The Crescent Surgery

Quality Report

Cleveleys Health Centre
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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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Crescent Surgery on 16 August 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, discussions of these events were not always documented and the practice did not always make whole system changes or systematically review actions taken.
- Feedback from patients about their care was consistently positive. All of the patient comment cards that we received praised the practice and said that staff were kind and professional.
- 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. They offered a bookable treatment room service every day that was shared with the neighbouring practice and the community district nursing service.
- The information needed to plan and deliver care and treatment was available to staff through the practice's patient information system, however, not all written communication was seen by the GPs or senior clinical staff as would be expected.
- 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, they had introduced a same day clinic for minor ailments that was run every day by the nurse practitioners.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The GP

Summary of findings

partners, together with the neighbouring practice partners had invested in extending the property, aided by National Health Service funding and building work was underway at the time of our inspection.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice:

- The practice employed a qualified nurse as a care co-ordinator who contacted all patients who had been discharged from hospital, providing a home visit and full assessment if necessary. This had achieved a reduction of 22% in unplanned admissions to hospital in the year prior to June 2016. The clinical commissioning group (CCG) adopted this model of care for other practices for 2016-2017.
- The practice proactively identified any patients who were over 75 years of age and had not been seen in the practice for healthcare within the last year. They reviewed the needs of these patients and invited them for a health assessment.
- The practice had purchased a light box to facilitate staff training and hand hygiene. (A light box enables staff to identify poor hand hygiene practices).
- The practice had recognised patient difficulties in accessing appointments and had introduced an open clinic for patients with minor ailments every day from 8.30am to 11.30am run by nurse practitioners. Patients told us that they thought this was an excellent service. We were told that the practice planned to introduce an open clinic at a later time for working patients.
- The practice had identified 404 patients as carers (4.7% of the practice list) and had been recognised as carer friendly by the local carers' network organisation. That organisation also held a weekly clinic for carers in the practice.

However there were areas of practice where the provider should make improvements:

- The practice should put systems in place so that all items of communication received by the practice were seen by the GPs or senior clinical staff before being filed.
- Discussions of significant events should be recorded and actions identified by significant event reports should be put in place and checked to be effective.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. However, the practice did not always make whole system changes or systematically review actions taken. Lessons were shared to make sure action was taken to improve safety in the practice although these discussions were not always recorded.
- 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. The practice had purchased a light box to facilitate staff training and hand hygiene. (A light box enables staff to identify poor hand hygiene practices).

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to local and national averages. The practice had achieved 100% of points available and exception reporting was 7.8%, which was low compared to the local clinical commissioning group (CCG) figure of 11.3% and national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We saw QOF results for 2015/16 which showed that the practice had also achieved 100% of the total number of points available although these figures had not been validated at the time of our inspection.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. We saw evidence that the practice had made improvements to prescribing since the employment of the practice pharmacist in April 2016.

Summary of findings

- 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 with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice used innovative and proactive methods to improve patient outcomes and was working with other local providers to share best practice.
- The information needed to plan and deliver care and treatment was generally available to relevant staff in a timely and accessible way. However, the practice did not have a thorough system for dealing with all communication received. Not all written communication was seen by a GP or senior clinical staff as would be expected.

Are services caring?

Good

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 were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 404 patients as carers (4.7% of the practice list) and a local carers' network organisation held a weekly clinic for carers in the practice. That organisation had recognised the practice as carer friendly.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. They offered a treatment room service for patients every day that was shared with the neighbouring practice and the community district nursing service.

Summary of findings

- The practice was working on a new project to provide patients suffering from dementia with small devices that could provide information should the patient be found wandering, to enable them to return home.
- The practice had arranged a later collection for blood samples during its commuter clinics with a local charitable organisation.
- 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. They had introduced an open clinic for patients with minor ailments every day from 8.30am to 11.30am run by nurse practitioners. Patients told us that they thought this was an excellent service.
- The practice employed a full-time care co-ordinator nurse who contacted patients when they were discharged from hospital. The nurse liaised with practice GPs, the pharmacist and other clinical staff and community and health and well-being services to ensure that patient care was co-ordinated. A home visit was arranged if necessary to conduct a full assessment of patient needs. We saw evidence that patient emergency admissions to hospital had been reduced from 179 in the year prior to June 2015, to 139 in the year prior to June 2016, a reduction of 22%. The CCG had adopted this model of care for other practices to put in place during 2016-2017.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The GP partners, together with the neighbouring practice partners had invested in further extending the property, aided by National Health Service funding.
- 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?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The 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. One of the practice nurse practitioners participated in research projects.

