

Dr JTW Spinks & Partners

Quality Report

Court View Surgery
2a Darnley Road
Strood
Rochester
Kent
ME2 2HA
Tel: 01634 290333
Website: courtviewsurgery.nhs.uk

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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 inspection at Dr JTW Spinks & Partners on 19 November 2014. During the inspection we gathered information from a variety of sources. For example, we spoke with patients, interviewed staff of all levels and checked that the right systems and processes were in place.

Overall the practice is rated as good. This is because we found the practice to be good for providing safe, effective, caring and responsive services and outstanding for delivering well-led services. It was also good for providing services for all patient population groups.

Our key findings were as follows:

- The practice was clean and patients told us they had no concerns with the cleanliness of the practice. Medicines were managed well and the practice was well equipped and trained to deal with medical emergencies.

- Patients were happy with the care treatment and support they had received. Patients told us they had been involved and felt included in decisions about their care, treatment and support at the practice.
- Patients were happy with the current appointment system and said it was easy to obtain an appointment when they needed one and they were able to get through on the telephone.
- The practice engaged patients and staff in the operation of the service and ensured that staff had received appropriate learning and development opportunities to enable them to provide effective care, treatment and support to patients.

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. Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep people safe. The practice was clean and hygienic and there were robust systems to monitor and maintain a high level of cleanliness throughout.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. National Institute for Health and Care Excellence (NICE) guidance was referenced and used routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health. Staff received training appropriate to their roles and further training needs were identified and planned. The practice carried out appraisals and there were personal development plans for all staff. Multidisciplinary working was evidenced.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed 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 care and treatment decisions. Accessible information was provided to help patients understand the care available to them. Patients were treated with kindness as well as respect and confidentiality was maintained.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice reviewed the needs of their local patient population and engaged with the NHS England Local Area Team (LAT) and clinical commissioning group (CCG) to secure service improvements where these were identified as being required. Patients reported good access to the practice, a named GP and 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

Good



Summary of findings

individual needs. There was an accessible complaints system with evidence demonstrating that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff and other stakeholders.

Are services well-led?

The practice is rated as good for providing well-led service. There was good leadership with a strong learning culture and the practice had a clear vision which had quality and safety as its top priority. The practice effectively responded to change and encouraged its staff to bring suggestions for improvement. There was a clear set of values which were owned and understood by all staff. The practice team used their clinical audits, supervisions, knowledge obtained from other sources and staff meetings to assess how well they delivered the service and made improvements where possible. There was an open and honest culture and staff knew who to report incidents and raise concerns with. Staff felt valued and supported in the roles they undertook and there was a culture of training and improvement. There were high levels of both staff engagement and staff satisfaction.

Good



Summary of findings

What people who use the service say

We spoke with ten patients on the day of our inspection who were all very positive about the services they had received at Dr JTW Spinks & Partners. They told us the staff were always caring, supportive and sensitive to their needs, and they felt safe when visiting the practice or when the GPs visited them in their homes.

Patients indicated that they had no concerns with regard to the hygiene and cleanliness of the practice. They told us staff always washed their hands and wore gloves when examining them or carrying out a procedure.

Patients felt they were involved in their care and treatment, and options were always explained and discussed with them. They told us staff always gave them enough information to be able to make decisions with regard to their care and they could make these decisions

in their own time. Patients said they were treated with dignity and respect when using the practice and they could request to speak to one of the reception staff privately if they wished.

Patients we spoke with told us they could always get an appointment when they needed one and with the GP of their choice although this sometimes involved a short wait. They said the online booking system allowed them to look at appointment availability and choose the time, day and which GP they preferred to see up to six weeks in advance.

We also received positive comments from patients who had completed 22 comment cards prior to our inspection. The comment cards indicated that patients were satisfied with the support, care and treatment they had received from the practice. One comment card was less positive and indicated there had been problems obtaining a prescription

Dr JTW Spinks & Partners

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 advisor and a practice manager specialist advisor.

