensure care plans were in place to support patients in local care homes with complex needs and had seen a 36% decrease in hospital admissions over the last two years.
- 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.
- The practice had a clear vision to deliver high quality care and promote good outcomes and continuous improvement for patients. The practice placed a strong emphasis on working together as a team and all staff reported a supportive open team culture which valued learning and feedback.
- The practice actively reviewed complaints and had learning from complaints or any significant events as a weekly standing agenda item to ensure learning was cascaded promptly.

Summary of findings

- The practice was continually seeking feedback and opportunities to improve the care, access and experience for the patients
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The provider was aware of and complied with the requirements of the duty of candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed 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.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- The practice had used risk stratification (a process of identifying the relative risk of patients in a population by analysing their medical history, a key enabler for improving the quality of care delivered by the NHS). to identify patients with complex needs who may be at risk in the future as well as those currently needing support. They ensured these patients had a multidisciplinary care and health needs assessment and plans in place to support their needs. This project had seen a decrease in hospital admissions over the last two years
- The practice recognised the value and learning opportunities that their involvement in research afforded and the opportunity to influence future evidence based practice.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

Summary of findings

- The practice had invested in a package of templates. The templates provided tools to support the best pathways and treatments for patients, and gave links to support services where required.
- The practice was proactive and passionate about sharing and utilising opportunities for learning. The GPs met every day to discuss any new or interesting cases and share ideas and suggestions. The practice used the weekly meetings to share learning from any training or updates undertaken.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked effectively and proactively with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect and they were involved in decisions about their care and treatment.
- The practice had won the Gold Plus carers award for the last three years for their engagement and support for carers
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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 meet patients' needs.
- The practice continually reviewed and audited the demand on the appointments and tailored them accordingly.
- The practice accommodated a psychotherapy support service at the premises for patients to access support.

Good



Summary of findings

- The practice hosted two sessions every other week from a local citizens advice service so patients could access advice at the practice.
- One of the GPs had developed management summary advice sheets for patients for a number of medical conditions.
- The practice was continually seeking feedback and any opportunities to improve the care, access and experience for the patients.
- 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. For example the practice had installed an automatic door and lift following feedback.
- Patients can access appointments and services in a way and at a time that suits them. The practice regularly reviewed the demand on appointments and tailored them to meet demand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes and continuous improvement for patients. The practice placed a strong emphasis on working together as a team and all staff reported a supportive open team culture which valued learning and feedback.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice had purchased a software system and consultant advice and ongoing support and monitoring system to support

Good



Summary of findings

the practices health and safety and human resource processes. This included consultant advice, an effective safety management system, supporting legislation, a training package and a 24 hour advice line.

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GPs supported patients in local care homes and undertook weekly or twice weekly visits. The GPs also delivered educational sessions for care home staff.
- The GPs worked proactively with the other health care professional to ensure care plans were in place to support these patients with complex needs and had seen a 36% decrease in hospital admissions over the last two years.
- The practice were actively engaged in the 'Transforming Care of Older People' project with the local clinical commissioning group (CCG), an innovative and successful service where a care coordinator and pharmacist followed up at risk patients at home after discharge or after falls. Through managing medicines and social needs potential problems were identified before they occurred and support or adjustments to care and/or treatments implemented

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice held an annual one stop diabetic clinic alongside the retinal screening team. Each patient received their results and a management plan for the year written by one of the GPs with an interest in diabetes.
- Performance for diabetes related indicators were higher than the local and national averages.
- The percentage of patients with diabetes, on the register, in whom the blood test was in the target range in the preceding 12 months (2014/15), was 84% which was higher than the CCG average of 82% and the national average of 78%.

