

Drs D P Ainsworth and Partners

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 Dr D P Ainsworth and Partners, also known as Rockleigh Court Surgery on Wednesday 13 January 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 recording and investigating significant events.
- Risks to patients were assessed and well managed. For example, all staff had undertaken appropriate checks prior to being appointed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were consistently treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they had confidence in the clinical team and found it easy to make an appointment with a named GP. They received continuity of care and urgent appointments were available the same day.
- The practice followed appropriate standards of cleanliness and hygiene. They had good facilities and were well equipped to treat patients and meet their needs, including the provision of specialist services such as a clinic for patients on blood thinning medicines.
- There was a clear leadership structure and staff enjoyed their work and felt supported by management. The practice proactively sought feedback from staff and patients, which it valued and acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice was enthusiastic about their clinical work and sought opportunities to improve services to their patients.

Summary of findings

The areas where the provider should make improvement are:

- Ensure discussions and decisions relating to learning from complaints and significant incidents are consistently recorded.
- Ensure there is evidence of when, where and how practice rooms had last been cleaned.

- Ensure patient safety data has been appropriately actioned.

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 a system in place for recording, investigating and responding to significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. However, discussions and decisions relating to learning from complaints and significant incidents were not consistently recorded.
- 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. For example, all staff had undertaken appropriate employment checks prior to being appointed.
- The practice was clean and tidy and they had conducted an annual infection prevention control audit identifying the practice to be low risk.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- 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 training for all staff.
- Staff worked with multidisciplinary teams 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 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible within the practice and on their website.
- 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.

Good



- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their 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 and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought and valued feedback from staff and patients, which it acted on. The patient participation group was active within the practice.
- There was a strong focus on continuous learning and improvement within the clinical team.

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 participated in the admission avoidance programme identifying patients at risk of hospital admission.
- They offered proactive, personalised care in partnership with other health and social care professionals to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients were invited for flu and shingles vaccinations (as appropriate).
- Reviews for patients over 75 years included dementia screening.

People with long term conditions

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

Good



- The practice offered proactive care, operating patient recall systems to ensure appropriate checks had been undertaken. Patients receiving a new cancer diagnosis were reviewed within six months.
- Nursing staff had lead roles in chronic disease management and patients at risk of unplanned hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice provided a warfarin clinic to undertake blood tests for those patients on blood thinning medicines.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.

Summary of findings

- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way. They had access to a range of health literature including advice of how to access specialist services such as the Emotional Wellbeing and Mental Health Service.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice conducted pre-conception counselling for patients hoping to be parents, post natal and post- partum checks (depression and anxiety checks following child birth). They provided advice on antenatal care and worked in partnership with Brentwood Community Hospital midwives to care for their patients.
- They offered health screenings, smear tests, contraception advice and coil removal. The practices uptake for the cervical screening programme was better than the national average achieving 88.72%, as opposed to the national average of 81.83%.

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).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, operating extended hours opening on Saturday mornings and WebGP (an online service where patients are guided through a series of questions about their concern and signposted to an appropriate service, such as a pharmacist or a GP).
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, the practice offered an online travel immunisation system inviting patients to complete a travel form accessed from their website. Whereby, the practice nurse advised, ordered and administered appropriate vaccinations in accordance with the Department of Health guidelines.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Patients with no fixed abode were invited to register as temporary residents to access services.
- The practice offered longer appointments and home visits for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed and supported vulnerable patients to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice utilised dementia screening tools in their clinical assessments referring patients where appropriate to the memory clinic or the dementia intensive support team.
- Practice performance for mental health related indicators was better than the national average. For the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record in the preceding 12 months the practice achieved 91.67% compared to the national average 88.47%.
- The practice's performance was comparable with the national average for the percentage of patients diagnosed with dementia whose care has been reviewed in a face to face review in the preceding 12 months. They achieved 82.98% compared to the national average 84.01%.
- Patients were able to self-refer or be referred into Improved Access to Psychological Therapies.
- Health information was available within the practice for patients interested in accessing various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published on July 2015 showed the practice was performing in line with local and national averages. 253 survey forms were distributed and 110 were returned. This represented a response rate of 43.5%.