Background to Dr JTW Spinks & Partners

Dr JTW Spinks & Partners, also known as Court View Surgery, provides primary medical services Monday to Friday from 8.30am to 6pm each week. The practice is situated in Strood, Kent and provides a service to approximately 9,700 patients in the locality.

Routine health care and clinical services are offered at the practice, led and provided by the nursing team. There is a range of patient population groups that use the practice and the practice holds a general medical services (GMS) contract with the Medway area clinical commissioning group (CCG). The practice does not provide out of hours services to its patients and information is available to patients about how to contact the local out of hours services provider.

The practice has four male and one female GP partners. There is one nurse practitioner and one practice nurse both female and two health care assistants, one female and one male. The practice has a number of administration / reception and secretarial staff as well as a practice manager.

The practice has more patients in the children and young people group than the local and national average. The

number of patients recognised as suffering deprivation is equivalent to the local and national average. The practice supports a higher number of patients who have a caring responsibility than the national average.

Services are delivered from:

Court View Surgery

2a Darnley Road

Strood

Rochester

Kent

ME2 2HA

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

This provider had not been inspected before and that was why we included them.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew, including the NHS area team, the locality clinical commissioning group (CCG) and the local Healthwatch.

We carried out an announced visit on the 19 November 2014. During our visit we spoke with a range of staff including GPs, nurses, receptionists and administration staff. We spoke with patients who used the service. We placed comment cards in the practice reception so that patients could share their views and experiences of the service before and during the inspection visit.

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

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

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

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

People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. For example, the day after a phlebotomy clinic staff noticed that samples taken had not been prepared for collection and transport to the laboratory. The practice contacted all of the patients who had attended the clinic and re-arranged further tests to be carried out. The event was discussed at a significant events meeting and systems were introduced to reduce the risk of samples being missed for collection.

We reviewed safety records and incident reports as well as minutes of meetings where these were discussed which showed the practice had managed these consistently over time and could therefore evidence a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system for reporting, recording and monitoring significant events, incidents and accidents. Records were kept of significant events that had occurred during the last two years. Significant events were a regular practice meeting agenda item and a dedicated meeting occurred monthly to review actions from past significant events and complaints. Learning had taken place and findings were disseminated to relevant staff. Staff, including receptionists, administrators and nurses were aware of the system for raising issues to be considered at the meetings and felt encouraged to do so.

Incident forms were available on the practice computer system. Once completed these were sent to the practice manager who used the system to monitor and manage incidents. We tracked five incidents, records were completed in a comprehensive and timely manner and action had been taken as a result. For example, the local smoking cessation clinic had indicated they had not received any referrals from the practice over a five month period. On investigation it was found that there had been a number of referrals made but these had been on an expired referral proforma. As a result of discussions during

a significant events meeting a system was implemented to have all referral forms in a central place on the computer and they were checked routinely to help ensure the latest versions were used.

National patient safety alerts were disseminated by email to practice staff. Staff we spoke with were able to give examples of recent alerts relevant to the care they were responsible for. They also told us alerts were discussed at the weekly and fortnightly clinical and general meetings to help ensure all staff were aware of any relevant to the practice and where action needed to be taken.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. Practice training records showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact the relevant agencies in and out of hours.

The practice had a dedicated GP appointed as the lead in safeguarding vulnerable adults and children who had been trained at level three to enable them to fulfil this role. All staff we spoke with were aware who the lead was and who to speak to in the practice if they had a safeguarding concern.

There was a system to alert staff to vulnerable patients on the practice's electronic records. This included information that alerted staff to any relevant issues when patients attended appointments. For example, children subject to child protection plans were immediately highlighted by a prompt as their electronic records were accessed by staff. GPs were appropriately using the required codes on their electronic case management system to help ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. The lead safeguarding GP was aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as the police and social services.

Are services safe?

The practice had a chaperone policy which was visible on the waiting room noticeboard and in consulting rooms. Chaperone training had been undertaken by all staff who acted as chaperones.

Patient's individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system which collated all communications about the patient including scanned copies of communications from hospitals. Audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy to help ensure medicines were kept at the required temperatures that included the action to take in the event of a power failure.

