

Wrenbury Medical Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wrenbury Medical Centre on 14th March 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. Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and all staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were generally good and there were regular

checks on the environment and on equipment used. Some staff required further training in the prevention of infection control and protocols around staff handling samples required putting in place.

- Staff assessed patient's needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the clinical care and treatment they received was very positive.
- Data showed that outcomes for patients at this practice were similar to locally and nationally reported outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff felt well supported in their roles; however additional training was required in some areas.
- Patients said they were treated with dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Feedback from patients showed that there were very high levels of satisfaction with access to appointments and they had no difficulty contacting the practice and speaking to clinicians.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available. Complaints had been investigated and responded to in a timely manner; some minor complaints were not recorded.
- The practice had vision to expand and staff strived to provide high levels of service, however there was no documented vision on which to base staff objectives.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice sought patient views about improvements that could be made to the service. This included the practice having and consulting with a patient participation group (PPG).

We saw one area of outstanding practice:

- Access for patients to appointments, telephone consultations and the use of “catch up” periods led to very high levels of patient satisfaction.

Areas where the provider should make improvements:

- Implement a more effective system to record/demonstrate the actions taken in response to significant events and safety alerts.
- Review training needs to ensure all mandatory training is provided to staff and there is an effective system is put in place to manage and monitor this.
- Increase security arrangements for rooms containing equipment, cleaning products and fridges where immunisation/vaccinations are stored.
- Fridges used to store temperature sensitive medicines to be hard wired or otherwise clearly signed to ensure they are not exposed to inadvertent power loss.
- Review the documentation in recruitment files to ensure all relevant checks are made and documented in relation to the recruitment of staff.
- Introduce and embed a protocol for dealing with patient samples brought to reception.
- Review the policy relating to medicines management, particularly around signatories for delivery of controlled drugs and checking of nomad packs (medicines in sealed packs).

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events, however improvements around documenting and sharing the learning from these was required.

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse.

Staff had been trained in safeguarding and they were clearly aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice.

Infection control practices were carried out appropriately and generally in line with best practice guidance. Some staff required additional training in infection control prevention and a new protocol for dealing with samples by reception staff was required.

Tests were carried out on the premises and on equipment on a regular basis.

Systems for managing medicines were effective and the practice was equipped with a supply of medicines to support people in a medical emergency. We noted the need to review some policies such as the controlled drugs policy, which the practice did not always adhere to.

Good



Are services effective?

The practice is rated as good for providing effective services.

Patient's needs were assessed and care was planned and delivered in line with best practice guidance. The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients were comparable to local and national averages.

The practice worked in conjunction with other practices in the locality to improve outcomes for patients.

Clinicians met on a regular basis to review the needs of the patients and the clinical care and treatment provided. Staff worked on a multidisciplinary basis to understand and meet the range and complexity of people's needs. However, this was not always clearly reflected in the minutes of meetings as these were brief and lacked detail.

Good



Summary of findings

The practice was carrying out formal two cycle clinical audits which is recognised as best practice to identify and drive improvement in performance and in outcomes for patients.

Staff felt well supported and felt they had the training, skills, knowledge and experience to deliver effective care and treatment. A system of staff appraisals was in place but formal one to ones, documented peer reviews and clinical supervisions were not taking place.

Are services caring?

The practice is rated as good for providing caring services.

Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. They gave us positive feedback about the caring nature of staff. Data showed that patients rated the practice comparable to or higher than others locally and nationally for aspects of care.

Information for patients about the services available to them was easy to understand and accessible.

The practice maintained a register of patients who were carers in order to tailor the service provided. For example to offer them health checks and immunisations.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

The practice reviewed the needs of the local population and worked in collaboration with partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.

The appointment system was responsive to patient needs and patients felt they always received timely care and treatment when they needed it. Urgent and routine appointments were available the same day and patients could pre-book an appointment with a named GP.

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 overall the practice responded quickly when issues were raised.

Good



Are services well-led?

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

The practice management team had a clear vision and strategy to deliver high quality care and promote good outcomes for patients,

Good



Summary of findings

however this was not documented. Some staff we spoke with were unaware of the vision. Staff were clear about their responsibilities in relation to providing a high level of service to patients. There was a clear leadership structure and staff felt supported by management.

