Norwood Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Norwood Surgery, Southport on 10 November 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. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other providers to share best practice. The work of the practice with patients with type two diabetes had achieved positive results.
- The monitoring of diabetes patients who no longer relied on medicines to control diabetes, had led to other findings which contributed to advances in care for patients with other long term conditions, such as heart disease and poor liver function.
- Feedback from patients about their care was consistently positive.
- 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 GPs and nurses started all morning surgeries at 8am to allow working patients, students and school children better access to appointments. This complemented two, late evening surgeries each week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and responded to them compassionately and constructively. For example, considerable modifications were made to the building to allow easier access for disabled patients, following feedback from those patients and their carers and family members.
- The practice had a clear vision which had quality and safety as its top priority. This was regularly reviewed and discussed with stakeholders and staff.

Summary of findings

- The practice had strong and visible clinical and managerial leadership and governance arrangements.

There were areas where the practice could make improvements. The practice should

- Prioritise the replacement of fabric covered chairs in consulting rooms.
- Lock away any prescription pads left in printers overnight.

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
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above the national average.
- The practice used innovative and proactive methods to improve patient outcomes, and worked with other providers to share best practice. Work with patients with type two diabetes had achieved positive results.
- Work done to monitor diabetes patients who no longer relied on medication to control their condition, produced other results which contributed to care of patients with other long term conditions such as heart disease and fatty liver disease.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- Figures for 2014-15 showed the practice as the lowest prescriber of antibiotics.
- Staff had the skills, knowledge and experience to deliver highly 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.

Summary of findings

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 every aspect of their 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 confidentiality. We noted that staff and clinicians were proud to work for the practice.
- When we spoke with patients they told us they felt privileged to be patients at the practice.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice responded quickly and constructively to patient feedback, for example, by

  self-funding significant improvements to the premises, allowing disabled patients greater access to both floors of the building.
- Patients rated the practice higher than others locally and nationally, on all aspects of care.
- Practice clinicians responded quickly to possible risks to patients of unsafe nebuliser equipment in patient homes and raised this issue with the CCG. This is now on the CCG risk register and information has been shared with other practices.
- The start time of surgeries each morning was moved to 8am to give better access for working patients, students and school aged children. The early start morning surgeries are complemented by two, late evening extended hours' surgeries each week.
- The practice GPs met at 11am each morning, to review requests for home visits and wherever possible, allocate home visits to provide older patients and those with complex health needs continuity of care.
- Patients said they found it easy to make an appointment with a named GP and there was good continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

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 the very best 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.
- Trainee GPs at the practice were supported on a 1:1 basis by the three GP trainers at the practice.
- Levels of staff engagement were high, with staff and clinicians speaking of how they were proud to work at the practice.
- The practice and clinicians had won a number of awards for their work at the practice.
- There was a strong focus on continuous learning and improvement at all levels.
- There was an overarching governance framework which supported the delivery of the strategy and high 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. We saw that when required, incidents had been reported to CQC.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- 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.
- Uptake of flu vaccine amongst older patients was good, with 80% of patients receiving the vaccine.
- The practice employed a pharmacist directly to specifically run the STOPP START medication review plan for older patients on multiple medicines.
- The practice healthcare assistant had screened older patients to identify those at risk of frailty. Comprehensive care plans were developed for these patients and shared with the multi-disciplinary care team.

People with long term conditions

Outstanding

The practice is rated as outstanding for the care of patients with long term conditions.

- The practice had achieved positive results in helping patients manage their type 2 diabetes through diet and lifestyle advice. In diabetes medication alone, this had reduced the spend of the practice by over £57,000.
- Results from groups of diabetic patients monitored by clinicians showed these patients experienced sustained weight loss, improved cholesterol levels, improved blood pressure readings and a return to normal blood glucose levels.
- A patient we spoke with described the positive change in their life, following cessation of diabetes control medication.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Practice clinicians had investigated instances of poor recovery of patients with exacerbated symptoms of their respiratory illnesses, such as COPD and asthma, as well as those with cystic fibrosis. As a result it was identified that poorly maintained nebuliser equipment in patient's homes impacted on patient

Summary of findings

recovery. This was highlighted to the CCG and is now on the CCG risk register, meaning this information will be shared with practices and nebuliser equipment in people's homes will be checked.
- Longer appointments and home visits were available when needed; we saw that staff knew the practice population well and ensured any patients needing longer appointments had access to these when necessary.
- 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.