The practice had a system to check that medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. There were up to date copies of these directions and evidence that nurses and health care assistants had received appropriate training to administer vaccines.

There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas. For example, how staff who generated prescriptions were trained and how changes to patients' repeat medicines were managed. This helped to ensure that patient's repeat prescriptions were appropriate and necessary.

There was a system for the management of high risk medicines which included regular monitoring in line with national guidance. Appropriate action was taken based on the results.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Practice staff undertook regular audits of controlled drug prescribing to look for unusual products, quantities, doses, formulations and strengths. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

Cleanliness and infection control

The premises were clean and tidy, there were cleaning schedules and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. All staff received induction training about infection control specific to their role and thereafter, annual updates. The lead for infection control had carried out infection control audits for each of the last three years and improvements identified for action were completed on time. Practice meeting minutes showed the findings of the audits were discussed.

An infection control policy and supporting procedures were available for staff to refer to, which helped them to plan and implement control of infection measures. For example, personal protective equipment (PPE) including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these in order to comply with the practice's infection control policy. Staff told us how they would use PPE when changing a dressing and how to dispose of the used PPE correctly and safely. There were also policies for needle stick injury and specimen handling.

Hand hygiene techniques signage was displayed in staff and patient toilets. Clinical wash-hand basins with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in

Are services safe?

buildings). Records confirmed the practice was carrying out regular checks in line with this policy in order to reduce the risk of infection to staff and patients. The most recent check had identified a lowest possible risk rating for legionella.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us all equipment was tested and maintained regularly and records confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. There was a schedule of testing for all equipment. Calibration of relevant equipment, such as weighing scales, equipment for measuring breathing and a machine for taking blood pressure readings, had been carried out.

Staffing and recruitment

Records contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting GPs, nurses and administration staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure there was enough staff on duty. There was also an arrangement for members of staff, including nursing and administrative staff to cover each other's annual leave. Newly appointed staff had this expectation written in their contracts.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe. Records demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

Monitoring safety and responding to risk

The practice had systems, processes and policies to manage and monitor risks to patients, staff and visitors. These included forecasting spread sheets, annual and monthly checks of the building and the practice environment, medicines management, staffing, dealing

with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative.

Identified risks were included on a risk log. Each risk was assessed, rated and mitigating actions recorded to reduce and manage the risk. Risks were discussed within team meetings. For example, the practice manager had shared the recent findings from a diabetes audit with the team.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to manage emergencies. Records demonstrated all staff had received training in basic life support. Emergency equipment was available including access to medical oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff we spoke with knew the location of this equipment and records confirmed these were checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included medicines for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Staff followed a system to regularly check that emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

There was a business continuity plan to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a plumbing company in the event of a flood. The practice was able to demonstrate that their continuity plan worked as they had suffered a recent flood. The plan had worked very well and disruption to the practice was minimal in the circumstances due to the implementation of the continuity plan. Small improvements to the plan had subsequently been made such as torches being available throughout the practice.

A fire risk assessment had been undertaken that included actions required to maintain fire safety. Records demonstrated that staff were up to date with fire training and regular fire drills were undertaken by the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance, accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. Minutes of practice meetings demonstrated new guidelines were disseminated, implications for the practice's performance and patients were discussed and required actions agreed. Staff told us these actions helped to ensure that each patient was given support to achieve the best health outcome for them. Staff said they completed thorough assessments of patients' needs in line with NICE guidance which were reviewed when appropriate.

The GPs told us they lead in specialist clinical areas such as diabetes, heart disease as well as asthma and that practice nurses supported this work which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. For example, GPs told us they supported all staff to continually review and discuss new best practice guidelines for the management of diabetes. Clinical meeting minutes confirmed this happened.

Data from the local clinical commissioning group (CCG), of the practice's performance for antibiotic prescribing was comparable to similar practices. The practice had completed a review of case notes for patients with high blood pressure which showed all were on appropriate treatment and regular review. The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. The practice used a process to review patients recently discharged from hospital which required patients to be reviewed within one week by their GP.

