

Tasburgh Lodge Surgery

Quality Report

Victoria Avenue, Woodhall Spa,
Lincolnshire
LN10 6TX
Tel: 01526 352466
Website: www.tasburghlodge.co.uk

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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 Tasburgh Lodge Surgery on 27 October 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.
- The practice was responsive to the needs of patients and tailored its services to meet those needs.
- Patients said they were 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. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an energetic and focused leadership team in place 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.
- There was a strong focus on learning and development at all levels within the practice.

The areas where the provider should make improvement are:

- Implement a system for tracking blank prescription forms through the practice in accordance with national guidance.
- Formalise the process of recording safeguarding meetings in line with recognised best practice.

Summary of findings

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.
- Medicines, including controlled drugs were well managed, although we found that the system for tracking blank prescription forms was not effective.
- Risks to patients were assessed and well managed.
- There were effective systems in place to ensure the practice could continue to function in the event of foreseeable events such as fire, flood or loss of utilities.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 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 showed patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and identified areas for service improvement. For example the practice provided a base for district nurses, physiotherapy and acupuncture and specialist nurses dealing with asthma and chronic obstructive pulmonary disease.
- Patients said they found it easy to make an appointment with urgent appointments available the same day. GPs worked regular days at the practice to enable patients to choose which GP they consulted with, if they wished to do so.
- However patients also said that working people were not well served by there being no extended hours and the GP call back system was not always convenient whilst at work, despite the practice offering extended hours to meet the needs of patients.
- 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings for all staff groups.
- 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.

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 had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient representative group had a primary focus on fund raising rather than supporting the practice to deliver high quality healthcare and representing the views of the patient population.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Personalised care plans, incorporating the patient's own health goals were reviewed annually or more frequently if necessary and following any hospital admission.
- GPs were assigned responsibility for the seven nursing and residential homes where 60 patients of the practice lived.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

The practice was a pilot site for the Electronic Palliative Care Co-ordination System (EPaCCS) which enabled the recording and sharing of people's care preferences and key details about their care at the end of life.

Good



People with long term conditions

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

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Clinical indicators relating to patients with diabetes were above both CCG and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- However comments from patients indicated a need for a more structured approach to reviews of patients with long term conditions to reduce the need for multiple appointments.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 77% of eligible patients had attended for cervical screening compared to the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a full range of immunisations for babies, children and young people which were clearly explained on the practice website. Immunisation rates were relatively high for all standard childhood immunisations.
- We saw positive examples of joint working with midwives, health visitors and district nurses. The joint working was promoted and enhanced by virtue of these other healthcare professionals holding clinics at the surgery.

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.
- 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.

The practice offered extended hours appointments on four evenings a week to help meet the needs of patients in this group

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including 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.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

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The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had identified 26 patients experiencing poor mental health and told them how to access various support groups and voluntary organisations.
- Enduring mental health issues were managed by GP led care and regularly utilised dementia and depression screening tools for patients in this population group.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 214 survey forms were distributed and 132 were returned. This represented a return rate of 62% compared to the national average of 38%.

- 84% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive

about the standard of care received. They commented upon the caring attitude of staff and GPs, the quality of care and the cleanliness and facilities at the surgery. One of the respondents, although expressing positive views the 'Doctor First' system operated by the practice, also stated that on occasions they thought they had been 'palmed off' onto a practice nurse rather than consult with a GP.

We viewed 64 compliments that the practice had received from patients and relatives since April 2015. They praised the care and compassion demonstrated by all members of staff and GPs and the high quality of care.

Representatives from Healthwatch spoke with 17 patients during the course of our inspection. Patients commented that it was an excellent service with good interactions and caring staff. However negative comments included a lack of access to appointments for working people at the weekend, the call back system wasn't always appropriate for working people, and a desire for a more integrated system to allow patients with co-morbidities to be seen at one session for review rather than have separate appointments.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Implement a system for tracking blank prescription forms through the practice in accordance with national guidance.
- Formalise the process of recording safeguarding meetings in line with recognised best practice.

Tasburgh Lodge Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Inspector, a CQC medicines inspector and a GP specialist adviser.

Background to Tasburgh Lodge Surgery

Tasburgh Lodge Surgery provides primary medical services to approximately 3,900 patients from a single surgery situated in Woodhall Spa, Lincolnshire.

Woodhall Spa is an area of low deprivation. The practice has a higher number of older patients than the CCG and national average.

At the time of our inspection the practice healthcare was provided by five GP Partners (whole time equivalent WTE 1.8), two nurse practitioners (WTE 1.00), three practice nurses (WTE 0.88) and three health care assistants (WTE 1.2). They are supported by a team of dispensers, management, administration, reception and housekeeping staff.

The present partners had taken over the practice in September 2013, with the one existing partner from the previous partnership retiring in May 2014. At that time the building was in need of major upgrading and re-furbishment. That process is now complete and the surgery now consists of six modern, high quality clinical consultation rooms, reception and waiting area and a range of administration areas.