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

Outstanding ☆

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

- 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.
- A charity providing memory screening for patients held clinics every fortnight in the practice and patients were able to self-refer to these clinics as required.
- The practice had identified that 17 out of 1350 patients who were over 75 years of age had not been seen in the practice for healthcare within the last year. They reviewed the needs of these 17 patients and invited them for a health assessment.
- The practice had identified 404 patients as carers (4.7% of the practice list) and had been recognised as carer friendly by the local carers' network organisation. That organisation also held a weekly clinic for carers in the practice.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had reduced the emergency admissions of patients suffering from chronic obstructive pulmonary disease (a respiratory disease) from 32 in the year prior to June 2015, to 17 in the year prior to June 2016, a reduction of 53%.
- Performance for diabetes related indicators was better than the local and national averages. For example, blood measurements for diabetic patients showed that 85% of patients had well controlled blood sugar levels compared with the CCG average of 83% and national average of 78%. Also, the percentage of patients with blood pressure readings within recommended levels was 87% compared to the CCG average of 84% and national average of 78%.
- Two of the nurse practitioners were trained to initiate insulin for diabetic patients thus ensuring that only patients with the most complex needs were referred to hospital services.
- Longer appointments and home visits were available when needed.

Summary of findings

- 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

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 92%, which was higher than the CCG average of 81% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Due to changes in the community health visiting service, the practice started to send its own congratulations card to all new mothers to congratulate them and provide details of available services and how to access them.
- The practice offered a nurse-led contraception service. They had increased the uptake of some contraceptive methods in the practice and had reduced patient waiting times and increased GP appointment availability. The practice nurse also offered sexual health services to patients during the practice extended opening hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- There were appointments offered outside of normal working hours on Mondays and Thursdays.
- Telephone appointments were also available for patients who needed advice but were unable to attend the surgery.
- 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. We saw that online appointments were available for all GPs.

People whose circumstances may make them vulnerable

Outstanding ☆

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those receiving end of life care. The practice prioritised the needs of patients who were experiencing end of life care. They ensured that they had identified all patients in need of these services and had increased the register of patients in need of palliative care from 26 patients in March 2013 to 94 patients at the time of inspection. They discussed patient place of death at palliative care meetings to identify any learning points. The practice had also run an education meeting at the local hospice for care home staff.
- The practice employed a full-time care co-ordinator nurse who contacted patients when they were discharged from hospital. The nurse liaised with practice GPs, the pharmacist and other clinical staff and community and health and well-being services to ensure that patient care was co-ordinated. A home visit was arranged if necessary to conduct a full assessment of patient needs. A personalised care plan was completed for all these patients. The practice had achieved a reduction of 22% in unplanned hospital admissions for these patients in the year up to June 2016.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice 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).

- The practice had a high percentage of patients with dementia and they worked with the neighbouring practice to provide better care for these patients. They were working on a new project promoted by the local police early action team to provide patients suffering from dementia with small devices that could provide information should the patient be found wandering, to enable them to return home.
- 97% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the local average of 85% and national average of 84%.
- 92% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the local average of 93% and national average of 88%.
- 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 above or in line with local and national averages. 236 survey forms were distributed and 100 were returned. This represented 1.2% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the local clinical commissioning group (CCG) average of 78% and national average of 73%.
- 85% 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 75% and national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%.
- 76% 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 83% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. Patients said that staff were kind and professional and said that they received an excellent service from the practice. Patients also praised the level of support that they had received in difficult times.

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. The latest published figures for the practice friends and family test indicated that 86% of patients would recommend the practice to friends and family, based on seven responses.

Areas for improvement

Action the service SHOULD take to improve

- The practice should put systems in place so that all items of communication received by the practice were seen by the GPs or senior clinical staff before being filed.
- Discussions of significant events should be recorded and actions identified by significant event reports should be put in place and checked to be effective.

