

The Practice Leecon Way & Hawkwell

Quality Report

1 Leecon Way
Rochford
Essex, SS4 1TU
Tel: 01702 547828
Website: www.thepracticeleeconway.nhs.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?

Requires improvement



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 The Practice Leecon Way and Hawkwell on 14 April 2016. Overall the practice is rated as good.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment, this was corroborated by CQC comment cards received as well as feedback from national data.
- Information about services and how to complain was available within the practice, on the practice website and in the practice leaflet; this information was easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available on the same day and home visits when required.
- Staff were suitably trained and had a very good understanding of how to safeguard patients from abuse.
- The practice had good facilities at both premises and was well equipped to treat all patient groups and meet their needs.
- There was a clear leadership structure within the practice and within the corporate organisation and staff felt supported by management. The practice 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.
- Data showed patient outcomes were comparable to the national average, areas for improvement had been identified and the practice was actively addressing them.

Summary of findings

- There was an open and transparent approach to safety; however the system in place for reporting and recording significant events was not consistently effective.
- Risks to patients were assessed and well managed, with the exception of one incident identified regarding a breach of cold-chain for vaccines.
- Prescriptions were stored securely; however there was no system in place to monitor their use.
- Record, investigate, analyse and share the learning from significant events thoroughly and consistently.
- Ensure staff are aware of and implement practice policies, including the cold chain policy for the safe storage of vaccines.
- Implement a system to monitor the use of prescriptions.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The areas where the provider should make improvements are:

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 requires improvement for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not always thorough enough and lessons learned were not always documented or communicated widely enough to support improvement.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Appropriate recruitment checks had been carried out for all staff.
- The practice had adequate arrangements in place for dealing with medical emergencies.
- Risks to patients were generally assessed and well managed; however we identified a recent breach in the cold-chain for vaccines which had not been highlighted or acted upon in line with the practice policy.
- Prescription pads were stored securely but there was no system in place to monitor their use.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average. The practice was aware of areas for improvement and was actively addressing this.
- Staff assessed needs and delivered care in line with current evidence based guidance, new guidance was shared and discussed at staff meetings.
- Clinical audits carried out by both GPs and nurses demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Continuous learning ensured staff were kept up to date.
- There was evidence of appraisals and personal development plans for all staff to provide and seek feedback.

Good



Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, this included patients who were at increased risk due to poor mental health, long term conditions, learning disabilities and those receiving palliative care.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care provided by both GPs and nurses.
- The practice received very positive feedback via the Family and Friends test and NHS Choices.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We witnessed staff treating patients in this way on the day of our inspection.
- Information for patients about the services available was easy to understand and accessible, staff were able to translate this information into several different languages if required.
- The practice actively identified patients who were caring for a friend or relative and offered these patients additional support.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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. Home visits were also available when required.
- There were early morning, evening and weekend appointments available to ensure all patients were able to access appointments.
- The practice had good facilities at both premises and was well equipped to treat patients and meet their needs.
- Information about how to complain was available on the practice website, in the practice leaflet and within the practice itself. This information was easy to understand and evidence showed the practice responded in a suitable time frame to issues raised.

Good



Summary of findings

- Learning from complaints was shared with the corporate provider who carried out an analysis of the complaints to promote learning.

Are services well-led?

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

- The practice aimed to deliver high quality care and promote good outcomes for all their patients. All staff were clear about this vision and their responsibilities in relation to delivering it. The corporate provider supported the practices' team approach to the delivery of the strategy.
- There was a clear leadership structure, both within the practice and throughout the organisation. The practice had a number of policies and procedures to govern activity and held regular meetings to ensure this information was shared with all staff.
- There was a governance framework in place which supported the delivery of good quality care. This included arrangements including audits and risk assessments to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The organisation and the practice itself encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and evidence showed patient's received an apology when incidents occurred.
- The practice sought feedback from patients through their patient representative groups as well as national data, which it acted on. The patient representative group met regularly and had good engagement with the practice management at a local level.
- The practice sought feedback from staff through meetings and appraisals, staff felt well supported by management at local, regional and national levels.

Good



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 had a larger than average population group aged 40 to 69 years old. The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients had a named GP and were made aware of this.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients at risk of hospital admission and those receiving palliative care were discussed regularly and offered support.
- Hospital admissions were monitored and followed up to ensure the continuity of care.
- The practice proactively identified older patients who required additional support and offered this support either within the practice or by signposting to other organisations. Information was available in the waiting area to offer support to patients and their families.

