

Townfield Doctors Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Townfield Doctors Surgery on 19 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they felt the practice offered an excellent service and staff were caring, understanding, helpful and treated them with dignity and respect.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they had a named GP and there was continuity of care, with urgent appointments available the same day. However, some patients told us they found it difficult to make a routine appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Revise the incident reporting form so that it supports the recording of notifiable incidents under the duty of candour.

Summary of findings

- Implement a process for the recording of completed actions taken in response to safety alerts.
- Review options for the disposal of sharps used to administer cytotoxic medicines.
- Implement a system to track blank prescriptions through the practice.
- Complete a risk assessment for window blinds with free hanging looped cords installed in public areas.
- Display notices informing patients of interpreting services available at the practice.
- Identify and support more patients who are carers.
- Formalise the practice strategy and business plans to demonstrate how they will be achieved.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed the practice's performance for indicators relating to diabetes and mental health were mostly similar to or fell below the CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published July 2016 showed the practice was similar to local and national averages for its satisfaction scores on consultations with GPs, but fell below local and national averages for its satisfaction scores on consultations with nurses. The practice had implemented actions to improve patient experience.

Summary of findings

- Patients said they felt the practice offered an excellent service and staff were caring, understanding, helpful and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice attended regular CCG led meetings to review and compare performance data with other local practices.
- Patients said they had a named GP and there was continuity of care, with urgent appointments available the same day. However, some patients told us they found it difficult to make a routine appointment. The practice had put actions in place to improve access to appointments.
- 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 evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the aims and their responsibilities in relation to them.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- 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 proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- There was a named GP lead for safeguarding vulnerable adults and staff were aware of their responsibilities to raise concerns.
- Patients over the age of 75 years had a named accountable GP to promote continuity of care. Longer appointments were available as required.
- Home visits were available for patients unable to attend the practice due to illness or immobility. There was an allocated bypass telephone number for older patients to use in an emergency.
- The practice used risk stratification tools to identify older patients at high risk of hospital admission and invited them in for review to create personalised care plans aimed at reducing this risk. Care plans reviews involved the patient's carer and family when appropriate.
- The practice held regular multi-disciplinary team meetings with members of the community nursing team and palliative care to discuss and review care plans of older patients with complex medical needs.
- The practice offered flu, shingles and pneumococcal vaccinations to this age group in line with national guidance.

People with long term conditions

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

Good



- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. The practice in-house pharmacist also held medication review clinics for these patients.
- Longer appointments, same day telephone consultations and home visits were available when needed.
- The practice used risk stratification tools to identify patients with long term conditions at high risk of hospital admission and invited them in for review to create personalised care plans aimed at reducing this risk. Care plans reviews involved the patient's carer and family where appropriate.
- The practice held regular multi-disciplinary team meetings with members of the community nursing team and palliative care to discuss and review care plans of patients with complex medical needs.

Summary of findings

- Patients with long term conditions were offered health promotion, self-management advice and flu vaccinations.
- The practice pro-actively monitored the prevalence of long-term conditions within the practice population including those at risk of developing one.

Families, children and young people

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

- There was a named lead for safeguarding children, staff had received role appropriate training and were aware of their responsibilities to raise concerns.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children of substance abusing parents and children in care. Extra support was offered to these families through regular meetings with health visitors and referral to counselling services were appropriate.
- The practice held regular multi-disciplinary team meetings attended by members of the health visiting team to discuss and update care plans for at risk children and families. There was communication and information sharing with other agencies, including midwives, health visitors and school nurses.
- Child health clinics led by a GP were held weekly.
- Immunisation rates were comparable to CCG averages for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day appointments were available for unwell children and all emergency appointment requests were prioritised.
- Routine ante-natal and post-natal care was offered by the practice including 6-8 week mother and baby checks. Health information was provided to pre-expectant mothers and to expectant mothers and fathers.
- Chlamydia screening, contraception and family planning services were available.

Good



Working age people (including those recently retired and students)

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

- Extended hour appointments were available twice a week for patients unable to attend the practice during normal working hours. Telephone consultations were also available daily.

Good



Summary of findings

- There was the facility to book appointments and request repeat prescriptions online.
- New patient and NHS health checks for patients aged 40 to 74 years of age were offered with appropriate follow-up where abnormalities or risk factors were identified.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- The practice encouraged this group of patients to participate in health promotion activities such as breast screening, cytology and smoking cessation.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, housebound patients and those with 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.
- 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.
- The practice encouraged vulnerable patients to participate in health promotion activities such as smoking cessation, breast and cervical screening.

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).

Good



- 75% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months (April 2014 to March 15), which was comparable to the CCG average of 85% and the national average of 84%.
- Dementia screening was offered opportunistically as well as part of a care plan review, with appropriate referral to local memory services if required.

Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Mental health emergencies were dealt with on the same day.
- Patients had access to the Improving Access to Psychological Therapies (IAPT) programme and in-house counselling services if required.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. Three hundred and thirty eight survey forms were distributed and 124 were returned. This represented 1.3% of the practice's patient list. The results showed the practice was performing in line with local and national averages for some responses and below for others. For example,

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 72% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards which were mostly positive about the standard of care received. Comments received described staff as caring, understanding, helpful and respectful and described the environment as safe and clean. Five comment cards described difficulties in booking appointments.

We spoke with nine patients and one member from the practice Patient Participation Group (PPG) during the inspection. Eight patients said they were satisfied with the care they received and thought staff were approachable, helpful and caring. Seven patients reported difficulties booking appointments. Results from the Friends and Family Test (FFT) for the period August 2015 to July 2016 showed that 82% of respondents would recommend the practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Revise the incident reporting form so that it supports the recording of notifiable incidents under the duty of candour.
- Implement a process for the recording of completed actions taken in response to safety alerts.
- Review options for the disposal of sharps used to administer cytotoxic medicines.
- Implement a system to track blank prescriptions through the practice.
- Complete a risk assessment for window blinds with free hanging looped cords installed in public areas.
- Display notices informing patients of interpreting services available at the practice.
- Identify and support more patients who are carers.
- Formalise the practice strategy and business plans to demonstrate how they will be achieved.

Townfield Doctors Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an expert by experience.

Background to Townfield Doctors Surgery

Townfield Doctors Surgery is a well-established GP practice situated within the London Borough of Hillingdon. The practice lies within the administrative boundaries of NHS Hillingdon Clinical Commissioning Group (CCG) and is a member of The Clover Health Network in the Hillingdon locality.

The practice provides primary medical services to approximately 9,300 patients living in Hayes. The practice holds a Personal Medical Services Contract and Directed Enhanced Services Contracts. The practice is located at College Way, off Coldharbour Lane, next to Uxbridge College, Hayes, UB3 3DZ with good bus transport links. The practice experiences a high turnover of patients of approximately 300 per year due to a transient population.

The practice operates from a purpose built building leased from NHS Property Services. The practice has five consultation rooms, a reception and waiting area on the ground floor of the premises and three consultation rooms on the first floor with lift and stair access. There is wheelchair access to the entrance of the building and toilet facilities for people with disabilities. There are a limited number of car parking spaces outside the practice and two parking spaces for people with disabilities.

The practice population is ethnically diverse and has a higher than the national average number of male and female patients between 0 and 14 years of age and between 25 and 39 years of age. There is a lower than the national average number of patients 50 years plus. The practice area is rated in the fourth more deprived decile of the national Index of Multiple Deprivation (IMD). People living in more deprived areas tend to have greater need for health services. Data from Public Health England 2014/15 shows that the practice has a lower percentage of patients with a long-standing condition compared to CCG and England averages (45%, 50%, and 54% respectively).

The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic & screening procedures, family planning, maternity & midwifery services, surgical procedures and treatment of disease disorder & Injury.

The practice team comprises of three male GP partners, one female GP partner and one salaried female GP who all collectively work a total of 40 clinical sessions per week. They are supported by two part time practice nurses, one health care assistant, one health support worker, a practice manager, five administrators and eight receptionists.

The practice opening hours are 8.30am to 6.30pm Monday to Friday. Consultation times in the morning are from 9am to 11.30am and in the afternoon from 2pm to 6.15pm Monday to Friday. Extended hour appointments are offered in the evening from 6.30pm to 7.30pm on Tuesday and in the morning from 7am to 8am on Wednesday. The surgery is an advanced access practice where 70% of GP appointments are available for booking on the day. Pre-bookable appointments can be booked up to six weeks in advance. The out of hours services are provided by an

Detailed findings

alternative provider. The details of the out-of-hours service are communicated in a recorded message accessed by calling the practice when it is closed and on the practice website.

The practice provides a wide range of services including chronic disease management, minor surgery and health checks for patients 40 years plus. The practice also provides health promotion services including, cervical screening, childhood immunisations, contraception and family planning.

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 19 August 2015.

During our visit we:

- Spoke with a range of staff, including GPs, practice nurse, practice manager and administration staff and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

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 did not specifically support 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.
- The practice carried out a thorough analysis of 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, a significant event was recorded after a patient had been sent a test result letter from the practice which contained an error in the clinical information provided. The case was discussed with all practice staff, a written apology was offered to the patient and changes were made to the authorisation process of correspondence to ensure clinical details were correct before being sent.

There was a process for the circulation and action of safety alerts and the actions that needed to be taken. However it was noted that the practice did not record completion of actions they had taken in response.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three, nurses to level two and non-clinical staff to level one.