- A partner at the practice with a specialist interest in cardiovascular disease had used Park Runs to engage patients of all ability, joining patients on weekly runs in a park close to the practice. This initiative has grown, with several GPs, nurses and the practice manager taking part in runs each week with an increasing number of patients from the practice of all ages taking part.
- Practice clinicians had produced info-graphics which spelt out clearly to patients the amount of hidden sugars in their diet. Several younger people as well adults are receiving support from clinicians to change their diet and lifestyle.
- 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.
- Data for rates of cervical screening by the practice showed the percentage of women receiving this intervention was slightly higher than local and national averages, at 82%. (CCG and national average 81%).
- Appointments were available every morning at 8am and at two late evening surgeries each week. Premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Practice clinicians had conducted audit on those patients at risk of cardio vascular disease, and the effect of low glycaemic index foods on symptoms of this condition. Results were shared with other clinicians, in particular from cardiologists both locally and nationally who have visited the clinicians to review and discuss results.
- The practice offered appointments with male and female clinicians, with a choice for those patients who expressed a preference.
- The practice had identified 144 patients (1.6% of the practice register) who were also carers, and ensured carers had good access to GPs and nurses.
- Figures from the last GP Patient Survey showed:
- The percentage of respondents to the GP Patient Survey who were very satisfied or fairly satisfied with their GP practice opening hours, was 92% compared to the CCG average of 84% and national average of 79%.
- The percentage of respondents to the GP Patient Survey who stated that the last appointment they got was convenient was 100%, compared to the CCG average of 95% and national average of 92%.

People whose circumstances may make them vulnerable

Good

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

- The practice demonstrated that it listened to patients who felt vulnerable and responded positively to any issues they raised.
- The practice held a register of patients living in vulnerable circumstances including those with a a learning disability.
- 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.

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- 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.

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 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.
- All staff have received dementia awareness training and the practice is a 'Dementia Friendly' practice.
- 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.
- Some improvement was needed in the review of patients who had received a diagnosis of dementia within the past 12 months.
- 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 in July 2016. The results showed the practice was performing above all local and national averages. In the survey, 222 forms were distributed and 105 were returned. This represented less than 1% of the practice's patient list.

- The percentage of respondents to the GP survey who described the overall experience of their GP surgery a fairly good or very good was 96%, compared to the national average of 85%.
- The percentage of respondents to the GP survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment, was 81%, compared to the national average of 76%.
- Of those who responded, 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the 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 35 comment cards, 33 of which were positive about the standard of care received. Two comment cards referred to problems getting appointments on the day, or prescriptions from a chemist.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the NHS Friends and Family Test for the past six months show that of 126 patients who responded, 125 (99.2%) were extremely likely or likely to recommend the practice to a friend or relative. The other patient response was neutral in that they were neither likely nor unlikely to recommend the practice to a friend or relative.

Areas for improvement

Action the service SHOULD take to improve

There were areas where the practice could make improvements. The practice should

- Prioritise the replacement of fabric covered chairs in consulting rooms.
- Lock away any prescription pads left in printers overnight.

Norwood 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.

Background to Norwood Surgery

Norwood Surgery is a partnership practice run by five GP partners (four male, one female) and is located on a residential street in Southport, Merseyside. The practice provides GP services to approximately 9,000 patients. All services are delivered under a GMS contract. Norwood Surgery falls within Southport and Formby Clinical Commissioning Group (CCG). The practice is a teaching practice, hosting GP registrars.

The partnership GPs are supported by a salaried GP (male) three practice nurses (all female) and a healthcare assistant (female). The practice administration team is overseen by a practice manager. The practice manager has a deputy who oversees the work of 16 administration and reception staff. The practice is open from 8am to 6.30pm each day, with extended hour's appointments available from 6.30pm – 8.30pm each Monday and Thursday evening. The practice closes on one Wednesday afternoon per month for staff training.

The practice premises provide patient services on ground and first floor level. The building is fully accessible for patients with limited mobility, with the premises being upgraded recently to provide fully accessible consulting rooms on the first floor which are accessed by a newly installed patients lift. Car parking is available outside the practice and there are clearly marked disabled parking spaces to the front of the building. There is a lift outside the building for those patients unable to use the steps to the front door of the premises.