There were clear systems in place to govern the practice and support the provision of good quality care. This included arrangements to identify risks and monitor and improve quality. The practice had a dedicated member of staff who was the clinical governance lead.

Staff told us the practice encouraged a culture of openness. Clinical staff met on a regular basis to review patient's needs, care and treatment. This meeting also provided an opportunity to ensure effective communication between clinicians and provide peer oversight, support and challenge. However, the minutes of these meetings were brief and unstructured.

The practice had an established and engaged patient participation group who were consulted with and felt listened to.

There was a clear focus on continuous learning, development and improvement linked to outcomes for patients. The challenges and future developments of the practice had been considered.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. The practice kept up to date registers of patients with a range of health conditions (including conditions common in older people) and used this information to plan reviews of health care and to offer services such as vaccinations for flu. The practice provided a range of enhanced services, for example, the provision of care plans for patients over the age of 75 and screening patients for dementia.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to or better than local and national averages. Screening uptake for bowel cancer and breast cancer were considerably higher than local and national averages.
- The practice contacted patients following admission to hospital to check if they required any services from the practice.
- GPs carried out regular visits to local care homes to assess and review patient's needs and to prevent unplanned hospital admissions. Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- A number of GPs held a special interest in elderly care including for those with complex conditions and one GP had a special interest in end of life care.
- Practice staff had been provided with training in dementia awareness to support them in supporting patients with dementia care needs.
- The practice promoted healthy lifestyles and encouraged people to increase their participation in activities.

People with long term conditions

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

Good



Summary of findings

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required immunisations received these.
- Some of the GPs had lead roles in chronic diseases and practice nurses held dedicated lead roles for chronic disease management. As part of this they provided regular, structured reviews of patient's health.
- Data from 2014 to 2015 showed that the practice was comparable with other practices for the care and treatment of people with chronic health conditions such as diabetes. For example, the percentage of patients with diabetes, on the register, who have had influenza was 98% compared to a national average of 94.4%.
- Patients with long term conditions could make pre-bookable appointments with the practice nurses. Longer appointments and home visits were available for patients with long term conditions when these were required.
- The practice contacted patients following admission to hospital to check if they required any services from the practice.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Child surveillance clinics were provided for 6-8 week olds and immunisation rates were comparable to the national average

Good



Summary of findings

for all standard childhood immunisations. The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they had identified to relevant professionals.

- Family planning services were provided. The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 89.6% which was comparable to the national average of 81.8%.
- Appointments were available outside of school hours. The practice had run tours and information giving sessions for children from the primary school located nearby.
- The premises were suitable for children and babies and baby changing facilities were available.

Working age people (including those recently retired and students)

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

- GPs contacted working patients outside of practice opening hours if they required this. The practice had adjusted the appointments system sufficiently to ensure the service was flexible to meet the needs of this group.
- The telephone consultation system was advantageous for some people in this group as they did not always have to attend the practice in person. Results of tests could be texted to patients if they preferred providing speedy information exchange.
- The practice offered a range of online services as well as a range of health promotion, NHS screening and health checks that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- 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.

Good



Summary of findings

- The practice was accessible to people who required disabled access and facilities and services such as a hearing loop system (used to support patients who wear a hearing aid) and translation services were available. The practice had undergone an assessment by the 'Deaf support network' to ensure the services provided met the needs of deaf people and those with hearing difficulties.
- The practice told us they had strong links with travelling community and they tailored the way they communicated with patients from the travelling community to ensure it was to best effect.
- Information and advice was available about how to access a range of support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

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

- Data about how people with mental health needs were supported showed that outcomes for patients using this practice were similar to or better than average. For example, data showed that 86.7% patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This compared to a national average of 84%.
- Practice staff had been provided with training in dementia awareness to support them in supporting patients with dementia care needs. An "in house" counsellor was available for patients who required support.
- The practice worked with multi-disciplinary professionals in the case management of people experiencing poor mental health, including those with dementia.
- A system was in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they took.