- 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead. 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. However, we noted that there were no separate receptacles for the disposal of sharps used to administer cytotoxic medicines for example, hormone-containing medicines such as contraceptive injections.
- 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. An independent pharmacist prescriber was employed by the practice part time for patient medication reviews. 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. Blank prescription forms and pads were securely stored however, there was no distribution log kept. Patient Group Directions had been adopted by the

Are services safe?

practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

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

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing most risks to patient and staff safety. A health and safety risk assessment had been undertaken by the practice in February 2016. However, there was no risk assessment for window blinds with free hanging looped cords installed in public areas. It was also observed that an alarm cord in the public toilet facility was tied to a pipe which restricted access. The landlord had contracted a fire risk assessment of the building in April 2015 and fire equipment, fire alarm and emergency lighting had been serviced in June 2016 to ensure compliance. The practice carried out fire drills six monthly.

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

Arrangements to deal with emergencies and major incidents

The practice had 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff in multiple areas of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan and disaster pack in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a buddy arrangement system with another practice in the event of whole building loss.

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 risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results 2014/15 were 88% of the total number of points available. Clinical exception reporting was 3%, which was below the CCG average of 8% and the national average of 9%. (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). Unpublished QOF data 2015/16 showed a similar overall achievement rate of 88%, which was below the CCG average of 96% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets with the exception of one mental health related indicator. Data from 2014/15 showed:

Performance for diabetes related indicators was similar to or fell below CCG and national averages. For example,

- The percentage of patients with diabetes in whom the last IFCC- HbA1c was 64 mmol/mol or less in the preceding 12 months was 64%, which was below the CCG average of 74% and the national average of 78%.
- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 70%, which was below the CCG and national average of 78%.

- The percentage of patients with diabetes, on the register, who have had influenza immunisation was 87%, which was similar to the CCG average of 92% and below the national average of 94%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 74%, which was similar to the CCG average of 77% and below the national average of 81%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 79%, which was below the CCG average of 86% and the national average of 88%.

Unpublished QOF data 2015/16 showed the practice had achieved similar rates for all of the above indicators.

Performance for mental health related indicators was below CCG and national averages. For example,

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 72%, which was significantly below the CCG average of 92% and below the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 82%, which was below the CCG average of 93% and national average of 90%.

Unpublished QOF data 2015/16 showed the practice had achieved similar rates for both of the above indicators.

The practice considered that negative performance variances to local and national averages were partly attributed to the non-exclusion of patients from QOF calculations. QOF exception reporting data 2014/15 demonstrated very low exclusions for diabetes and mental health related indicators in comparison with local and national averages. The practice experienced a high turnover of patients which they also considered impacted on their QOF performance. There was evidence that the practice pro-actively encouraged patients to attend for health reviews and assessments.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, three of these were independent completed audits where the improvements made were implemented and monitored. For example, the practice completed an audit to review the use of the blood test prostate specific antigen (PSA) in screening for prostate cancer, to ensure the indication for the test and evidence of patient counselling was documented in electronic records. First cycle results found there was no documented evidence of patient counselling in those receiving the test and that indications given were broad and not always appropriate. The practice developed a protocol for requesting PSA that included documenting indication and evidence of counselling in the patients notes. Subsequent re-audit found a 33% reduction in PSA request suggesting the new protocol was guiding clinical staff to appropriate use of the test.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, the practice attended regular CCG led meetings and compared performance data, such as referral and prescribing rates with other local practices to share learning and identify areas for improvement.

Information about patients' outcomes was used to make improvements. For example, the practice engaged in local admission avoidance scheme that used risk stratification tool to identify patients at high risk of hospital admission and invite them for review to create integrated care plans aimed at reducing the risk. These patients were discussed at regular multi-disciplinary team meetings to update care plans as required. Recent data for May 2016 showed the practice rate of emergency admissions remained static with no increase in unplanned admissions.

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, one of the GPs had a diploma in diabetes and initiated insulin for patients who required this treatment. Nursing staff had completed spirometry and wound care training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and support for revalidating GPs. All staff had received an appraisal within the last 12 months with the exception of those newly appointed.
- 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

Are services effective?

(for example, treatment is effective)

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 practice used written consent forms for minor surgery procedures, however we did not see evidence that the process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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

- A dietician and counsellor were available on the premises and smoking cessation advice was provided in-house by the practice nurse and healthcare assistant.

The practice's uptake for the cervical screening programme 2014/15 was 72%, which was below the CCG average of 78% and the national average of 82%. Unpublished QOF data 2015/16 showed a similar performance rate but with a slightly higher variance from the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 96% (CCG averages from 90% to 95%) and five year olds from 89% to 97% (CCG averages from 88% to 94%).

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

Are services caring?

Our findings

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.

The majority of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were caring, understanding, helpful and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was similar to local and national averages for its satisfaction scores on consultations with GPs, but fell below local and national averages for consultations with nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 87% and the national average of 92%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.