- 98.4% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 72.4% and a national average of 73.3%.
- 95.9% of respondents were able to get an appointment to see or speak to someone the last time they tried (CCG average 83.7%, national average 85.2%).
- 98.3% of respondents described the overall experience of their GP surgery as good (CCG average 82.1%, national average 84.8%).
- 94.4% of respondents said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 73.5%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received. For example, patients spoke consistently highly about the accessibility of the service and the patience and kindness of the clinical team. One patient told us that the GPs had spent time researching their clinical condition and treatment options. They said that GPs spent time explaining the benefits and potential risks with interventions.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure discussions and decisions relating to learning from complaints and significant incidents are consistently recorded.
- Ensure there is evidence of when, where and how practice rooms had last been cleaned.
- Ensure patient safety data has been appropriately actioned.

Drs D P Ainsworth and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Drs D P Ainsworth and Partners

The practice is located above a parade of shops, on the first and second floors, close to Shenfield High Street. It is easily accessible by foot or public transport with free parking for a limited period available immediately outside. Access is via a lift or stairs. The practice has three consulting rooms, one treatment room, a small additional consultation room and two waiting areas.

The practice has approximately 6700 patients. There are four GP partners, three male and one female. They are supported by two practice nurses who work Monday to Friday and a healthcare assistant who works Tuesday mornings and Thursday afternoons. The GPs provide a Saturday morning surgery and rota the duties between themselves.

The practice is open and appointments are available Monday to Friday between 8.30am and 6.30pm. The practice operates extended opening hours on a Saturday and appointments are available from 8.40am to 11.45am. The four GPs working hours vary; they are detailed on the practice website.

The practice provide a range of enhanced services such as anti-coagulation monitoring, wound care, admission avoidance, 24 hour blood pressure and heart monitoring, minor injuries, minor surgeries, health checks for patients over 40 years of age and learning disability checks. They also provide NHS and travel vaccinations.

The practice does not provide out of hour's services. Patients are advised to call the national 111 service who will advise patients of the service they require. Currently their out of hour's service is provided by IC24 and commissioned by Basildon and Brentwood CCG.

The practice serves an affluent and aging demographic with a higher than national average of patients represented in the over 65 years, over 75years and over 85year group. They also have a higher life expectancy for their patients than the CCG and national averages. Male life expectancy for the practice patients is 82 as opposed to the CCG average of 80 years and the national average 79years. For female patients their life expectancy was 85years above the CCG and national average of 83years.

The area has low levels of deprivation for children and older people when compared to the national averages.

The practice had a comprehensive website detailing opening and appointment times for each of the GPs. There are also details of their patient participation group survey results and health information including signposting to support and specialist services.

Detailed findings

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

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 13 January 2016. During our visit we:

- Spoke with a range of staff (receptionists, practice nurse, practice manager and GPs) and spoke with patients who used the service.
- Reviewed patient performance data.

- 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system for staff to complete.
- The practice carried out individual analysis of significant events. However, events were not collated to assist in the identification of themes and trends.

We reviewed five significant incident reports recorded between January 2015 to November 2015. All but one had been recorded on the practice forms providing details of the events, outcomes, lessons learnt and changes implemented. We found all actions taken were not consistently recorded such as where explanations and apologies were given to patients for errors. For example, where the failing related to the actions of an external service such as a pharmacist issuing the wrong medication, the record did not include reference to actions taken to address the error with the service.

We found significant incidents were reviewed during clinical governance meetings. However, some lacked details of discussions to demonstrate learning had been consistently disseminated and embedded into practice. The practice recognised this as an area for improvement and had recently produced a spreadsheet to collate learning outcomes, themes and trends from incidents.

The practice had a system for ensuring Medicine and Healthcare Products Regulatory Agency (MHRA) alerts were disseminated. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. However, we found the practice did not routinely review their patient data to ensure all information had been appropriately actioned.

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 that reflected relevant legislation and local requirements and 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 children and vulnerable adults. 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 relevant to their role. GPs were trained to the appropriate level. We reviewed the practice clinical governance meeting minutes and saw safeguarding issues were a standing agenda item with individual patient needs discussed.