Good



People with long term conditions

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

- Nursing staff who had specialist training, had lead roles in chronic disease management including diabetes and COPD.
- Patients at risk of hospital admission were identified as a priority, offered additional support and monitored to reduce this risk.
- Performance for diabetes indicators was comparable to national averages. For example, 96% of patients with diabetes, on the register, had an influenza immunisation in the preceding year, 1 August to 31 March, (01/04/2014 to 31/03/2015) this was comparable to the national average of 94%.
- Patients with long term conditions were provided with longer appointments to ensure all their needs were identified and discussed.
- All these patients had a named GP and were made aware of this.
- These patients received annual reviews to check their health and medicines needs were being met.

Good



Summary of findings

- 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.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were consistently high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 85% of women aged 25-64 had a cervical screening test performed in the previous five years (01/04/2014 to 31/03/2015) which was slightly higher than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Young people were treated in an age appropriate way and staff were aware of and understood Gillick competency testing.
- There was a lead GP for safeguarding children and all staff had received appropriate training in this.

Good



Working age people (including those recently retired and students)

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

- 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.
- Online services including booking appointments were available. Electronic prescribing was also used to improve patient services.
- The practice provided early morning, evening and weekend appointments for working age people.
- The practice promoted a full range of health advice and screening that reflects the needs for this age group. This included signposting to organisations to help with smoking cessation and dietary advice.

Good



Summary of findings

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 and communicated with the families and carers of these patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, these meetings were documented and patient care records were updated.
- The practice informed vulnerable patients and their families about how to access various support groups and voluntary organisations.
- Home visits were available for vulnerable patients unable to attend the practice.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. All 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.
- Staff had undertaken training in the Mental Capacity Act, 2005 as well as safeguarding training and had a very good understanding of how to protect vulnerable people.

Good



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).

- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia, these meetings were documented and patient care records were updated.
- The practice carried out advance care planning for patients with dementia to ensure patient's wishes were understood and documented.
- The practice had told patients experiencing poor mental health, and their families, about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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 and discussed this at staff meetings.
- An external provider offered patients counselling services within the practice.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 330 survey forms were distributed and 125 were returned. This represented a 38% completion rate.

- 97% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 69% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

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, access to appointments and the facilities provided. We received very positive feedback regarding reception staff and the flexible approach to helping patients.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice scored 100% in the NHS Family and Friends test regarding patients who would recommend the practice.

Areas for improvement

Action the service MUST take to improve

- Record, investigate, analyse and share the learning from significant events thoroughly and consistently.
- Ensure the safe storage of vaccines in line with the recognised guidance and the practice policy.
- Implement a system to monitor the use of prescriptions.

The Practice Leecon Way & Hawkwell

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser.

Background to The Practice Leecon Way & Hawkwell

The Practice Leecon Way & Hawkwell, Essex has a main branch located in a residential area of Rochford, in addition to a smaller branch surgery in a residential area of Hawkwell. The practice is managed by a corporate provider, The Practice plc. The main practice is within a purpose built building whereas the branch surgery is in a converted residential building. There is on street parking available at both surgeries as well as good public transport links. We visited both premises on the day of our inspection.

There is a female salaried GP, a male long-term locum GP and two female practice nurses. There is a practice manager, an assistant practice manager and a team of reception staff.

The practice and the branch surgery had varying opening hours across seven days a week with extended hours including evenings, early mornings and weekends.

When the practice is closed patients are signposted to out of hours services accessed by calling 111. Out of hours care is provided by Nestor Primecare Services Ltd.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 April 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, the practice manager, assistant practice manager and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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:

Detailed findings

- 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; however this system was not robust and was not consistently applied.

- 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 system for recording incidents was complicated and caused inconsistencies with the process of recognition, recording, analysis, sharing and learning. Some incidents were recorded in full but not discussed whereas some incidents were discussed but not recorded.
- The practice provided information regarding incidents to staff at their head office who analysed the information, however there was no evidence of analysing, sharing or learning from this information within the practice.
- Staff were aware of the duty of candour and ensured this was provided. (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 and were told about any actions taken to prevent the same thing happening again.

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 and staff knew where to locate them. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated a very good understanding of their responsibilities and all had received training on safeguarding children and

vulnerable adults relevant to their role. All clinical staff were trained to an appropriate level to manage child protection or child safeguarding concerns and non-clinical staff had received role specific training.