Good



Summary of findings

What people who use the service say

The results of the national GP patient survey published on 7 January 2016 showed the practice was performing better than other practices for patient's experiences of the care and treatment provided and their interactions with clinicians. 266 survey forms were distributed and 140 were returned which equates to a 53% response rate. The response represents approximately 4% of the practice population.

The practice received scores that were better than the Clinical Commissioning group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time, seeing their preferred GP and having confidence and trust in the GPs.

For example:

- 97% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90% and national average of 89%.
- 96% said the last nurse they spoke to was good at listening to them (CCG average 92% national average 91%).
- 94% said the last GP they saw gave them enough time (CCG average 88%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).

Overall, the practice scored higher than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 100% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 95% described their experience of making an appointment as good compared (CCG average 69%, national average 73%).
- 94% were satisfied with the surgery's opening hours (CCG average 72%, national average 75%).
- 98% found the receptionists at the surgery helpful (CCG average 86%, national average 87%).
- 88% with a preferred GP usually got to see or speak to that GP (CCG average of 61% and national average of 69%).

We spoke with seven patients during the course of the inspection visit and they told us the care and treatment they received was excellent. As part of our inspection process, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards. All of these were positive about the standard of care and treatment patients received. Staff in all roles received praise for their professional care. One comment card suggested privacy in the waiting area could be improved.

Areas for improvement

Action the service **SHOULD** take to improve

Action the provider should take to improve:

- Implement a more effective system to record/demonstrate the actions taken in response to significant events and safety alerts.
- Review training needs to ensure all mandatory training is provided to staff and there is an effective system is put in place to manage and monitor this.
- Increase security arrangements for rooms containing equipment, cleaning products and fridges where immunisation/vaccinations are stored.
- Fridges used to store temperature sensitive medicines to be hard wired or otherwise clearly signed to ensure they are not exposed to inadvertent power loss.

Summary of findings

- Review the documentation in recruitment files to ensure all relevant checks are made and documented in relation to the recruitment of staff.
- Introduce and embed a protocol for dealing with patient samples brought to reception.
- Review the policy relating to medicines management, particularly around signatories for delivery of controlled drugs and checking of nomad packs (medicines in sealed packs).

Outstanding practice

- Access for patients to appointments, telephone consultations and the use of “catch up” periods led to very high levels of patient satisfaction.

Wrenbury Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a CQC Pharmacy Inspector and a practice manager specialist advisor.

Background to Wrenbury Medical Practice

Wrenbury Medical Centre is located in the Cheshire village of Wrenbury. The practice provides a service to 3,586 patients. The practice is situated in an area with low levels of deprivation when compared to other practices nationally. The percentage of patients with long standing health conditions and health related problems in daily life is lower than the national average. Unemployment levels are lower than the national average. The percentage of patients aged 65 years and over and 75 years and over is higher than average.

The practice is run by two GP partners and an additional salaried GP (all female). There are two practice nurses and a health care assistant (HCA), a practice manager and team of reception and administration staff. The practice is a training practice. Wrenbury Medical Centre is a dispensing practice and a team of dispensing staff manage this area of work.

The practice is open from 8.00am to 6.30pm Monday to Friday and appointments are available within these times. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage

greater patient access to GP services. Patients requiring GP services outside of normal working hours are referred on to the local out of hour's provider N.E.W. operated by the East Cheshire Trust.

The practice has a General Medical Services (GMS) contract and offers a range of enhanced services for example; childhood vaccination and immunisation, facilitating early diagnosis and support to patients with dementia and health checks for patients who have a learning disability.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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

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?

Detailed findings

- Is it well-led?

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed information from CQC intelligent monitoring systems. We also reviewed national patient survey information.

We carried out an announced visit on 14th March 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, a health care assistant, the practice manager, dispensing, reception and administrative staff.
- Spoke with patients who used the service and met with three members of the patient participation group (PPG).
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of the practice's key policies and procedures.

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

Are services safe?

Our findings

Safe track record and learning

There was 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 also a form for recording these available on the practice's computer system. The practice carried out analysis of significant events. Some significant events and matters about staff and patient safety were discussed at practice meetings and we were assured that learning from events had been disseminated and implemented into practice to prevent a re-occurrence. We noted that the documentation to support the fact that matters had been appropriately discussed and managed lacked detail and in some cases the information not recorded at all. We were told that this would be actioned and improvements made.