- A notice in the waiting room and on their practice website 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 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. They liaised with the practice manager, reviewing the infection prevention control policy and procedure and undertaking the infection control audit. The last audit was conducted in September 2015. We reviewed the practice cleaning specification, whilst comprehensive this was not supported by individual cleaning schedules for each room to demonstrate when, where and how the rooms had last been cleaned.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Group Directions are written

Are services safe?

instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available to staff which they had signed to show they had read and understood it and guidance relating to specific issues such as the safe removal of passengers from the lift was displayed. The practice had an up to date fire risk assessment reviewed in December 2015. The fire alarms were tested weekly and fire safety equipment was last inspected in July 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The risks associated with legionella were reviewed in January 2016. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff were trained in multiple roles to enable them to cover in their colleague's absence and the practice manager had a deputy to cover during annual leave and unplanned absences.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan had been reviewed in September 2015 and included emergency contact numbers for staff.

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 peoples' needs.
- The practice monitored that these guidelines were followed through audits. For example; the practice audited the use of anticoagulant medicines in patients with atrial fibrillation to reduce their risk of stroke and to ensure they were following NICE guidelines.

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 for 2014/2015 showed the practice achieved 93.6% of the total number of points available (484 points out of a possible 559), with 6% exception reporting. (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). Their exception reporting was below the CCG average by 0.9% and national average by 3.2%. This practice was an outlier for some QOF (or other national) clinical targets in respect of diabetes. Data from 2014/2015 showed;

- Performance for diabetes related indicators was below the national average. The practice showed a large variation in their performance compared to other practices within their CCG in respect of the care of patients with diabetes. For example, the percentage of patients with diabetes on the register in whom the last blood pressure readings was 140/80mmHg or less was 62.45% as opposed to the national average 78.03%. This meant that the patients were not supported to ensure their blood pressure was at a sufficiently low level. However, we found the practice had an exceptionally low exception reporting rate and had actively addressed

their clinical performance in this area. We reviewed their latest QOF figures which showed a significant improvement in the number of patients with blood pressure readings within the defined ranges, with them achieving 72.5%.

- We also found similar disparities with the data in respect of the percentage of patients with the diabetes on their register whose last measured total cholesterol was 5mmol/l or less, 64.68% as opposed to 80.53%. The practice told us they had addressed their clinical performance and again we found low exception reporting. The practice scheduled annual diabetic checks for patients on their register for the patient's birth month and their latest QOF performance showed a significant improvement in patients achieving appropriate cholesterol levels (76%).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average with 78.78% as opposed to 83.65% nationally.
- Performance for mental health related indicators was better than the national averages for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record in the preceding 12 months. The practice achieved 91.67% as opposed to the national average of 88.47%.
- The practice performance was comparable with the national average for the percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months. The practice achieved 82.98% as opposed to the national average of 84.01%.

Clinical audits demonstrated quality improvement.

- We reviewed six clinical audits, these included audits for methotrexate, INR, infancy feeding and medicine management. Two were complete two cycle audits where the improvements made were implemented and monitored. For example, an audit was conducted to check if patients with atrial fibrillation were being appropriately treated with an anticoagulant medicine. The practice identified eleven patients who would benefit from a medicine review to assess their suitability. The practice re-audited their patients three months later and found a further five patients who had not attended for a medicine review. The practice remained committed to regularly reviewing their patient data to identify unmet or managed clinical needs.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking with medicine management.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.
- 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 attending Clinical Commissioning Group time to learn training sessions, ongoing support during sessions, one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training or read guidance on key areas, including: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules.

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. 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 patients to other services, liaising with out of hour's providers to ensure the continuity of patient care and the coordination of end of life care for patients.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every six to eight weeks under the Gold Standard Framework bringing together GPs, district nurses, end of life specialist teams and St Frances Hospice. Patient care plans were routinely reviewed but not consistently updated with actions and outcomes from multidisciplinary meetings.

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. The practice understood Gillick competency and explained what this meant to patients on their website. The Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. The practice had introduced a warfarin clinic for patients with well managed conditions who benefitted from access to a blood monitoring machine within the practice.

The practice supported patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 88.72%, which was better than the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89.8% to 98.5% and five year olds from 91.9% to 97.7%.