Summary of findings

- The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 100% which was higher than the CCG average of 96% and the national average of 94%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 84% which was higher than the CCG average of 79% and the national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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.
- The practice's uptake for the cervical screening programme was 83% which was lower than the CCG average of 85% and higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The lead GP worked proactively with the health visitors to identify families that may need support or any families of concern. The health visitors confirmed they had very good regular communication and support from the GPs and worked effectively together. Safeguarding meeting were held weekly

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of 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 offered a number of telephone and extended hours appointments for those who could not access the practice in normal working hours.
- The practice offered vaccinations and health screening on Saturdays for those who could not access the practice in normal working hours.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and any complex health or care needs.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice worked closely with a homeless hostel with high incidence of drug and alcohol misuse to ensure easy access to services. They offered domiciliary flu jabs each year and annually audit their use of the GPs services. This led to a plan to improve services for the homeless.
- Ex-military personnel had been identified as higher risk and all patients in this group have their notes clearly flagged to ensure consideration is given to liaising with SAFFA (a military charity) at times of difficulty.
- The practice had three GPs who could support shared care for patients with drug or alcohol problems. We saw examples of the GPs taking person centred care to patients in times of difficulty to ensure effective treatment was completed.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

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).

- Performance for mental health related indicators were generally all above the local and national averages.
- The percentage of patients with a serious mental health problem who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% which was in line with the CCG average of 93% and higher than the national average of 88%.
- The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months was 97% which was higher than the CCG average of 93% and the national average of 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 90% which was higher than the CCG average of 88% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. The patient survey distributed 249 survey forms and 119 were returned. This represented 1.4% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Many comments reported excellent care and support from all the practice teams.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Data from the Friends and Family test also demonstrated that patients valued the service with 95.5% of patients saying they were extremely likely or likely to recommend the practice to their family or friends.

Three Swans Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

Background to Three Swans Surgery

The Three Swans Surgery is situated in the City of Salisbury, close to the city centre, with good public transport links nearby. The practice population is approximately 8,640 patients mainly from the urban city of Salisbury with some patients from the surrounding villages. The practice population demographics are similar to the national average across the range of ages, and does support one area of social deprivation.

The practice is located in a purpose built building which opened in 1992; the practice uses a building next door for administrative functions. The practice premises are over three floors; all the clinical rooms are located across the two lower floors with a lift between these floors for access.

The practice is a training and teaching practice and a primary care research practice.

The practice team consists of seven GP partners and two salaried GPs (five female and four male). The practice currently supports one Registrar (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine), and medical students from local universities.

The practice is supported by a nursing team of six staff, (all female) one nurse prescriber, two practice nurses and three health care assistants. The practice has a practice manager and a business manager and a team of reception and administration staff.

The practice was open between 8am and 6.30pm Monday to Friday. Appointments run from 8.30am to 12.30pm and 14.45pm to 5.50pm daily. Extended hours appointments are offered until 7pm Mondays and from 7.30 am on Fridays. The practice also offers appointments from 8.30am to 10.45am every other Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for patients that needed them.

The practice holds a General Medical Services contract to provide primary care services.

The practices regulated activities are provided from:

Three Swans Surgery

Rollestone Street

Salisbury

Wiltshire

SP1 1DX

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by Wiltshire Medical Services and is accessed by calling NHS 111. Advice on how to access the out of hours service is contained in the practice leaflet, on the patient website and on a recorded message when the practice was closed.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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 7 July 2016. During our visit we:

- Spoke with a range of staff including six GPs, three of the nursing team and eight of the management, reception and administration team. We spoke to three members of the patient participation group and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. The practice regularly reviewed the system to ensure they were following best practice guidelines.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice reviewed significant events every week to identify any improvements needed, share learning and to identify early any possible themes.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received appropriate support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and valued the learning and feedback that this provided. The practice was proactive in implementing any actions required.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice reviewed the ear nose and throat referral pathway following learning from a serious incident, and ensured the changes were cascaded to all the GPs, including any locum GPs.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The lead GP worked proactively with the health visitors to identify families that may need support or any families of concern. The health visitors confirmed they had very good regular communication and support from the GPs and worked effectively together. Safeguarding meetings were held weekly. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The nurses were trained to level two or three.

- There were notices in the reception areas and all the clinical rooms and the website which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice currently only used the clinical staff as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The senior practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice and undertook regular training and development. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example posters had been laminated and the relevant items in clinical rooms had been wall mounted.
- 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). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

audits, and with the other local practice, had appointed a pharmacist to undertake and support medicine reviews and treatments plans and ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 in the reception office 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).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice recognised the need to embrace a holistic approach to assessing, planning and delivering care and treatment to their patients. The practice used evidence based techniques and welcomed new approaches to support the delivery of high quality care. For example staff were actively encouraged to monitor outcomes for patients and participate in peer reviews, opportunities were used to share knowledge and research.