Outstanding practice

- The practice employed a qualified nurse as a care co-ordinator who contacted all patients who had been discharged from hospital, providing a home visit and full assessment if necessary. This had achieved a reduction of 22% in unplanned admissions to hospital in the year prior to June 2016. The clinical commissioning group (CCG) adopted this model of care for other practices for 2016-2017.
- The practice proactively identified any patients who were over 75 years of age and had not been seen in the practice for healthcare within the last year. They reviewed the needs of these patients and invited them for a health assessment.
- The practice had purchased a light box to facilitate staff training and hand hygiene. (A light box enables staff to identify poor hand hygiene practices).
- The practice had recognised patient difficulties in accessing appointments and had introduced an open clinic for patients with minor ailments every

day from 8.30am to 11.30am run by nurse practitioners. Patients told us that they thought this was an excellent service. We were told that the practice planned to introduce an open clinic at a later time for working patients.

- The practice had identified 404 patients as carers (4.7% of the practice list) and had been recognised as carer friendly by the local carers' network organisation. That organisation also held a weekly clinic for carers in the practice.

The Crescent 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 and a second CQC inspector.

Background to The Crescent Surgery

The Crescent Surgery is housed in a purpose built building, Cleveleys Health Centre, situated in a residential area of Cleveleys. The building has been extended to accommodate a growing patient list and is currently undergoing further extension. The practice provides services to a patient list of 8,604 people. The building is shared with one other GP practice and local community services. District nurses and health visitors have their own rooms within the Health Centre.

The practice is part of the NHS Blackpool clinical commissioning group (CCG) and services are provided under a Personal Medical Services Contract (PMS). There are three GP partners (two male and one female) and one male salaried GP. The practice also employs four nurse practitioners, a specialist nurse (a care co-ordinator nurse), one practice nurse, one health care practitioner and a pharmacist. The practice is supported by non-clinical staff consisting of a practice manager and twelve administrative and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday and offers extended hours on Mondays and Thursdays between 6.30pm and 7.30pm. Appointments are offered between 8am and 5.50pm on Tuesday, Wednesday and Friday and on Monday and Thursday between 9am and 7.10pm. When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning a local number or 111.

The practice has a considerably higher proportion of patients over the age of 60 when compared to the England average. Figures for patients aged 65 and over show that these patients make up 30% of the practice list compared to the CCG average of 20% and the national average of 17%. Patients aged over 75 make up 16% of the list compared to the CCG average of 9% and the national average of 8%.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice caters for a higher proportion of patients experiencing a long-standing health condition (64% compared to the national average of 54%). The proportion of patients who are in paid work or full time education is higher (53%) than the CCG average of 52% and lower than the national average of 62% and unemployed figures are lower, 3% compared to the CCG average of 7% and the national average of 5%. Male life expectancy is 77 years compared to the CCG average of 74 years and the national average of 79 years and for females, the practice figure is 82 years compared to the CCG average of 80 years and national average of 83 years.

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 16 August 2016. During our visit we:

- Spoke with a range of staff including three GPs, one nurse practitioner, the practice health care practitioner, the practice pharmacist, the practice manager, and three members of the practice administrative team.
- Spoke with five patients who used the service.
- Observed how staff interacted with patients and talked with carers and family members.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

The practice had a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available 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) and the practice had a duty of candour policy.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were discussed at practice meetings however, these discussions were not always recorded in meeting minutes and there was a lack of whole system change to ensure that actions taken were embedded in practice procedure. Also, actions taken were not routinely reviewed. The practice told us that they would ensure that discussion of significant events would be a regular agenda item in future at team meetings and actions taken would be formally scheduled for review.
- The practice shared relevant significant incidents with the clinical commissioning group (CCG) using online incident reporting and risk management software.

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, as a result of a delayed patient diagnosis, clinicians were reminded that patients who had certain specified symptoms needed an urgent referral.

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. 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 and nurses to level two or three.
- Notices in the waiting room and in every clinical room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurse practitioners was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice had purchased a light box to facilitate staff training and hand hygiene. (A light box enables staff to identify poor hand hygiene practices). Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice 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 pharmacist carried out regular medicines audits, with the support of the local CCG pharmacy teams, to 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. All of the four nurse practitioners had qualified as Independent Prescribers and could 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. The practice health care practitioner was trained to administer vaccines against a patient specific direction from a prescriber.