Flu vaccination rates for patients over 65 years of age were 76.55%, and for those under 65 years who were identified at risk was 43.48%. These were comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for people aged 40–74 and over 75 years. 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 alternative facilities to discuss their needs.

All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some of the comments gave extensive detail of how the services exceeded their expectations with staff spending time researching clinical conditions, treatments and explaining at length to the patient and their family the benefits and potential consequences of interventions.

We spoke with four members of the patient participation group and five patients. 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 consistently and compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey, published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice performed consistently above both the CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94.7% of respondents said the GP was good at listening to them compared to the CCG average of 83.6% and national average of 88.6%.
- 93.9% of respondents said the GP gave them enough time (CCG average 83.1%, national average 86.6%).

- 99.1% of respondents said they had confidence and trust in the last GP they saw (CCG average 92.7%, national average 95.2%)
- 93.2% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 79.3%, national average 85.1%).
- 93.9% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7, national average 90.4%).
- 95.5% of respondents said they found the receptionists at the practice helpful (CCG average 84.8%, national average 86.8%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey, published in July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 92.3% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 87.7% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 74.9%, national average 81.4%)
- 91.1% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.6%, national average 84.8%).

Staff told us that telephone translation services were available for patients who did not have English as a first language. However, we found no notice was displayed advising patients of this service.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. In addition the practice provided patients with individualised health information packs relating to diabetes, carers and dementia awareness.

The practice asked patients on registering with the practice if they were carers. The practice had 57 patients registered

with caring responsibilities all were identified within their patient record to alert the GPs to their responsibilities. Written information was available to direct carers to the various avenues of support available to them and the practice offered carers flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them and provided advice on how to find an appropriate support service.

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 met with the CCG locality team monthly. We reviewed two sets of minutes for October 2015 and November 2015 where discussions were held regarding dermatology, breast screening, ear nose and throat services and provided an update on mental health provision. Actions were allocated and systematically reviewed at subsequent meetings and outcomes shared.

Services available to patients included;

- Access to WebGP, an online service where patients were guided through a series of questions about their concern and signposted to an appropriate service, such as a pharmacist or a GP .
- Online query or telephone call back request. These were received directly by the practice. The GP either called the patient back, issued a prescription or arranged an appointment with them.
- The practice offered online appointment booking and electronic prescribing for acute and repeat prescriptions. Patients were invited to submit an online request for their repeat prescriptions and could collect them at a pharmacy of their choice.
- Online travel immunisation system inviting patients to complete a travel form accessed from their practice website. Whereby, the practice nurse advised regarding appropriate vaccinations in accordance with the Department of Health guidelines, ordered and scheduled the immunisations reducing the number of attendances required by patients.
- There were longer appointments available for patients with a learning disability, for post natal checks and post partum (depression and anxiety checks following child birth), smear and coil removal and chronic illness checks.
- Home visits were available for older patients and patients who would benefit from these such as those experiencing difficulties accessing the practice.
- Same day appointments were available for children and those with serious medical conditions.

- Direct phone access to GPs for partner health services caring for high risk and vulnerable patients.
- The practice held Saturday morning consultations (8.30am -11.45am) that could be booked seven days in advance.
- Weekly coronary heart disease clinics were held by the practice nurse
- The practice had lift access to the practice. There were disabled facilities, a hearing loop and translation services available.
- On site counselling service
- Health reviews were scheduled for specific patient groups. For example, the practice had conducted 51 health checks for the 69 patients on their dementia register.
- New patient health checks for children over 5 years of age and opportunistic health screenings of patients over 40 years of age and over 75 years of age.
- The practice offered in house 24 hour blood pressure and heart monitoring. Patients also had access to an automated blood pressure monitor within the practice reception and patients were encouraged to monitor their conditions.
- The practice conducted non NHS services including Heavy Goods Vehicle medical assessments, adoption and insurance reports.

Access to the service

The practice was open and appointments were available between 8.30am and 6.30pm. Extended surgery hours were offered on Saturday mornings and appointments could be booked seven days in advance. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them. On the day of our inspection, appointments were available within two days for non-urgent or 10 days with the practice nurse. Patients could also request a call back to discuss their clinical needs. Text reminders were sent to patients the day before their appointments to reduce non-attendance.