National data showed the practice was in line with referral rates to secondary and other community care services for all conditions. All GPs we spoke with followed national standards for the referral of suspected cancers and all patients referred had been seen within two weeks of consultation. Minutes from meetings demonstrated regular review of elective and urgent referrals were made, and that planned improvements to practise were shared with all clinical staff.

Interviews with GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, child protection alerts management and medicines management. The information staff collected was then collated by the practice manager to support the practice to carry out clinical audits.

The practice showed us five clinical audits that had been undertaken in the last two years. All of these were completed audit cycles where the practice was able to demonstrate the changes resulting since the initial audit, such as effective diagnosis of chronic kidney disease. Other examples of clinical audits included audits to determine how many patients with diabetes had attended for all of their relevant checks and reviews.

The GPs told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the Quality and Outcomes Framework (QOF). QOF is a national performance measurement tool. For example, we saw an audit regarding the prescribing of analgesics and non-steroidal anti-inflammatory drugs. Following the audit the GPs carried out medication reviews and altered their prescribing practice, in line with the guidelines. GPs maintained records showing how they had evaluated the service and documented the success of any changes.

The practice also used the information they collected for the QOF and their performance and compared them to national screening programmes to monitor outcomes for patients. For example, 98% of patients with diabetes had an annual medication review, and the practice met all the minimum standards for QOF in diabetes / asthma / chronic obstructive pulmonary disease (lung disease) and coronary heart disease. This practice was not an outlier for any QOF (or other national) clinical targets.

The practice team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with discussed how as a group they reflected upon the

Are services effective?

(for example, treatment is effective)

outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit per year.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes, and the latest prescribing guidance was being used. The information technology (IT) system flagged relevant medicines alerts when the GP prescribed medicines. Following the receipt of an alert the GPs reviewed the use of the medicine in question and where they continued to prescribe it outlined the reason why they decided this was necessary. GPs had oversight and a good understanding of best treatment for each patient.

The practice also participated in local benchmarking run by the CCG. This is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area. This benchmarking data showed the practice had outcomes comparable to and above other services in the area. GPs attend monthly meetings with the local medical committee to discuss performance and create working groups of local surgeries to provide quality care to patients in each group area.

Effective staffing

Practice staff included medical, nursing, managerial and administrative staff. All staff were up to date with attending mandatory courses such as annual basic life support. A good skill mix was noted amongst the doctors with one having an additional diploma in geriatric health. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council).

All staff undertook annual appraisals which identified learning needs from which action plans were documented.

Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses. For example, patient care “improving patient experience training had been carried out for some staff.

Practice nurses and the nurse practitioner had defined duties they were expected to perform and were able to demonstrate they were trained to fulfil these duties. For example, administration of vaccines. Those with extended roles such as seeing patients with long-term conditions were also able to demonstrate they had appropriate training to fulfil these roles.

Working with colleagues and other services

The practice worked with other service providers to meet patient’s needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries, out of hours providers and the 111 service were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. The GP seeing these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system worked well. There were no instances within the last year of any results or discharge summaries which were not followed up appropriately.

The practice had a process to follow up patients discharged from hospital. The policy for actioning hospital communications was working well in this respect. The practice undertook an audit of follow-ups to help ensure inappropriate follow-ups were documented and that no follow-ups were missed.

The practice held multidisciplinary team meetings quarterly to discuss the needs of complex patients. For example, those with end of life care needs or children on the at risk register. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well and remarked on the usefulness of the forum as a means of sharing important information.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was

Are services effective?

(for example, treatment is effective)

a shared system with the local out of hours provider to help enable patient data to be shared in a secure and timely manner. There were electronic systems for making referrals. Staff demonstrated how this process was followed up and audited, to help ensure that referrals were not missed and the information had been received by the clinic or department it had been sent to. Staff reported that this system was easy to use.