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 had invested in a package of templates. These were in addition to the templates provided on the clinical computer system used by the practice. These were introduced as they had been identified as evidence based best practice and were linked to national guidelines. The templates provided tools to support the best pathways and treatments for patients, and gave links to support services where required. For example a safeguarding template linked the national guidelines for referrals, information on support agencies and advice and gave the GPs links to evidence based practice.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GPs had introduced a weekly referrals meeting, where they reviewed any new or complex cases to share learning and new ideas.
- The GPs worked proactively with the other health care professional to ensure care plans were in place to support all their patients with complex needs including those in the care homes. The practice had used risk stratification (a process of identifying the relative risk of patients in a population by analysing their medical history, a key enabler for improving the quality of care delivered by the NHS) to identify patients with complex

needs who may be at risk in the future as well as those currently needing support. The project ensured these patients had a multidisciplinary care and health needs assessment and plans in place to support their needs. This project had seen a 36% decrease in hospital admissions from the care homes over the last two years. We also saw examples of how this work had improved medicine compliance and understanding for patients in their homes.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.9% of the total number of points available. The practice data indicated that some of the indicators for diabetes, cancer and osteoporosis had higher than average exception rates but better than average exception rates for mental health and depression. We looked into this during the inspection and found that the practice was appropriately using exceptions. We found no clinical concerns relating to the exception rates.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 76% which was in line with the CCG average of 76% and the national average of 75%.
- Performance for diabetes related indicators were higher than the local and national averages.
- The percentage of patients with diabetes, on the register, in whom the blood test was in the target range in the preceding 12 months (2014/15), was 84% which was higher than the CCG average of 82% and the national average of 78%.
- The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 100% which was higher than the CCG average of 96% and the national average of 94%.

Are services effective?

(for example, treatment is effective)

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 84% which was higher than the CCG average of 79% and the national average of 78%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 94% which was higher than the CCG average of 91% and the national average of 88%.
- Performance for mental health related indicators were generally all above the local and national averages, for example:
- The percentage of patients with a serious mental health problem who have comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% which was in line with the CCG average of 93% and higher than the national average of 88%.
- The percentage of patients with a serious mental health problem whose alcohol consumption had been recorded in the preceding 12 months was 97% which was higher than the CCG average of 93% and the national average of 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 90% which was higher than the CCG average of 88% and the national average of 84%.

We saw the practice was aware of the needs of their patients and adjusted their services where needed for example, three GPs supported shared care for patients with drug or alcohol problems. We saw examples of the GPs taking person centred care to patients in times of difficulty to ensure effective treatment was completed. For example taking a medicine to a patient every day to ensure a treatment plan was completed.

The practice held an annual one stop diabetic clinic alongside the retinal screening team. Each patient received their results and a management plan for the year written by one of the GPs with an interest in diabetes.

There was evidence of quality improvement including clinical audit.

- There had been sixteen clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored. For example, following an audit of patients who had undergone bariatric surgery (weight loss surgery) the practice had identified a need to introduce a new policy and prompts to ensure the correct follow up blood tests were taken regularly.
- The practice proactively supported staff involvement on research and sharing new approaches to care, for example one of the nursing team was involved in many of the research projects as well as the GPs.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice had been involved in a number of research projects over the last two years including research into an alternative to antibiotics for women with a urinary tract infection. Also research to help identify symptoms which could help diagnose lung and bowel cancer. Further research into steroid use in asthma management and two studies looking at reducing antibiotic prescribing for acute coughs and sore throats. These had demonstrated a good impact with increased delayed prescribing. The practice recognised the value and learning opportunities that their involvement in research afforded and the opportunity to influence future evidence based practice.
- Findings were used by the practice to improve services. For example, following a two cycle audit of patients with gestational diabetes (diabetes in pregnancy) the practice identified changes to the process which were implemented and made suggestions to introduce a new template to support the ongoing care for these patients. The repeat audit showed an improvement in the outcomes for these patients.