The practice is located within the area covered by NHS Lincolnshire East Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

The practice has a General Medical Services contract. (The GMS contract is a contract between general practices, the clinical commissioning group and NHS England for delivering primary care services to local communities) It is a dispensing practice.

The surgery is open from 8am to 6.30pm on Monday, from 8am to 7.30pm Tuesdays and Thursdays and from 8am to 7pm on Wednesdays and Fridays.

The practice has opted out of providing out-of-hours services to their own patients. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust and is accessed by NHS111.

We had not previously inspected this practice.

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.

Detailed findings

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 27 October 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice manager, dispensers, receptionists, nurses and administration staff.
- Were accompanied on our visit by Healthwatch. They spoke to two members of the patient participation group and 17 patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example we saw good evidence of the steps taken to prevent a re-occurrence of a particular medication issue.
- The practice carried out a thorough analysis of the significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw how, following repeat failures of the two week wait for referrals for cancer diagnosis had been identified, a thorough investigation had taken place, which included a deep drill down into each stage of the referral process. It was established that the failings were due to problems with the sending of facsimile requests to secondary care. As a result the facsimile process had been terminated and a full email based system of referral was introduced. There had been no re-occurrence of missed referrals.

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. A GP partner was the lead 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, nurses and healthcare assistants were all trained to child safeguarding level 3. We noted that safeguarding meetings were not formally recorded however we learned that the first formal meeting was planned for December 2016 and records we saw showed that the practice had forwarded any safeguarding concerns to the appropriate agencies.

- A notice in the waiting room and in consulting rooms 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). Face to face chaperone training had been delivered in house.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be very clean and tidy. A nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at the Tasburgh Lodge surgery and dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines), and a system was in place to ensure staff followed them. Prescriptions were signed before being dispensed and there was a robust process in place to ensure this occurred. There was a named GP responsible for the dispensary and staff told us they played an active role in the dispensary. We saw

Are services safe?

records showing all members of staff involved in the dispensing process had received appropriate training, regular checks of their competency, and annual appraisals.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had an SOP in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Balance checks of controlled drugs were carried out regularly and there were appropriate arrangements in place for their destruction.
- Expired and unwanted medicines were disposed of in accordance with waste regulations. There was a procedure in place to ensure dispensary stock was fit for use, and all stock we checked was within expiry date. Dispensary staff told us about procedures for monitoring prescriptions that had not been collected. There was a system in place for the management of repeat prescriptions, including high risk medicines.
- A 'near-miss' record (a record of errors that have been identified before medicines have left the dispensary) was in place, allowing the practice to identify trends and patterns and take steps to avoid reoccurrence. There were arrangements in place for the recording of significant events involving medicines; the practice had acted to adequately investigate these incidents or review dispensing practices to prevent reoccurrence. We saw records relating to recent medicine safety alerts, and action taken in response to them.
- Weekly blister packs were offered to patients who needed support to take their medicines, we saw the process for the packing and checking of these was robust. Staff knew how to identify medicines that were not suitable for these packs and offered alternative adjustments to dispensing where possible.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients using their dispensary. We saw evidence of audits related to the dispensary as well as a patient satisfaction survey for this aspect of the service.
- We checked medicines stored in the treatment rooms and medicines refrigerators and found they were stored securely with access restricted to authorised staff. There were adequate stocks of oxygen and a defibrillator. The surgery held stocks of emergency medicines and processes were in place to ensure they were securely stored and in date.
- Blank prescription forms were recorded upon receipt into the practice and stored securely; however, prescriptions for use in printers were not tracked through the practice in accordance with national guidance. The dispensary manager took steps to plan an appropriate system on the day of our inspection.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- **Monitoring risks to patients**
Risks to patients were assessed and well managed.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as the control of substances hazardous to health, asbestos in buildings, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The partners also had another practice. Partners all worked at both practices and some clinical staff were contracted to work at both as circumstances and need dictated.

Are services safe?

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 .Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- there were emergency medicines available.
- The practice had a defibrillator and oxygen available on the premises. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents and foreseeable events that might affect the running of the practice such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The 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. We saw evidence that NICE guidance was discussed at clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for the 11 diabetes related indicators was 99%, which was 6% better than the CCG and 9% better than the national average.
- Performance for mental health related indicators was better than the both the CCG and national averages. For example the three dementia indicators were 100% which was 4% better than the CCG average and 8% better than the national average.
- The clinical exception rate was below both the CCG and national average.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and

monitored. The three audits related to contraceptive pills for older women, intrauterine device and contraceptive implants and adrenaline injector system for anaphylaxis.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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 those staff who took cervical smears.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules 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.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. All unplanned admissions were reviewed by a clinician and the patient added to the register.

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.

The practice was a pilot site for the Electronic Palliative Care Co-ordination System (EPaCCS) which enabled the recording and sharing of people's care preferences and key details about their care at the end of life.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through 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. Patients were signposted to the relevant service where the service was not provided in-house.

- The practice offered a comprehensive range of contraceptive and sexual health services and the practice website contained very clear explanations of the differing options.
- Good explanations of the various immunisation programs for babies, children and adults were clearly displayed on the website.