An electronic patient record “Vision” was used by all staff to coordinate, document and manage patients’ care. All staff were fully trained in the use of the system, and commented positively about the system’s safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

Staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. For some specific scenarios where capacity was an issue, the practice had a policy to help staff. For example, when making do not attempt resuscitation orders. This policy highlighted how patients were supported to make their own decisions and how these would be documented in the medical notes.

Patients with learning disabilities and those with dementia were supported to make decisions through the use of care plans which they were involved in establishing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it) and had a section stating the patient’s preferences for treatment and decisions. The practice kept records that demonstrated all of their care plans had been reviewed in the last year. When interviewed, staff gave examples of how a patient’s best interests were taken into account if a patient did not have capacity. All clinical staff demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient’s verbal consent was documented in

the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure. An audit confirmed the consent process for minor surgery had been followed in 100% of cases.

The practice had not had an instance where restraint had been required in the last three years but staff were aware of the distinction between lawful and unlawful restraint.

Health promotion and prevention

It was practice policy to offer all new patients registering with the practice a health check with the health care assistant / practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. There was a culture amongst the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18-25 and offering smoking cessation advice and referrals to the smoking cessation clinic to smokers.

The practice also offered NHS Health Checks to all its patients aged 40-75. Practice data showed that a high percentage (87%) of patients in this age group had taken up the offer of the health check. Patients who had risk factors for disease identified at the health check were followed-up within two weeks and were scheduled for further investigations.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities and all were offered an annual physical health check. Practice records showed 100% had received a check up in the last 12 months. The practice had also identified the smoking status of 60% of patients over the age of 16 and actively offered nurse led smoking cessation clinics to these patients. Similar mechanisms that identified at risk groups were used for patients who were obese and those receiving end of life care. These groups were offered further support in line with their needs.

The practice’s performance for cervical smear uptake was 78% which was better than others in the CCG. There was a policy to offer telephone reminders for patients who did not attend for cervical smears and the practice audited patients who do not attend annually.

Are services effective?

(for example, treatment is effective)

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line

with current national guidance. Last year's performance for all immunisations was above average for the CCG at 92%, and again there was a clear policy for following up non-attenders by the practice.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey, a survey of patients undertaken by the practice's patient participation group (PPG). The evidence from these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice was rated 'among the best' for patients rating the practice as good or very good. The practice was also above average for its satisfaction scores on consultations with doctors and nurses with 85% of practice respondents saying the GP was good at listening to them and 92% for the nurses and 86% saying the GP gave them enough time and 90% stating the nurses involved them in their care.

Patients completed comment cards that provided us with feedback on the practice. We received 22 completed cards and all but one were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with ten patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice telephone system was located away from the reception desk which helped keep patient information private. In response to patient and staff suggestions, a system had been introduced to allow only one patient at a time to approach the reception desk. This prevented patients

overhearing potentially private conversations between patients and reception staff. We saw this system in operation during our inspection and noted that it enabled confidentiality to be maintained.

Staff told us if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff. Records confirmed this and demonstrated that learning from such incidents had taken place.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations although these were very rare at the practice.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed 83% of practice respondents said the GP involved them in care decisions and 85% felt the GP was good at explaining treatment and results. Both these results were above average compared to the clinical commissioning group (CCG) area and nationally. The results from the practice's own satisfaction survey showed that 90% of patients said they were sufficiently involved in making decisions about their care.

Staff told us that translation services were available for patients who did not have English as a first language. There were notices in the reception areas informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, patients in general were aware of the variety of appointments available and were satisfied with the provision of appointments and the appointment making process. The

Are services caring?

patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, and the website also signposted patients and people close to them to a number of support groups and organisations. The practice's

computer system alerted GPs if a patient was also a carer. There was written information available for carers to help ensure they understood the various avenues of support available to them.

Staff told us families who had suffered bereavement were called by their GP. This call was either followed by a patient consultation at a flexible time to meet the family's needs and/or signposting to a support service. Patients we spoke with who had had a bereavement confirmed they had received this type of support and said they had found it helpful.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was responsive to patient's needs and had systems to maintain the level of service provided. The needs of the practice population were understood and there were systems to address identified needs.