National safety alerts were emailed to the appropriate person in the practice to deal with; those relating to safety of equipment were well documented and returned to the practice manager. Those relating to medicines were sent to the dispensary or to a GP for review and we found no evidence of results of action taken being recorded or audited. We were told that improvements would be made in documenting action taken around safety alerts.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding 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. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding and some staff provided examples of when they had raised safeguarding concerns.
- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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 noted that one member of the dispensary team who delivered medicines to people in their own homes did not have a DBS check. We were told that this would be actioned immediately.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead and they liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place, however some staff had not received up to date training. Annual infection control audits were undertaken. We noted that there was no protocol in place for dealing with samples that patients brought to the reception desk. Reception staff we spoke to were not clear on how to deal with these samples appropriately to avoid the risk of infection.
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe overall. Fridges where vaccinations were kept were not hard wired and the plugs were positioned where they might inadvertently be switched off. We pointed this out to the management team who told us that the issue would be rectified. The practice had emergency medicines and oxygen and a defibrillator (used to attempt to restart a person's heart in an emergency) were available on the premises. A system was in place to monitor the expiry dates of emergency medicines and the medicines we checked were in date and fit for use.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at the Wrenbury

Are services safe?

practice for patients who did not live near a pharmacy and this was appropriately managed. Dispensing staff showed us the standard operating procedures for managing medicines (these are written instructions about how to safely dispense medicines) and they covered all aspects of the process and were fit for purpose. Dispensing staff at the practice were aware prescriptions should be signed before being dispensed and there was a robust process in place to ensure that this occurred. A barcode scanning system was in use for dispensing providing additional dispensing accuracy assurances, however there had been a significant event where the accuracy check had been overridden and the wrong medicine was given to one patient. The significant event had been written up and the practice had acted to reduce the risk of this happening again. There was a system in place for the management of high risk medicines which included regular monitoring, and appropriate action was taken based on the results in line with national guidance. One high risk medicine that needed regular blood tests was not being managed in the same way; however the practice took steps to change the process during our visit.

- We saw records showing all members of staff involved in the dispensing process had received appropriate training. There were records of on-going competency assessments. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted. Balance checks of controlled drugs had been carried out regularly. We were told that staff kept a 'near-miss' record (a record of dispensing errors that have been identified before medicines have left the dispensary). We saw significant event records relating to the dispensary, and were told all dispensary staff met every month to discuss these. We checked medicines stored in the dispensary and medicine refrigerators and found they were stored appropriately with access restricted to authorised staff.
- We looked at the policy for dealing with medicines and noted that in some cases the practice was not following the policy. For example the checking of nomad packs (several medicines placed into sealed packs to assist

patients taking the correct tablets at the correct time of the day) and signing for controlled drugs on their delivery. We noted that the system for monitoring patients prescribed Lithium meant that follow up blood test/monitoring could be missed. The GPs told us that this system would be reviewed to ensure any risks were appropriately managed.

- The practice had a high level of staff retention and many of the staff across all roles had been in post for a number of years. We reviewed a sample of staff personnel files in order to assess the staff recruitment practices. Our findings showed that not all appropriate recruitment checks had been recorded or retained; for example employment references. The practice manager assured us they had been completed but was unable to locate all of them. Recruitment checks include proof of identification, references, proof of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We saw that for one staff member there was no recruitment file available for us to examine. The most recent member of staff recruited had most of the relevant checks and documentation available for us to examine, although there were no interview notes retained to demonstrate an appropriate interview process has been followed. We were told that improvements in the way recruitment information was collected and stored would be made.

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 and staff had been provided with training in health and safety. The practice had an up to date fire risk assessment, however it lacked detail. Staff we spoke to who acted as Fire Marshalls, were not totally sure of their role. There was no fluorescent jacket available for them to wear in the event of a fire. We were told that this would be remedied. We saw evidence of fire safety training; however this had not been refreshed annually. A fire drill was conducted regularly. Electrical equipment was checked to ensure the equipment was safe to use and

Are services safe?

clinical equipment was checked to ensure it was working properly. The practice also had a variety of risk assessments in place to monitor the safety of the premises such as infection control and legionella.