The percentage of women aged 25 or over and who had not attained the age of 65 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 80% , which was better than the CCG and national average of 76%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening where uptake was high than both CCG and national averages. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 90% to 95% which was comparable to the CCG average of 90% to 97% and five year olds from 71% to 97% which was comparable to the CCG average of 87% to 95%. When we looked into this apparently low rate for immunisations for five year olds, we saw that there were only 31 children in that age group and therefore a very small number of children not being immunised had a disproportionate effect on the percentage . We saw that the practice made every effort to encourage parents to bring their children for immunisation. When they failed to respond the practice passed details to the health visitor in order that they could follow up.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 space to discuss their needs.

All 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 helpful, caring and treated them with dignity and respect.

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

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The practice employed a receptionist who had a qualification in British Sign Language

Are services caring?

- The practice information leaflet was clear and simply set out and provided a wide range of information including images of the practice partners.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as carers (0.61% of the practice list). The practice manager accepted that the number of identified carers was low, but mitigated that when they took over the practice none had been identified. In response to the challenges of increasing the number of identified carers the practice had worked and sought advice with local and county wide carers support groups. In addition a member of the reception team had been appointed as a 'carers champion' and was being proactive in helping to identify carers for example at

the time of registration and opportunistically at the flu immunisation clinics. We saw that there was a large display in the patient waiting area encouraging carers to identify themselves and provided written information to direct carers to the various avenues of support available to them.

Following the death of a patient the practice sent a bereavement card, which was personally signed by the doctor to the next of kin or carer. This included an information leaflet on local bereavement support services that were available, including counselling and appropriate signposting. The relatives/carers patient records were also coded which alerted staff to recognise the sensitivity and vulnerability over the coming weeks and months should they contact the surgery. Additionally a diarised entry was booked for 6 weeks post death of the patient enabling the doctor to contact the grieving patient to provide bereavement support.

The staff also pointed out that they also recognised that bereavement can commence when loved ones were diagnosed with life changing and terminal illness and suitably tailored bereavement care started at that point.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours until 7.30 pm on Tuesdays and Thursday and 7pm on Wednesdays and Fridays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- 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 only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice operated a version of the Doctor First appointment system and had done so since 2015.

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

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 84% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice was open between 8am and 6.30pm on Mondays, 8am to 7.30pm on Tuesdays and Thursdays and 8am to 7pm on Wednesdays and Fridays. Appointments

could be made in person, by telephone or on-line. Pre-bookable appointments were available on Tuesdays, Wednesdays and Thursdays. Urgent same day appointments were also available for people that needed them, including children.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The system had the benefits of;

- Clinician assessment whether a home visit was necessary;
- the urgency of the need for medical attention and
- allowed the flexibility of same day access to the service or pre-bookable appointments in advance.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example on the practice website, the practice information leaflet and on posters displayed in the patient waiting area.

We looked at 10 complaints received since August 2015 and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

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.

- Partners and staff we spoke with told us that when the current partners took control of the practice the building was in a poor state of repair and required considerable investment to bring it up to an acceptable standard. We saw photographs and spoke to healthcare professionals not employed by the practice who supported the claim.
- The partners had committed to this and had invested considerably to bring the building up to its current high standard.
- There was clear evidence that the partners and staff had worked hard to improve both the fabric and internal fixtures and fittings of the building but had introduced new procedures to improve the running of the practice.
- The practice consisted of five GP partners with an average age of 42, the oldest being 45 years of age. This comparatively young team demonstrated a clear desire to move the practice forward with vision for high quality healthcare based in the community and reflected in their mission statement.
- The practice mission statement had been developed after consultation and input from all staff groups. The plan was simple, clear, unambiguous and reflected the ethos of the practice which was to 'provide high quality patient centred care in a supportive environment that was realistic, sustainable and rewarding which valued patients and staff.'
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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.

- GPs held lead roles in various clinical areas but also in terms of safeguarding, management and education.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, a full analysis and investigation of what went wrong was undertaken and steps taken to ensure that there was no re-occurrence. For example we saw how following incidents of referrals to secondary care not being received a thorough investigation had determined that the reason was problems with the method of notification by way of facsimile. As a result all referrals were now by email and there had been no re-occurrence of missed referrals.

- 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.

Are services well-led?

Good 

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

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

- Staff told us the practice held regular meetings for all staff groups .
- 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 patient representative group met twice a year and had a primary focus on fund raising rather than supporting the published aim of allowing patients to work together with doctors to improve services, promote health and enhance quality of care. Members

expressed the view that the group hadn't developed very much since it was founded in 2013 . However they were optimistic that with input from one of the GPs who had some fresh ideas the group could move forward.

- 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 Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and viewed staff development as a key part of their business strategy.

One of the GP partners was GP trainer.

One nurse we spoke with told us how the partners had encouraged them to extend their range of practice through additional training and learning which had resulted in them achieving a diploma in minor illness. They told us that without their encouragement and support it is unlikely that they would have attempted to gain the qualification. They told us their next goal was to become a prescriber and that the practice was supporting her.