Inside the surgery premises there are four GP consulting rooms and a fully equipped treatment room at ground floor level. Patient toilets are available which are fully accessible and have been upgraded to provide baby change facilities. There is a small, private room available for any mothers who need to breast feed, or for any patients who need more privacy when dealing with matters at the reception desk. Part of the reception desk has been dropped down to allow easier wheelchair access and communication for disabled customers. The first floor can be accessed by a lift and has three GP consulting rooms. As part of the refurbishment of the building, where necessary the width of doorways were increased to allow easy wheelchair access.

Morning surgeries at the practice commence at 8am and last for two hours thirty minutes. Afternoon surgeries also last for two hours thirty minutes and are staggered so that appointments are available from 2pm to 6pm each afternoon. Patients who need to be seen as an emergency are seen at the end of each surgery.

When the practice is closed, patients ringing the surgery are directed by a phone message to ring NHS 111. Following review of patients, NHS 111 can refer patients to the locally commissioned out of hours service, Go to Doc.

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 10 November 2016. During our visit we:

- Spoke with a range of staff including the practice manager, four administrators, five GPs, one Registrar and spoke with patients who used the service.
- Observed how patients were being cared for and how staff interacted with patients on arrival at the practice.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with members of the patient participation group (PPG).
- Spoke with three patients.

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

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available 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).
- 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.
- In all records of significant events we reviewed, we saw the practice carried out a thorough analysis of the significant events.

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 we saw that GPs fully considered the implications of any patients who reported their medication as stolen, and any safety measures that needed to be put in place to protect the patient, for example, safeguarding measures.

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.

- 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 had provided reports where necessary for other agencies, when they had been requested to do so. 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. Practice nurses were trained to safeguarding level two.
- A notice in the waiting 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). We saw that a list of all staff that were chaperone trained and had a valid DBS check was in each consulting and treatment room at the practice.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The practice had a rolling programme of improvements to the practice; we saw that all rooms had recently had infection control compliant sealed flooring installed and that the practice was in the process of replacing any sinks that were not infection control compliant. We did note that chairs in consulting rooms were not made of wipeable material and these should be replaced as soon as it is practical to do so.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Good

Are services safe?

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, GPs should remove blank prescriptions from printers overnight and place into lockable drawers as cleaners had access to these rooms for cleaning, after the practice had closed.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked annually 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, 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 to meet patient need. The practice also needed to ensure that there were enough rooms available each day for all GPs and nurses working; we saw that rotas to plan this were in place and worked well.

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. All medicines we checked were in date and ready for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. When we checked we saw that batteries were charged and this equipment was safety checked and ready for use.
- A first aid kit and accident book were available and all staff we spoke with knew where this was kept and the procedures to follow when recording any accident on the premises.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

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. We saw from records of significant events that the practice manager and partners had given greater consideration to the storing of information in relation to the management of the practice, in the event of IT downtime.

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. 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 audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 99.9% of the total number of points available. Overall exception reporting was 11%, which is 1% higher than the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed performance for diabetes related indicators was in line with or above the national average. For example:

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 59mmol/mol or less in the preceding 12 months was 75.5%, compared to the CCG average of 70% and national average of 70%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 80%, compared to the CCG average of 79% and national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 75mmol/mol or less in the preceding 12 months was 91%, compared to the CCG average of 89% and national average of 87%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 80%, compared to the CCG average of 80% and national average of 77%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 was 95%, compared to the CCG average of 92% and national average of 91%.

Performance for mental health related indicators was above both local and national averages. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in their record, in the preceding 12 months, was 95%, compared to the CCG average of 84% and national average of 89%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a record of alcohol consumption, in their records in the preceding 12 months was 95%, compared to the CCG average of 83% and national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. This was additional to the diabetes audit work by the practice.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. We saw that audits on prescribing of antibiotics showed that the practice followed guidance and antibiotic prescribing was appropriate in each case. Figures for 2014-15 showed the practice to be the lowest prescriber of antibiotics in the CCG area.

Good

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result of audit included assurances that all clinicians were sending pathology samples off correctly after moving to the new ICE system for receiving results electronically.