- 71% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 74% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 82% of patients said the nurse was good at giving them enough time compared to the CCG average of 89% and the national average of 92%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice was aware that they fell below CCG and national averages in scores relating to nurse experience and had increased nursing staff hours to address this. They anticipated improved results in the next GP Patient Survey due to be published January 2017.

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 to make an informed decision about the choice of treatment available to them. However, some patients told us they sometimes felt rushed during clinical consultations. We saw that care plans were personalised.

Results from the national GP patient survey published July 2016 showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mostly in line with local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 90%.

Are services caring?

- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 85%.

The practice was aware that they fell below CCG and national averages in some scores relating to nurse experience and had increased nursing staff hours to address this. They anticipated better results in the next national GP patient survey due to be published January 2017.

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, although this was not advertised in the practice waiting area. We were told that the practice team spoke a range of languages, including those spoken by many of the practice's population groups.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers (0.5% of the practice list). Patients identified as carers were offered additional support including annual flu vaccinations and referral to support services. 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 and they were sent a letter of sympathy along with bereavement information leaflets and contact details of support services. This was followed by a patient consultation at a flexible time and location to meet the family's needs if required.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice attended regular CCG led meetings and compared performance data, such as referral and prescribing rates with other local practices to share learning and identify areas for improvement.

- The practice offered a 'Commuter's Clinic' on Tuesday evening from 6.30pm to 7.15pm and on Wednesday morning from 7am to 9am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with learning disability and hearing impairment.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- There were disabled facilities, a hearing loop and translation services available.
- 63% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 69% and the national average of 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 72% and the national average of 76%.
- 76% of patients said the last appointment they got was convenient compared to the CCG average of 89% and the national average of 92%.
- 53% of patients said that they usually wait more than 15 minutes after their appointment time to be seen compared to the CCG average of 31% and the national average of 28%.

Some patients told us on the day of the inspection that they found it difficult to make routine appointments when they needed them and that they waited after their appointment time to be seen. The practice was aware of negative feedback and in response had increased the number of appointment slots by three for each GP session and had increased the same number for on-line bookable appointments. They had also explained how the appointment system operated in the practice newsletter and in the waiting area. We were told that patients were informed if there was a delay of more than 20 minutes for appointments. The practice anticipated that the measures they had put in place would improve patient satisfaction in the next national GP patient survey due to be published January 2017.

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

Access to the service

The practice was open from 8.30am to 6.30pm Monday to Friday. Consultation times in the morning were from 9am to 11.30am and in the afternoon from 2pm to 6.15pm Monday to Friday. Extended hour appointments were offered in the evening from 6.30pm to 7.30pm on Tuesday and in the morning from 7am to 8am on Wednesday. The surgery was an advanced access practice where 70% of GP appointments were available for booking on the day. In addition to pre-bookable appointments that could be booked up to six weeks in advance, telephone consultations were available daily. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey published July 2016 showed a mixed response from patients in accessing the practice services with some results comparable and some below local and national averages. For example;

Are services responsive to people's needs?

(for example, to feedback?)

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, for example on the practice website and in the practice complaints summary leaflet.

We looked at 12 complaints received in the last 12 months and found these were satisfactorily handled with openness and transparency with written apologies if appropriate. 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, following a complaint regarding loss of medical records during a new patient transfer from another GP, the practice created an improved pathway for the early identification of outstanding note transfer, including prompt follow up with the appropriate service.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- They had a mission to meet the health needs of patients they cared for, through listening and responding to their individual requirements. They aimed to provide primary healthcare of the highest standard for every one of their patients. The practice displayed their mission on the practice website and staff we spoke with were familiar with what the practice strived to achieve.
- The practice had a strategy and business plans which reflected the vision and values. Although this was not formally written to demonstrate how they would be achieved.

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
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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, clinical and business meetings well as multi-disciplinary meetings with minutes kept and made available to all.
- 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.
- 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 and submitted feedback for improvements to the practice management team and input into practice direction. For example, the PPG had met with the practice to review the results from the national GP survey published in July 2016 and the Friends and Family Test (FFT) results, to discuss a plan of action. As a result a number of improvements were implemented to help patients book an appointment. This included a telephone system upgrade, increased appointment slots and increased nursing hours. Feedback was shared

Are services well-led?

Good 

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

with patients through the publication of comments received and the response to them in the practice newsletter, which was handed out to patients by reception staff.

- The practice had gathered feedback from staff 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 and that they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was involved in a patient education programme for the self-management of diabetes and chronic obstructive pulmonary disease (COPD) which was delivered over six sessions at a local community centre. They selected patients who may benefit and invited them to attend the workshops. They were planning to engage in a similar education programme aimed at managing minor ailments in children.