Results from the National GP Patient Survey, published in July 2015 showed that patient's satisfaction with how they could access care and treatment was consistently above the CCG and national averages.

- 93.3% of respondents were satisfied with the practice's opening hours compared to the CCG average of 73.2% and national average of 74.9%.

Are services responsive to people's needs?

(for example, to feedback?)

- 98.4% of respondents said they found it easy to get through to the surgery on the phone (CCG average 72.4%, national average 73.3%).
- 75.5% of respondents said they usually get to see or speak to their preferred GP (CCG average 61.1%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice monitored their patient non-attendance for appointments and told us it was low. They also reported on the use of the recently introduced WebGP service and had a low response rate.

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 on the practice website and displayed within the reception waiting area.
- Patients were encouraged on the practice website to submit suggestions to the practice.

We looked at six complaints received in the last 12 months both verbal and written complaints. We found the complaints had been investigated but there was an absence of evidence of learning outcomes and trends having been identified. We spoke to staff who confirmed the staff discussed issues and how they may improve practice and mitigate the reoccurrence of incidents. However, we found such discussions were not consistently documented.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a practice charter available to patients on their website. It detailed their commitment to their patients and also their patient's responsibilities.
- The practice had no formalised business plan or strategy but as a partnership they had discussed the challenges for the practice. The practice told us of their growing patient list, the increased clinical complexity of patient care and their limited ability to extend their accommodation.
- The practice was active within their Clinical Commissioning Group and their GPs led on the federation of GP services within the locality.
- The practice encouraged and supported their patient participation group members to attend and represent patients and surgery on a variety of committees. Thereby, enhancing their understanding of the local health landscape and influencing the development of services.

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 staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which 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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners led on clinical areas of interest such as

diabetes, maternity, minor surgery, dermatology and child health surveillance. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held team and clinical meetings. We reviewed two sets of clinical governance meeting minutes for August 2015 and December 2015. These detailed changes to clinical practices and/or priorities and actions proposed.
- 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 in doing so and felt supported if they did. However, formal meetings were infrequent the last two held in April 2015 and October 2015.
- 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 neighbouring practices, patients, the public and staff. The practice attended monthly locality GP and practice managers meetings to share experiences and improve practice. The practice was also leading on the federation of local GP surgeries.

The practice proactively sought and valued patients' feedback promoting involvement in their Patient Participation Group (PPG) through their website, patient notice board in the waiting area and the patient information leaflet. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

The practice had gathered feedback from patients through the PPG and through surveys and complaints received. The

Are services well-led?

Good 

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

PPG was active and met bimonthly, working closely with the practice manager and practice team. The practice ensured representation from the practice management and clinical team at PPG meetings and consulted them on a broad range of issues prior to implementing changes in the delivery of the service. The PPG sought to complement the work of the clinical team. The practice and PPG jointly produced information folders for patients with specific clinical or caring responsibilities informing them of services and support they may access.

PPG members were active and represented the practice in the locality patient engagement group, CCG patient and community reference group and other health forums. They had a clear understanding of the complexities of the local health landscape. They recognised the need to engage with a wider patient group in order to capture their experiences of services and inform discussions with the CCG. As such they were promoting virtual PPG membership for those patients unable to attend regular meetings.

The practice had gathered feedback from staff through daily informal conversations and formal appraisal meetings. Staff told us they would not hesitate to give

feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. However, we found an absence of regular practice meetings where both clinical and administrative staff were in attendance.

Continuous improvement

The practice were enthusiastic about their clinical work seeking opportunities to improve services to their patients. For example, the practice had developed electronic templates and forms for blood tests. The template automatically codes all blood tests requested which are recorded on the patients record. If a new form needed to be issued they may be reprinted without the need for the patient to see or speak with a GP. The practice had found the system had been well received by patients and reduced clinician's time reissuing forms.

The practice also actively engaged in clinical pilot schemes valuing external scrutiny of their practice to inform and improve outcomes for the patients in the area. For example, the practice were involved in an osteoporosis pilot scheme.