The practice clinicians had undertaken a significant amount of self-funded work, to try and improve the outcomes of patients who were type two diabetics. Over a period of four years, GPs at the practice had actively engaged and worked with patients to 'take control' of their diabetes and the management of the condition.

This was achieved by helping patients with simple and easy to follow diets, and education on their response to the glycaemic index and how this works. The practice set up a support group for the patients, led by the practice GPs, which met on a weekly basis. The work done by the GPs involved teaching patients to 'unlearn' the messages previously used in public health campaigns and how some foods they may have been told to avoid could be useful to them in managing their weight.

Patients were taught how the glycaemic index works, and how their reaction to their hunger was key. As patients' weight began to drop, many patient's blood glucose levels and regulation of this returned to normal. This meant that these patients no longer needed medicine to control their diabetes. All patients were monitored through blood and urine testing on a regular basis. As patients progressed further, other conditions associated with poor weight management and diabetes improved, for example, patients' blood pressure dropped and remained within a stable, safe range. Patients taking medicines to control blood pressure were able to reduce or cease taking these. Many patients' cholesterol levels dropped markedly, meaning they could cease use of medicines to control this. Some patients who had poor liver function, saw their liver function return to normal. It was also noted that those patients who previously needed to take folic acid to address foliate deficiency, had foliate levels that returned to normal.

We spoke with one patient who described how they had lost a significant amount of weight. This patient described the way in which their life had changed for the better. The biggest difference the patient described was freedom from the side effects of medicines they used to take for diabetes, and how they had much improved levels of energy.

An international, online forum for GPs had been set up by the practice so their work on diabetes and anonymised data on these patients could be shared with other GPs.

The GPs had produced diet sheets and advice which was shared through the Diabetes UK website, and at the last count, approximately 160,000 people had signed up to the diet. The prescribing of diabetes control medicines has reduced by £57, 262 within the practice. Obesity prevalence for the practice had dropped and was lower than CCG and national averages. Referrals of patients aged 25 and over with diabetes to specialist community services had dropped to 0.5% of the practice population in this group, which was the second lowest rate of referral within the CCG.

The net effect so far of the work by clinicians at the practice, in relation to patients who had type two diabetes has been:

12 patients had their diabetes reversed, with repeat, normal blood tests showing lower HbA1c.

17 patients had received improved HbA1c readings, moving their condition back to the pre-diabetic state.

27 patients who had been pre-diabetic, had this reversed, with normal HbA1c blood tests.

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. We saw that nurses were encouraged to take part in all training updates and received high quality mentoring from the GPs in the practice.
- 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, attendance at annual immunisation update courses and discussion at practice meetings.

Good

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

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.
- The practice GPs had produced info-graphics which were available to patients, encourage patients to think differently about foods which have previously been advocated as being healthy. Of the most recent study group of patients, (95 patients) who had sought support from the practice GPs, (65 of which were diabetic), all had seen sustained weight loss.
- As a result of this work, the practice had the second lowest referral rate within the CCG to community diabetes specialists.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 81% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice demonstrated how they encouraged uptake of the screening programme by using information in easy read format 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 91% to 99%.

Good

Are services effective?

(for example, treatment is effective)

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.

We received 35 patient Care Quality Commission comment cards, 33 of which expressed positive views 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. Two comment cards referred to problems getting appointments on the day, or prescriptions from a chemist.

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. We noted that the practice staff knew the patient population well and were able to respond quickly and appropriately to their needs. For example, staff we spoke with where aware of people who were carers and could identify which times would be easiest for them to attend the surgery for appointments. The knowledge of the administrative and reception staff also assisted new GP Registrars who were placed at the practice, which was commented on by GP Registrars.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 95.5% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97.5% and the national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89.5% 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.

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:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

Good

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Picture cards where available to help explain procedures and treatments to patients with a learning disability.
- All patients who wished to be supported by their carer, could book a longer appointment to ensure that their health care options and treatments could be explained fully, and allow to time to answer any questions.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. We noted that information was grouped by subject on noticeboards, making it easier to spot for patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 144 patients as carers (1.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Good

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. For example, by providing systematic review of older patients who were at risk of frailty, and by providing minor surgery and hypertension clinics.