Information about patients' outcomes was used to make improvements such as: following updated guidance for certain anticoagulant medicines (medicine to reduce the chance of blood clots) the practice had introduced a process to ensure the relevant reviews for all the identified patients to confirm they were on the correct medicine plan. This involved opportunistic reviews, implementing stop dates on medicine prescriptions and planning future reviews, this knowledge and update was shared through the clinical meeting to update all the relevant staff, and a follow up audit planned.

Are services effective?

(for example, treatment is effective)

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had a low turnover of staff and many staff we spoke to had been at the practice for many years. All the staff we spoke to reported the practice as a positive enjoyable place to work. Staff reported good clear communication between teams and an open accessible learning culture.
- The practice had introduced a regular meeting with a representative from each of the staff teams within the practice and the pharmacy to discuss any suggestions, improvements or changes to care, processes or any general ideas. The ethos for this was involving and empowering the teams to develop areas for change and improvement. The staff reported this as positive and working well.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice had taken on some new members of staff who all reported a good induction period and ongoing support from colleagues.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example members of the nursing team had completed courses and updates in non-medical prescribing, yellow fever and vaccination updates, infection control and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice was proactive and passionate about sharing and utilising opportunities for learning. The GPs met every day to discuss any new or interesting cases and share ideas and suggestions. The practice used the weekly meetings to share learning from any training or updates undertaken. The nursing team could also access these meetings for development, advice, discussions and support.

- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

We spoke to a number of different health care professionals who worked with the practice; they all reported a positive working relationship with the practice. They confirmed the GPs were very supportive and inclusive to other health and care providers and proactive about referring patients were appropriate and following up on any concerns or support needed. There was a proactive approach to ensuring referral of patients was appropriate. We saw that any concerns relayed by other professionals were followed up.

For example, the practice was working with other health care teams and the local clinical commissioning group to identify older patients who needed extra support to help

Are services effective?

(for example, treatment is effective)

prevent unnecessary hospital admissions. The GPs had identified a number of patients for the service and had seen many positive outcomes from the interventions they put in place. The GPs had looked at this further beyond the current admission avoidance criteria to try to increase the number of other patients who would benefit from the service.

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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management. Patients were signposted to the relevant service.

- The practice encouraged healthy living and access to support through resources via the website, patient newsletters, and discussions with the patient participation group and health education through events for example the flu clinics.

The practice's uptake for the cervical screening programme was 83% which was lower than the CCG average of 85% and similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for the breast screening programme was 77% which was higher than the CCG average of 72%. The practice's uptake for the bowel screening programme was 62% which was in line with the CCG average of 63% and higher than the national average of 58%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 77% to 100% compared the CCG range from 83% to 98%, and five year olds from 93% to 96% compared to the CCG range from 92% to 97%.

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

Are services caring?

Our findings

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

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

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 93% say the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 93% and the national average of 92%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 99% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and the national average of 97%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

The data from the Friends and Family test also demonstrated that patients were satisfied with their care, many comments reported excellent caring staff. The percentage of patients who were either extremely likely or likely to recommend the practice to their family and friends over the last 12 months was 95.5% out of 752 respondents. We noted the practice strived to improve this feedback. They demonstrated that they discussed ways to improve further with the patient participation group.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.

Are services caring?

- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The reception staff had developed a one page reference guide covering 15 different languages explaining how to access the translation services and receive support from the receptionists.
- Information leaflets were available in easy read format. The practice was in the process of developing a wider range of leaflets in different formats. These were aimed at patients identified as having a wider range of difficulties with communication.
- The practice had developed a one page communication for patients with a hearing difficulty to aid communication.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 278 patients as carers (3.1% of the practice list). The practice was proactively trying to engage with carers for support, and encouraged patients to register as a carer. The practice had won the Gold Plus carers award for the last 3 years (2014, 2015 and 2016) for their engagement and support for carers. The practice offered flexible appointments and health checks for carers. The practice had a carer's corner in the waiting room, written support leaflets and ran coffee mornings for information and support. The practice used flu clinics to offer information and support to carers and encourage those applicable to register. Carers were referred to local support agencies for ongoing support including those who were young carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The GPs would also plan a follow up after two to three weeks if they felt this was appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice were actively engaged in the 'Transforming Care of Older People' project with the local clinical commissioning group (CCG), an innovative and successful service where a care coordinator and pharmacist followed up at risk patients at home after discharge or after falls. Through managing medicines and social needs potential problems were identified before they occurred and support or adjustments to care and/or treatments implemented. The GPs supported patients in six local care homes and undertook weekly or twice weekly visits. The GPs also delivered educational sessions for care home staff.
- The practice offered extended hours appointments one evening a week and one early morning as well as every other Saturday for any patients who could not attend during normal opening hours.
- The practice nurses offered health checks and vaccinations during extended hours appointments to increase availability for patients.
- There were longer appointments available for patients with a learning disability or those with any complex health or social needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice continually reviewed and audited the demand on the appointments and tailored them accordingly, for example the practice increased the triage appointments on a Monday morning to two GPs undertaking triage to help meet a proven higher area of demand.
- The GPs had reviewed the urgent access for young children. They had previously ensured a telephone assessment was undertaken before an appointment was booked. Following an audit of cases, the GPs had developed a support tool for receptionists to identify