- Arrangements were in place for planning the number of staff and mix of staff on duty. Staff were able to cover for each other in the event of sickness or other absence.

Arrangements to deal with emergencies and major incidents

- The practice had arrangements in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their

location. There was a robust system in place to ensure the medicines were in date and fit for use. The emergency medicines were reviewed periodically to ensure the medicines were appropriate for dealing with types of medical emergencies that might be encountered. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

- Systems were in place to record accidents and incidents.
- A system was in place to disseminate patient safety alerts. This should be reviewed as there was no evidence of these alerts being managed centrally.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians assessed patient's needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. (NICE) provides evidence-based information for health professionals. We noted that the dispensary team leader was not familiar with NICE guidance and when raised this with the management team, they accepted that dispensary staff should have this knowledge as they would act as an additional check of prescriptions appropriateness.

Staff had ready access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. GPs clearly demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients, for example the referral of patients with suspected cancers.

The practice had a designated GP who was the clinical governance lead. The practice monitored the implementation of best practice guidelines through regular clinical meetings. These meetings also provided an opportunity for peer oversight and challenge on clinical decisions, although these were not always documented.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality 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 that the practice was performing at a high level and had achieved 99.6% of the total number of points available, compared with 96.7% for the CCG and 94.8% nationally. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2014 to 31/03/2015 showed;

- Performance for diabetes related indicators were higher than the Clinical Commissioning Group (CCG) and national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95.4% compared to a national average of 88.3%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 96.1% compared to a national average of 89.9%.
- The performance for mental health related indicators was comparable to or in some cases higher than the national average. For example: the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 94.4% compared to a national average of 88.5%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 86.7%% compared to a national average of 84%.

We looked at the processes in place for clinical audit. Clinical audit is a way to find out if care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. We found there had been several full cycle clinical audits completed in the last two years. One audit with regards to urinary tract infections (UTIs) completed in January 2016 demonstrated how the practice was able to learn and improve based on the knowledge gained.

Clinicians attended a weekly clinical meeting to discuss clinical matters and review the care and treatment provided to patients with complex needs. The meeting included multi-disciplinary professionals from across the locality.

The practice provided a range of additional services to improve outcomes for patients. These included a minor surgery clinic and the use of tissue glue for minor wounds preventing the need for a visit to a hospital.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for newly appointed members of staff.
- All staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. Staff had also been provided with a range of additional training in topics such as: dementia awareness and domestic violence. We noted that staff had not received training in equality and diversity; we were told that this would be delivered as soon as practicable.
- Staff had been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.
- Staff told us they were well trained and experienced to meet the roles and responsibilities of their work and we saw evidence of some high level training for lead members of clinical and non-clinical staff.
- The practice is a training practice and we saw that external speakers had attended the practice and provided talks on a number of topics, all of which were relevant to trainee GPs.

Clinical staff held lead roles and special interests in a range of areas including; elderly and intermediate care, diabetes, palliative care, mental health, safeguarding, minor operations, and women's health. Staff across the practice knew who the clinical leads were and patients could be allocated clinicians based on their clinical presentation or known health conditions. There was no lead clinician for prescribing; we were told one of the GPs would take on this role.

Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. We noted that formal supervision meetings were not held between annual appraisals and no formal clinical supervisions took place. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.

Staff attended a range of internal and external meetings. GP attended meetings with the CCG. Practice nurses attended local practice nurse forums. The practice was closed for one half day per month to allow for 'protected learning time' which enabled staff to attend meetings and undertake training and professional development opportunities.

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 intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a regular basis and the care and treatment plans for patients with complex needs care were reviewed at these.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. As part of this the practice had developed care plans with patients to prevent unplanned admissions to hospital and they monitored unplanned admissions. They also had a system to inform the out of hours service about patient's needs.

Consent to care and treatment

Staff sought patient's 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

Are services effective?