- We reviewed four 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 staff room 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 and cover at times of absence was provided by remaining practice staff.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. There was a practice policy for the management of newly published NICE guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

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 (2014/15) were 100% of the total number of points available. Exception reporting was 7.8% which was low compared to the local clinical commissioning group (CCG) level of 11.3% and national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We saw QOF results for 2015-2016 which showed that the practice had also achieved 100% of the total number of points available although these figures had not been validated at the time of our inspection. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was better than the local and national averages. For example, blood measurements for diabetic patients showed that 85% of patients had well controlled blood sugar levels compared with the CCG average of 83% and national average of 78%. The practice exception reporting for this indicator was low, 8%, compared to the local average of 15% and national average of 12%. Also, the percentage of patients with blood pressure readings within recommended levels was 87% compared to the CCG average of 84% and national average of 78%. Exception reporting for this was again low, 6%, compared to the local average of 11% and national average of 9%.
- Performance for mental health related indicators was similar to or above the local and national averages. For example, 92% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average of 93% and national average of 88%. Also, 97% of patients diagnosed with dementia had their care reviewed in a face-to-face review compared to the CCG average of 85% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last year, all of which were completed audits where the improvements made were implemented and monitored. The practice pharmacist also carried out medication audits and had produced a practice work plan to improve medication prescribing. The pharmacist updated the work plan regularly and discussed it at clinical team meetings. We saw evidence that the practice had made improvements to prescribing since the employment of the practice pharmacist in April 2016. Improvements included more appropriate prescribing for sun screen preparations and for opioid medications.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice was new to research and one of the practice nurse practitioners was the lead for research projects.
- The practice regularly reviewed referrals to other services. Referrals to the hospital dermatology service was the most recent review and the practice had reduced referrals with better use of GP specialist knowledge within the practice. GPs referred patients to the practice GP with specialist knowledge instead of making hospital referrals.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the introduction of a new system to follow up patients who had had minimal or no benefit from having a joint injection at the practice.

Good

Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as using the regular audit of the practice palliative care register in order to assess whether all end of life patients had been identified by the practice and recorded on the register. This allowed patients to be better identified and given high quality and well organised care. The practice also discussed patient place of death at palliative care meetings to identify any learning points.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Administrative staff received regular training in customer care and all staff had been trained in dementia awareness.
- Two of the nurse practitioners were trained to initiate insulin for diabetic patients thus ensuring that only patients with the most complex needs were referred to hospital services.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. 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, in-house and external training. The practice shared some educational training with the neighbouring practice.
- All clinical staff had areas of clinical specialty and one of the nurse practitioners ran the local respiratory group. The practice had reduced the emergency admissions of patients suffering from chronic obstructive pulmonary disease (a respiratory disease) from 32 in the year prior to June 2015, to 17 in the year prior to June 2016, a reduction of 53%.
- The practice was previously a training practice for nurse practitioners and still offered support to training nurse practitioners on an ad hoc basis. One of the practice GPs had spent a year working in cardiology which gave the practice specialist knowledge in caring for patients with heart conditions.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff 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.

However, the practice did not have a thorough system for dealing with communication received from hospitals and other patient health services. Not all written communication was seen by the GPs or senior clinical staff as would be expected. Any post that did not require action by the GPs was being filed on the patient record by administration staff and was not viewed by the GPs at the time of coming into the practice.

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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Good

Are services effective?

(for example, treatment is effective)

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

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

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 patients who may be experiencing memory loss. Patients were signposted to the relevant service.
- A weekly monitoring clinic for patients taking anti-coagulant medication to prevent blood clotting was available on the premises and smoking cessation advice was available from a local support group.
- A memory screening clinic was temporarily relocated to a local library because of building work but was normally located within the practice premises.
- A local charity attended the practice each week to offer social care advice and a carers charity also visited weekly to give advice to carers.
- The practice shared its baby clinic with a neighbouring practice in order to offer advice and care to new mothers and their babies and better use practice resources. Midwife services visited the practice twice weekly.
- There were other services in the building available for GPs to refer to such as speech therapy, children's hearing service, visual screening and counselling services. Occupational therapy and community physiotherapy also visited in the building.