young children for an urgent appointment and those that needed a GP telephone triage. This had reduced the length of time between first contact and seeing the GP for assessment. A comment from a patient noted that following their first contact with the practice their child had an appointment 30 minutes later (when they had a noted 20 minute travel time).

- The practice offered a psychotherapy support service from the premises for patients to access support.
- The practice hosted two sessions a week from a local citizens advice service so patients could access advice at the practice.
- The GPs identified when there were factors which may reduce a patient's ability to complete a course of treatment and adjusted their services where possible. For example we were told of one case where a GP had taken a medicine to a patient daily for some weeks to ensure the correct care and treatment plan was completed.
- Ex-military personnel have been identified as higher risk and all patients in this group have their notes clearly flagged to ensure consideration is given to liaising with SAFFA (a military charity) at times of difficulty.
- One of the GPs had developed management summary advice sheets for patients for a number of medical conditions.
- Patients were able to receive travel vaccines available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had installed an automatic door and a lift following feedback from patients and a review of how the appointment system was working to improve access and the patients' experience.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm every morning and 2.45pm to 5.50pm daily. Extended hours appointments were offered until 7pm Mondays and from 7.30 am on Fridays. The practice also offered appointments from 8.30am to 10.45am every other Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above the local and national averages.

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

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

The practice had a system in place to assess:

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

The GPs triaged all the urgent calls to assess the patient's needs. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

We looked at eight complaints received in the last 12 months and found they were dealt with in a timely way, with openness and transparency. The practice was proactively recording all events including verbal comments to see if there were any themes or areas for review. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. The practice had learning from complaint or any significant events as a standing agenda item at the weekly meetings to ensure learning was cascaded promptly. The practice was continually seeking feedback and opportunities to improve the care, access and experience for the patients.

Are services well-led?

Good 

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

Our findings

The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes and continuous improvement for patients. The practice placed a strong emphasis on working together as a team and all staff reported a supportive open team culture which valued learning and feedback.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The partners met regularly to review the changing needs and demands on primary care and the practice and look at innovative ways to meet the patient's needs.

Governance arrangements

The practice had purchased a software system and consultant advice and ongoing support and monitoring system to support the practices health and safety and human resource processes. This included consultant advice, an effective safety management system, supporting legislation, a training package and a 24 hour advice line.

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

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

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were very open and approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held every 12 months and an annual half day for research for the partners.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following feedback from the patients and the PPG then practice had installed an automatic opening to the front door and a lift to improve access. The PPG told us they felt very involved and part of the ongoing practice plans and the practice was positive and welcoming of feedback and suggestions.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example the nursing team had raised suggestions for a review of the emergency medicines and equipment which had been implemented. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice was continually looking for ways to improve services for example they have fully supported and engaged in the roll out of a community heart failure project that offered ECG's in the patient's home. This had subsequently been commissioned for a longer period.

The practice utilised technology and advances in primary care for example 22.4% of the registered patients had signed up to use their online services (NHS England figures June 2016). We noted this was well above the national target rate of 10%.

The practice worked closely with a homeless hostel with high incidence of drug and alcohol misuse and audited the use of services which led to a prospective piece of work as part of the Primary Care Offer to improve services for the homeless.