(for example, treatment is effective)

young people, staff carried out assessments of capacity to consent in line with relevant guidance. GPs were clear about their responsibilities to work within this guidance. Some of the clinical staff although able to give us an appropriate response in principle, were not able to give us an appropriately detailed response which indicates they may require further guidance and training in this area.

Health promotion and prevention

The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and those at risk of developing a long-term condition. Patients who had long term conditions were followed up throughout the year to ensure they attended health reviews and they were signposted to relevant services. Patients identified at risk of developing a health condition were referred to or signposted for lifestyle advice such as dietary advice or smoking cessation.

Information and advice was available about how to access a range of support groups and voluntary organisations.

Patients had access to appropriate health assessments and checks. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice encouraged patients to attend national screening programmes. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. The practice also encouraged patients to attend national screening programmes for bowel and breast cancer. Bowel cancer screening rates were higher than the national average. The percentage of females, 50-70, screened for breast cancer in last 36 months was higher than the CCG and national averages, being 81.5% compared with 77.6% and 72.2%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. Curtains were provided in consulting rooms to maintain patient's privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The reception area was open to the main waiting area and conversations could easily be overheard. Reception staff knew that they could offer patients a private area to discuss their needs when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. All of the 38 comment cards we received were highly positive and complimentary about the caring nature of the service provided by the practice. Patients said they felt the practice offered an excellent service. We found during discussions with staff that they consistently demonstrated a patient centred approach to their work.

Results from the national GP patient survey published on 7 January 2016 showed patients felt they were treated with care and concern. The practice scored better than average for patient satisfaction in relation to consultations with doctors when compared to Clinical Commissioning Group (CCG) and national scores. For example:

- 94% of respondents said the last GP they saw gave them enough time compared to a CCG average of 88% and a national average 87%.
- 100% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 96% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

The practice scored higher than average for patient's feedback about the nursing staff. For example:

- 95% said the last nurse they saw or spoke to was good at giving them enough time compared to a CCG average of 93% and a national average of 92%.

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 100% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 97%, national average 97%).

The practice scored higher than the local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 98% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).
- 98% described their overall experience of the practice as good (CCG average 85%, national average 85%).

We met with three members of the patient participation group (PPG). The PPG was well engaged and actively involved in areas of development. They provided us with examples of how their feedback had resulted in changes at the practice. For example the practice had worked with the PPG in the effective use of funds donated to purchase additional equipment for patient use.

We also spoke with additional patients who were attending the practice at the time of our inspection. All of the patients we spoke with during the course of the inspection gave us highly positive feedback about the standard of clinical care they received from the GPs and practice nurses.

Care planning and involvement in decisions about care and treatment

Patients told us through discussions and in comment cards that they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Additionally, results from the national GP patient survey showed the practice had scored higher than local and national averages for patient satisfaction in these areas. For example:

- 97% said the last GP they saw was good at listening to them compared to a CCG average of 90% and a national average of 89%.
- 97% said the last GP they saw was good at explaining tests and treatments (CCG average of 88%, national average of 86%).

Are services caring?

- 94% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average of 82%).
- 96% said the last nurse they saw or spoke to was good at listening to them (CCG average of 92%, national average of 91%).
- 95% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 91%, national average of 90%).
- 92% said the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average of 88%, national average of 85%).

Staff told us that translation services were available for patients who did not have English as their first language.

Patient and carer support to cope emotionally with care and treatment

Information about how patients could access a number of support groups and organisations was available at the practice. Information about health conditions and support was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They were also offered flu immunisations and health checks.

Patients receiving end of life care were signposted to support services. GPs arranged a home visit for patients following bereavement and they signposted them to bereavement support services.

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, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were at risk and developing care plans with them to prevent an unplanned admission.

The practice reviewed hospital admissions data on a regular basis. GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Robust systems were in place to ensure referrals to secondary care and results were followed up.

The practice had a long standing staff team in relation to both clinical and non-clinical staff. GPs held a shared patient list.

Access to the service

The practice was open from 8.00am to 6.30pm Monday to Friday and appointments were available between these times. The practice had signed up to providing longer surgery hours as part of the Government agenda to encourage greater patient access to GP services. As a result patients could access appointments three days a week up to 7.10pm.