The practice's uptake for the cervical screening programme was 92%, which was higher than the CCG average of 81% and the national average of 82%. There were alerts on the computer records of patients who did not attend for their cervical screening test so that they could be reminded when they presented at the surgery and the practice identified those patients who did not attend so that they could be further encouraged. The practice demonstrated how they encouraged uptake of the screening programme for those with a learning disability and they ensured a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice figures for those patients attending breast and bowel screening were higher that local and national averages. The figure for breast screening was 73% compared to 66% locally and 72% nationally. The practice figure for bowel screening was 62% compared to 53% locally and 58% nationally.

Childhood immunisation rates for the vaccinations given were generally higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to one year olds ranged from 98% to 100% compared to CCG figures of 94% to 96% and for under two year olds from 93% to 96% compared to CCG figures of 92% to 97%. Figures for five year olds were a little lower, ranging from 75% to 95% compared to CCG figures of 87% 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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

We spoke with two 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 a little lower than local and national figures for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and 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.
- Information leaflets were available in easy read format.
- The practice had access to a local service that were able to provide people who were trained in sign language to assist patients in consultations when necessary.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

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 404 patients as carers (4.7% of the practice list). The practice invited all carers for a health check and offered them influenza vaccinations. Written information was available to direct carers to the various avenues of support available to them and the practice had been recognised as carer friendly by the local carers' network organisation. That organisation also held a weekly clinic for carers in the practice.

Staff told us that if families had suffered bereavement, the practice sent them its own sympathy card offering condolences and giving information on local support services. This card encouraged families to contact the practice should they need help in any way.

Outstanding ☆

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 offered a treatment room service every day that was shared with the neighbouring practice and the community district nursing service where treatments such as wound care, dressings, venepuncture and ear syringing were offered.

- The practice offered a 'Commuter's Clinic' on a Monday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours. Because of this later clinic, the practice had arranged with a local charitable organisation for a later collection of blood samples from the practice at 6.30pm on those days.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice, this included patients resident in care homes. The practice health care practitioner supported the nurse practitioners in the management of housebound patients with long-term conditions.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice had recognised patient difficulties in accessing appointments and had introduced an open clinic for patients with minor ailments every day from 8.30am to 11.30am run by nurse practitioners. Patients could access this service by telephoning the practice or by coming to the surgery directly. The practice had first introduced this service as a pilot, audited patient satisfaction and then made it a permanent arrangement as a result of positive feedback. Patients told us that they thought this was an excellent service. We were told that the practice planned to introduce an open clinic at a later time for working patients.
- The practice had previously invested in an extension to the building to enable the district nursing, health visiting and community matron service to be sited in the premises.
- Due to the success of the practice shared treatment room service, the GP partners, together with the neighbouring practice partners had invested in extending the property, aided by National Health Service funding. This was planned to extend the treatment room services and provide a separate entrance so that it could be open when the practice was closed. At the time of our inspection, building work on this had already started.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Because of changes in the community health visiting service, the practice started to send its own congratulations card to all new mothers to congratulate them and provide details of available services and how to access them. The practice nurse who led on this project had achieved the advanced certificate in contraception and also offered these services to patients. As a nurse-led service, the practice had increased the uptake of some contraceptive methods in the practice and had reduced patient waiting times and increased GP appointment availability. The practice nurse also offered sexual health services to patients during the practice extended opening hours.
- The practice had identified a gap in service for patients discharged from hospital and in April 2015, the practice employed a full-time care co-ordinator nurse. This nurse had previously worked in the local hospice. The care co-ordinator nurse contacted patients when they were discharged from hospital to see whether their admission could have been prevented. The nurse liaised with practice GPs, the pharmacist and other clinical staff and community and health and well-being services to ensure that patient care was co-ordinated. A home visit was arranged if necessary. At the home visit, the care co-ordinator nurse conducted a full assessment of patient needs and made referrals to other services as necessary. The nurse produced and updated care plans for these patients and shared them with the out of hours service. We saw evidence that, as a result of this work, patient emergency admissions to hospital had been reduced from 179 in the year prior to June 2015, to 139 in the year prior to June 2016, a reduction of 22%. We saw that the CCG had adopted this model of care for other practices to put in place during 2016-2017.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