The NHS Local Area Team (LAT) and clinical commissioning group (CCG) told us the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. GPs told us this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population. GPs at the practice were involved in local working groups that meet monthly to discuss and develop health services in the area to meet the needs of their patients.

Continuity of patient care and accessibility to appointments with a GP of choice was maintained by the practice when staff changes had taken place. Longer appointments and appointments with a named GP or nurse were available for patients who needed them including those with long-term conditions.

The practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the patient participation group (PPG). Patients had indicated that they would like more access to appointments. The practice had launched an online appointment booking service and were in the process of promoting it and raising awareness.

The practice had achieved and implemented the gold standards framework for end of life care. They had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss patients' and their families' care and support needs. The practice worked collaboratively with other agencies and regularly shared information (special patient notes) to help ensure good, timely communication of changes in care and treatment. The wishes of terminally ill patients were shared with the local out of hours provider and the local hospitals.

Tackling inequity and promoting equality

The practice had recognised the needs of different patient groups in the planning of its services. The premises were accessible for disabled patients, having level access and

disabled parking spaces close to the entrance door. A toilet which was accessible to people with limited mobility was available and there were also baby changing facilities for mothers with babies to use. The reception desk did not have a lowered area to accommodate patients using wheelchairs. However, staff came out to greet patients who had limited mobility and helped them throughout their visit.

The practice provided staff with equality and diversity training via e-learning. Staff we spoke with confirmed they had completed the equality and diversity training in the last twelve months and that equality and diversity was regularly discussed at staff appraisals and team meetings.

Access to the service

Appointments were available at the practice from 8.30am to 6pm each weekday. Each clinical session offered a number of different appointment types, such as book on the day, pre-bookable, urgent and telephone consultations.

Comprehensive information was available to patients about appointments on the practice's website. This included how to arrange urgent appointments and home visits as well as how to book appointments through the website. There were arrangements to help ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring to access appropriate help.

Patients were generally satisfied with the appointments system. They confirmed they were able to see a GP on the same day if they needed to and they could see another GP if there was a wait to see the GP of their choice.

Comments received from patients showed that patients in urgent need of treatment had been able to make appointments on the same day of contacting the practice. One patient we spoke with told us how they needed an urgent appointment for one of their family and it was arranged immediately.

The practice was situated on the ground floor of the building. The practice had sufficient room in the corridors to accommodate patients who used wheelchairs. This made movement around the practice easier and helped to maintain patients' independence.

Are services responsive to people's needs?

(for example, to feedback?)

The waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

The practice had a predominant population of English speaking patients although it was able to cater for other different languages through translation services. The practice had access to a telephone translation service but had not had to use it to date.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system, posters were displayed in the waiting area and there was information on how to make comments

or a complaint on the practice website. This included reference to the Health Service Ombudsman. The Health Service Ombudsman is a free service set up by parliament for individuals and the public to investigate complaints about healthcare. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the practice.

12 complaints received in the last twelve months had been satisfactorily handled and dealt with in line with the complaints policy timeframes. Correspondence included progress reports to patients as the complaint investigation progressed so that they were continually updated. 11 of the complaints had been resolved, further staff training had been identified and issues had been discussed at appraisals.

The practice reviewed complaints on an annual basis to detect themes or trends. The report for the last review had not identified a particular theme. Lessons learnt from individual complaints had been acted upon.

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 management team had a clear vision and purpose. The GPs we spoke with demonstrated an understanding of their particular area of responsibility. The six members of staff we spoke with all felt the practice was well-led and that their views and suggestions were taken into consideration. Staff told us they felt the management promoted an open and fair culture in which they were empowered and supported to question practice.

The practice had a clear vision statement to deliver high quality care and promote good outcomes for patients. Details of the vision statement and practice values were part of the practice's forward business plan and were on display in staff areas of the practice. The practice vision statement and values included ensuring that a high level of service was provided on a daily basis and accessible to all patients.

GPs at the practice attended local and clinical commissioning group (CCG) meetings to identify patient needs within the community and tailored their services accordingly. The practice worked with the local safeguarding, domestic violence and children's services to make sure they were aware of the patient population needs.