Feedback from patients indicated that the way in which the appointments system was managed gave them easy access to appointments and telephone consultations.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were overall higher than local and national averages. For example;

- The percentage of patients who were satisfied with their GP practice opening hours was 94% phone (CCG average 72%, national average 75%).
- 94% said they were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).

- 100% of patients said they could get through to the surgery easily by phone (CCG average 61%, national average 73%).
- 95% of patients described their experience of making an appointment as good (CCG average 69%, national average 73%).
- 94% said they were satisfied with the practice's opening times (CCG average 72%, national average 75%).

Longer appointments and home visits were available for older patients and patients with enhanced needs. Same day appointments were provided for patients who required an urgent appointment and for babies and patients with serious medical conditions.

The practice was located in a purpose built building. The premises were fully accessible for people who required disabled access. A hearing loop system was available to support people who were deaf or had difficulty hearing and translation services were available. Other reasonable adjustments were made and action was taken to remove barriers when people found it hard to use or access services. For example staff told us they had strong links with travelling community and they tailored the way they communicated with the travelling community in response to their needs.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. A complaints policy and procedures was in place that provided patients with an overview of how they could expect their complaint to be dealt with and with contact details for referring complaints on to NHS England and the Health Ombudsman. Some minor verbal complaints dealt with by reception staff were not being recorded and consequently any learning from them was difficult to identify.

There were designated members of staff who handled all complaints in the practice. We looked at complaints received in the last 12 months and found that the one recorded had been handled appropriately. The complaint had been logged, investigated and responded to in a timely manner and the complainant had been provided with a thorough explanation.

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 delivered high quality care and treatment and promoted good outcomes for patients. The practice did not have a documented mission statement; however staff knew and understood the values of providing high levels of care to patients. The GP partners told us that more work on embedding the practice vision would be undertaken. The management at the practice had clear plans to maintain effective succession planning. GP partners had recognised the need to further enhance their management skills and had undertaken training in this area and future training was planned.

One of the GP partners took the lead for managing the training programme for trainee GPs at the practice and recognised this as an important method of recruiting new GPs to assist in the growth of the team.

The GP partners had knowledge of and incorporated local and national objectives. The management team engaged with the local CCG and attended regular medicine management meetings. Managers promoted the use of technology within the practice to ensure efficiency and effectiveness.

Governance arrangements

The practice had systems and procedures in place to ensure the service was safe and effective. There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.

The GPs used evidence based guidance in their clinical work with patients. The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results higher than other practices locally and nationally for the indicators measured.

There was a clear staffing structure and staff were aware of their roles and responsibilities. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with a range of good quality training linked to their roles and

responsibilities. The management and oversight of staff training would benefit from a review to more easily establish which members of staff were trained in which area and when refresher training was due.

The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practice and remain on the National Performers List held by NHS England). Staff were up to date with their annual appraisal but no formal supervisions took place between appraisals. We were told that this would be reviewed and action taken.

There was communication across the staff team; however minutes of meetings were unstructured and lacked detail. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care.

Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen them.

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 processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice.

Staff were aware of which GPs had lead roles and special interests for the different areas of work and therefore they knew who to approach for help and advice.

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support and an explanation.

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)

Patient feedback about staff in all roles was highly positive. Patients told us they felt staff provided a high quality service. Our findings supported this view as we found that patients were provided with a high quality service from experienced and skilled clinicians.

The practice actively encouraged and valued patient and staff feedback through a range of means such as; the patient participation group (PPG), face to face discussions, complaints, appraisals and meetings. The PPG was well engaged. Members of the PPG told us they were involved in a range of activities including; regular attendance at meetings with the practice manager and one of the GP partners. The PPG were involved in local initiatives, supporting events, and consultation on the purchase of equipment.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. This included the practice providing training for GPs, being involved in local schemes to improve outcomes for patients and regular meetings with the CCG. The GPs and management team were aware of challenges to the service. These included: the increasing demand for services with growth of the older patient population, new and changing expectations in line with changes in the local health economy, and changes to contractual arrangements. They told us areas for development included; developing innovative ways of providing care and treatment, and ensuring succession planning for GPs.