- Each year the practice audited whether patients over 75 years of age had been seen in the practice for healthcare within the last year. Most recent results showed that of the 1350 patients identified by the search, only 17 had not been seen. The practice then reviewed the needs of these 17 patients and invited them for a health assessment.
- Because of the practice elderly population, the practice prioritised the needs of patients who were experiencing end of life care. They ensured that they had identified all patients in need of these services and audited this regularly. As a result of this increased vigilance, they had increased the register of patients in need of palliative care from 26 patients in March 2013 to 94 patients at the time of inspection. They worked with associated services to ensure the best pathways of care for patients and held palliative care meetings with other relevant health professionals every two months. Patients on the palliative care register were discussed at these meetings and patients who had died were reviewed to see whether any lessons could be learned. Outcomes from these meetings were documented and circulated to practice staff. The practice had also run an education meeting at the local hospice for care home staff.
- The practice had a high percentage of patients with dementia, 1.37% of the patient list which was 0.35% above the CCG average and 0.63% above the national average. They worked with the neighbouring practice to provide better care for these patients. They were involved in a new project promoted by the local police early action team to provide patients suffering from dementia with small devices that could provide information should the patient be found wandering, to enable them to return home.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and offered extended hours on Mondays and Thursdays between 6.30pm and 7.30pm. Appointments were from 8am to 5.50pm daily and extended hours appointments were offered until 7.10pm on Mondays and Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice also offered a nurse-led open surgery for minor ailments every day between 8.30am and 11.30am.

The practice provided level access to the building and was adapted to assist people with mobility problems. The majority of patient consultations were carried out on the ground floor of the premises and there was a car park on site for patients. As a result of the building work, the practice was carrying out some practice services on the first floor and there was a lift or staircase to access these.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 82% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Patient comment cards said that the daily open clinic was very useful. We saw that the next available routine appointment with a GP or a nurse was on the following day.

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.

Patient requests for home visits were listed on the practice's computer system and allocated to GPs within a limited timeframe to assess the urgency of need. 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and leaflets were available in the patient waiting area.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

We looked at eight complaints received in the last 12 months and found they had all been dealt with in a timely way and with openness and honesty. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, staff were reminded of the importance of reporting concerns following an appropriate referral to safeguarding services.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a statement of purpose which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a shared vision and values and regularly discussed succession plans although no plan was documented.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Reception staff knew GP and nurse areas of clinical specialism when booking patient appointments.
- Practice specific policies were implemented and were available to all staff both online and in printed form.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice liaised with other practices and agencies in the neighbourhood to shape services and improve communication. The practice attended monthly meetings that included representatives from community services, the ambulance service, the police, social services and health and wellbeing workers. The practice also shared education meetings with the neighbouring practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were policies for identifying, recording and managing risks, issues and implementing mitigating actions. However, discussion of significant events were not always recorded and there was a lack of whole system change to ensure that actions taken were embedded in practice procedure. Also, actions taken were not routinely reviewed.

Leadership and culture

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

The provider was aware of and had systems 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 people 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. The practice held informal lunch hour meetings every day for all staff and attached community staff to attend. Staff told us that this encouraged and improved communication and provided valuable support.
- 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 that there was an annual funded social event for all staff and other part-funded staff events every three to four months.
- 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. The practice also involved staff members in the recruitment of new staff.
- There was a low turnover of staff with some staff having been employed at the practice for over 20 years.

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 was a virtual group of 41 patients who had met once at a face-to-face meeting with the neighbouring practice PPG. They were consulted regularly and submitted proposals for improvements to the practice management team. The last patient survey recorded was in 2014. As a result of this survey, the practice purchased new telephone system software and arranged better staffing of telephone lines over the lunchtime period. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was launching the new dementia patient "buddy tag" with the neighbouring practice and the local police in order to offer better safety for patients suffering from dementia.
- The practice had appointed a care co-ordinator to reduce hospital admissions for vulnerable patients. We saw that this model of care had been adopted by the clinical commissioning group (CCG) for other practices to use.
- One of the practice nurse practitioners participated in research projects.
- The GP partners, together with the neighbouring practice partners had recently invested in extending the property, aided by National Health Service funding. This was to increase the facilities for the treatment room services and to give additional consulting rooms. At the time of our inspection building work had already started.