- The practice offered early morning surgeries every week day, which started at 8am.
- Extended surgery hours were offered twice each week on a Monday and Thursday evening when appointments were available between 6.30pm and 7.50pm.
- 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.
- GPs met each morning to discuss requests for home visits and to allocate these, trying where possible to provide continuity of care.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities including a lift inside and outside the building to facilitate disabled access, a hearing loop and translation services available for any patients who required these services.

The practice was able to offer evidence of positive responses to patients' needs which included:

- A patient and their carer who had experienced difficulty accessing the building were invited to discuss their complaint with the partners and practice manager. As a result of the meeting GPs made a decision to self-fund considerable upgrade and improvement to the practice premises. This involved installation of a lift both outside the building and inside. The lifts were large enough to accommodate specialist electric wheelchairs which are both heavy and wideDoorways were widened within the building to allow access to any consulting room or treatment room.
- In response to patient feedback, morning surgery times each day started at 8am to provide easier appointment access for working age patients, students and school age children. Extended hours surgeries take place twice each week, from 6.30pm to 8pm. This has contributed to the high patient satisfaction rates with opening times of the practice.
- Practice clinicians' responded quickly to possible risks to patients of unsafe nebuliser equipment used in the home, and raised this issue with the CCG. This is now on the CCG risk register and information has been shared with other practices.
- A partner at the practice with a specialist interest in cardiovascular disease had responded to support the work of other clinicians, by acting as a motivator to patients to increase their activity levels. To do this the GP used Park Runs each Saturday morning, engaging with patients of all abilities, and leading them on weekly runs in a park close to the practice. This initiative has grown, with several GPs, nurses and the practice manager taking part in runs each week with an increasing number of patients from the practice of all ages taking part. This work by the practice has now expanded, with GPs leading 'Park Walks', which start after the park run. GPs have encouraged patients with disability to attend, for example, those who are partially sighted, offering support so they are able to fully participate.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 10.30am every morning. Afternoon surgeries were two and a half hours in length, and had staggered starting times each day to give appointment availability from 2pm to 6pm each day. Extended hours appointments were offered between 6.30pm and 7.50pm on Monday and Thursday of each week. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Patients were able to book appointments 24, 48 and 72 hours in advance. We saw that access to appointments was well managed.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 92% of patients were satisfied with the practice's opening hours compared to the CCG average of 84% and the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and 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.

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.

All requests for home visits were recorded by staff. GPs met each morning to discuss any urgent updates and to allocate home visits. We saw that wherever possible, GPs tried to offer patients continuity of care.

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

Listening and learning from concerns and complaints

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

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

We looked at four complaints received in the last 12 months. We found all had been dealt with in line with the practice complaints policy. We particularly noted that all clinicians had said 'sorry' within the first paragraph of response letters. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw that following analysis of complaints, GP trainers at the practice had helped trainee GPs with softer communication skills, that can impact on how a patient receives and processes information. This can also include GPs body language and the length of time spent talking before a patient is invited to ask questions. This exercise had particularly helped trainee GPs at the start of their career.

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 the best outcomes for patients.

- The practice had a mission statement: "to treat all patients equally and give a high standard of service specific to patient's needs." Staff knew and understood this, and the part they played in achieving this for the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly reviewed.

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.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Leaders shared the common desire, to be an outstanding practice that patients and staff felt proud to be a part of. Staff told us the partners were highly approachable, inspirational, true leaders 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 a full staff forum for all practice staff once each year.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team meetings were held on a regular basis.
- GPs, nurses, receptionists and administrative staff, all ate lunch together in the practice common room.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

Are services well-led?

Good

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

proposals for improvements to the practice management team. For example, on modifications to the practice premises, on surgery opening times and on the most convenient times to have extended hours surgeries.

- The practice had gathered feedback from staff through through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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 supportive of colleagues who wished to do extra work to help improve the health and welfare of patients. Although work in the management of diabetes had been attributed to the lead partner at the practice, both this GP and the other partners recognised it was the team effort that had allowed this work to be undertaken. For example, the time taken to work on diabetes management, which would have been spent seeing patients, was picked up by the practice partners. The funding for the work, came from the partnership. The motivation of patients to keep to their new diet was developed and led by other partners in the practice, for example, by leading running events locally, or by taking turns leading patient support group meetings at the practice. These were used to discuss new meal options, or to look at any reasons for a stop in weight loss or even an increase in weight which needed investigation or explanation.

The practice and clinicians had won a number of awards in recent years, both regional and national.