Governance arrangements

There were systems for monitoring all aspects of the service such as complaints, incidents, safeguarding, risk management, prescribing and medicines management, clinical audit as well as infection control. Each area had a practice lead and reception and administration staff were included in areas of responsibility such as monitoring appointments and telephone access. All staff we spoke with were aware of each other's responsibilities and who to approach for advice or to give feedback. This demonstrated a strong governance structure.

The practice manager took an active role in overseeing systems to help ensure they were consistent and effective. The GPs were also pro-active in that process. The practice manager was also responsible for ensuring that the policies

and procedures were kept up to date, staff received training appropriate to their role and that training was refreshed. There was evidence through staff meetings that feedback from patients was discussed and learning applied.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to maintain or improve outcomes.

The practice had completed a number of clinical audits. For example, an audit to determine differential diagnosis with regard to some types of cancers. The outcome of the audit was that more patients had been identified with early stages of the disease. Also other clinical audits had been carried out in areas relating to prescribing, diabetes and patients end of life care wishes.

The practice had robust arrangements for identifying, recording and managing risks. The practice risk log addressed a wide range of potential issues, such as continuity of the service in severe weather or staff shortages, fire safety as well as health and safety of the premises. Risks were discussed at team meetings and updated in a timely way. Risk assessments had been carried out where risks were identified and action plans had been produced and implemented. For example, vaccine storage and what to do in the event of the vaccine refrigerator failing. There were comprehensive records which documented how the practice had reacted when a recent flood had occurred and how this was being risk assessed on an on going basis following repair work being carried out.

Leadership, openness and transparency

All staff demonstrated their role in following the vision and values of the practice which were very clear. There was an open and honest culture and GPs, nursing and administration staff all encompassed the key concepts of compassion, dignity, respect and equality. The practice welcomed and acted on feedback from patients.

Staff felt supported in their roles and were able to speak with the management team at any given time. They said they were happy to speak with any of the GPs if they felt they had any concerns and these discussions were

Are services well-led?

Good 

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

encouraged. Individual responsibilities were given to each member of staff and opportunities for progression were apparent. Staff told us they felt valued and their work was appreciated.

The management team carried out appraisals for the nursing and administration staff on an annual basis. This gave staff the opportunity to discuss their objectives, any improvements that could be made and training that they needed or wished to undertake. GPs received appraisals and revalidation through the revalidation process. The GPs also used their appraisals as a positive point of discussion and learning opportunities for the wider practice team.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys, comment cards and complaints received. The results of the annual patient survey indicated that 80% of patients had been able to obtain an appointment in an emergency. Staff had discussed the results in a practice meeting and all staff we spoke with told us that there were no limits to the number of extra patients that could be seen when their need was urgent. Patients confirmed they were always seen in an emergency.

The practice had an active patient participation group (PPG). The PPG contained representatives from various patient population groups including older people and working age people. The PPG had carried out surveys and met annually. Analysis of the last patient survey was considered in conjunction with the PPG. The results and actions agreed from these surveys were available on the practice website.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they did

not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning and improvement

The practice had a system that demonstrated a clear understanding of the need to ensure that staff had access to learning and improvement opportunities. Newly employed staff completed a period of induction as did any locum staff. The practice supported staff to maintain their clinical professional development through training and mentoring. We looked at four staff files and saw that regular appraisals had taken place which included production of a personal development plan. Staff told us that the practice was supportive of training. The GPs had their own appraisal records available for staff so that areas of learning could be shared amongst the wider staff group.

The practice had completed reviews of significant events and other incidents and shared results with staff via meetings to help ensure the practice improved outcomes for patients. For example, an incident occurred when a patient was given an out of date injection. An immediate stock check was initiated of all of the medicines held by the practice. A meeting was called and the incident discussed with the nursing staff. As a result stock checking and rotation were checked on a more frequent basis. Medicines were checked at least twice prior to administration and the date was shown to the patient or carer to verify that it was within an expiry date.