- Safety alerts and new guidelines were shared and discussed by staff to ensure all patients affected had their treatment adapted in line with best practice.
- Notices in the waiting room and treatment 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).
- The practice maintained appropriate standards of cleanliness and hygiene and employed their own cleaners. We observed the premises to be visibly clean and tidy. The practice nurses were the infection control clinical leads for both the main practice and the branch surgery and they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and all staff had received training and updates. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescriptions were securely stored; however there were no systems in place to monitor their use. Patient Group Directives had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice was receiving ongoing support from the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing and to improve the prescribing of antibiotics.
- The practice had a cold chain policy in place for the safe storage of vaccines. We saw evidence that this policy was being followed and vaccines were being stored appropriately at the main practice; however at the branch surgery we found evidence that the fridge

Are services safe?

temperatures had fallen outside the recommended range, this had not been noticed or acted on by staff. We discussed this with the practice manager who took immediate action.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had policies and procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs. The practice nurse had a lead role in this area.
- 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. All information was collated by the practice manager and shared with the corporate provider.

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 corporate health and safety policy available. The practice had a fire risk assessment in place and carried out a fire drill every six months. All electrical equipment was checked annually 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 and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). These risk assessments were reviewed by the corporate provider and actions were taken to reduce the risks.

- 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. Due to the nature of the corporate provider, short notice staff shortages were addressed by using staff from other practices within the locality.

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 clinical staff received annual basic life support training and there were emergency medicines available in the treatment room. Non-clinical staff received basic life support training every three years.
- The practice had a defibrillator with adult and paediatric pads available at the main practice and the branch surgery. There was a supply of oxygen with adult and children's masks also available within both buildings. 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 stored securely. Lessons had been learned from previous medical emergencies and the system for storing emergency medicines and equipment had been improved in response.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 safety alerts and used this information to deliver care and treatment that met patients' needs. Changes to guidelines and safety alerts were shared and discussed.
- The practice monitored that these guidelines were followed through risk assessments and audits and actions were taken as required.

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, from 2014/2015 were 97% of the total number of points available. Data shows several clinical domains where exception reporting is significantly higher than the CCG or national averages, these domains included cancer, stroke, depression, mental health, cardiovascular disease and contraception domains. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for one prescribing target. Data from 2014/2015 showed a significant variation in the number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2014 to 30/06/2015). This number was 0.4 for the practice compared to 0.3 nationally. The practice were aware of this and were undertaking work to improve performance in this area.

The practice was not a significant outlier for any QOF indicators. Data from 2014/2015 showed:

- Performance for diabetes related indicators was slightly below the national average. For example, 76% of patients with diabetes, on the register, had their last cholesterol reading (measured within the preceding 12 months) of 5mmol/l or less (01/04/2014 to 31/03/2015); this was slightly below the national average of 81%.
- Performance for mental health related indicators was better than the national average with the exception of dementia reviews. The practice scored 100% in some indicators in this domain, although there was high exception recording for depression and mental health. 71% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015); this was below the national average of 84%.

We discussed this data with staff who told us that a community dementia nurse had been carrying out some face to face dementia reviews which may have not been appropriately coded; we were told this was being addressed. We discussed areas of high exception reporting, we were told some of this was due to very low patient numbers within the clinical groups and when we looked at data for 2015/2016, which had not yet been verified, exception reporting was low.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit of the number of patients with co-morbidities attending for new patient health checks over a three year period identified a need to extend the length of these appointments. This change was implemented to ensure patients had adequate time to discuss their medical history.

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

Are services effective?

(for example, treatment is effective)

safeguarding, infection prevention and control, fire safety, health and safety, equality and diversity and information governance. There was also a locum pack for newly appointed locum GPs.

- In addition, staff then received on-going 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.
- 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 and those with lead roles in safeguarding. Staff told us they felt their on-going training was respected and supported within the practice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes by attending relevant training days.
- The learning needs of staff were identified through a system of annual appraisals, practice and regional meetings and reviews of practice development needs. Staff had good access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and had the opportunity to give feedback to management.

Coordinating patient care and information sharing

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

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

- The practice proactively ensured that patients who required more in-depth care and consultations had extended appointments and that staff had time to update records sufficiently in order to be able to share this information as required.

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. Additional time and support was available to ensure these patients were adequately monitored and reviewed.

Multidisciplinary meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff received in-house training regarding the Mental Capacity Act 2005 and demonstrated a good understanding.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance and all staff were aware of Gillick competency testing.
- 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 within the patient care record to ensure the continuity of care.

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 or of hospital admission and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service and appropriate information was provided.

Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%. There was a policy to offer two telephone reminders for patients who did not attend for their cervical screening test; this was also followed by a written reminder. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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 above the CCG/national averages, with several achieving 100%. For example:

- The percentage of childhood PCV vaccinations given to under one year olds was 100% compared to the CCG percentage of 97%.
- The percentage of childhood PCV Booster vaccinations given to under five year olds was 97% compared to the CCG percentage of 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 which were offered by the practice nurses. Appropriate follow-ups or referrals 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. This was also confirmed by the patients we spoke with.

- Curtains were provided in GP and nurse 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 private issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 21 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. This included GPs, nurses and non-clinical staff.

We spoke with two members of the patient participation group (PPG). They also told us they were very happy with the care provided by the practice felt they received an excellent service in all respects. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The practice had achieved five stars on the NHS Choices website from very positive patient feedback.

Results from the national GP patient survey also 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:

- 88% of patients said the GP was good at listening to them compared to the CCG average of 84% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 100% 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%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt they were well informed about their care and were involved in decisions made about their treatment. They also told us they felt listened by all staff, were communicated with in a polite and professional manner 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 very 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 above local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. This included treatment advice available in different languages. This service was explained in the practice leaflet.

Are services caring?

- A wide range of health literature was available to patients.

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 local and national 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 57 patients as

carers (2% of the practice list). These patients were given access to health checks and flu vaccines. Written information was available to direct carers to the various avenues of support available to them, this was also provided at ad-hoc opportunities including health checks and immunisation appointments.

Staff told us that if families had suffered bereavement, their usual GP contacted them by phone. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs as well as additional advice on how to find a local or national 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.

- The practice offered extended hours on a Monday evening until 8.30pm for working patients who could not attend during normal opening hours. The practice also offered early morning appointments on Wednesdays and Fridays from 7.30am. In addition to this, the practice offered appointments on Saturdays and Sundays between 9am and 11am.
- There were longer appointments available for patients with a learning disability and for patients with long term conditions.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included visits for health checks, reviews and immunisations.
- 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. This service was provided by the practice nurses.
- Patients were able to book appointments online and electronic prescribing was being used to improve patient services.
- There were facilities available for disabled patients. A hearing loop was available on reception and translation services were available when required.
- Patients were able to access counselling services and diabetic retinopathy screening services; these services were available in house but were provided by external organisations.

Access to the service

The main practice and the branch surgery had varying opening hours across seven days a week. Extended hours included early mornings, evenings and weekends.

Appointments were available at various times throughout these opening hours depending on which GP was on duty. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 97% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

We received feedback from patients which confirmed they felt they had good access to appointments with both GPs and nurses.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints.

- 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; this information was then forwarded to the corporate provider for further analysis.
- We saw that information was available to help patients understand the complaints system; this information was available in the waiting area, within the practice leaflet and on the practice website.

We looked at three complaints received in the last 12 months. These minor complaints were all made verbally and they were recorded and dealt with in a timely way. Suitable actions had been taken to prevent the problem reoccurring and lessons were learned from individual complaints. The corporate provider carried out an analysis of complaints to identify any trends and make any further recommendations.

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 continuously aimed to deliver high quality care and promote good outcomes for patients.

- The practice was managed by a corporate provider who published their values on their website. The practice itself promoted these values and also maintained a friendly, personalised service to its patients.
- The practice had support from a regional and national level to deliver their vision and values.

Governance arrangements

The practice had a governance framework which supported the delivery of 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 as well of the roles of other staff within the practice and the organisation.
- Practice specific policies were implemented and were easily available to all staff.
- An understanding of the performance of the practice was maintained by utilising national and local data as well sharing information with other agencies.
- A programme of clinical and internal audit was used to monitor quality and to make improvements; the practice intended to expand this programme to target specific areas for improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Risk assessments were carried out by trained staff or external organisations and the corporate provider ensured actions were taken to minimise risks identified. We discussed this with practice staff who acknowledge this process could be made more efficient by being able to take action at a local level.

Leadership and culture

At a local level, the practice manager and the GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs and

management were approachable and always took the time to listen to all members of staff. The day to day management of the practice was supported by staff at regional and national levels.

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). All staff encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology if an incident occurred.
- We saw written records of verbal interactions as well as written correspondence.
- Patients we spoke to felt they could discuss issues openly with staff and they felt they always got an honest response and an apology when appropriate.

There was a clear leadership structure in place and staff felt supported by management within the practice and at a regional and national level.

- Staff told us the practice held regular meetings. These included quarterly clinical meetings, time to learn meetings, six monthly practice meetings and annual regional meetings.
- Staff told us there was an open culture within the practice and within the organisation. Staff felt they had opportunities to raise any issues at meetings or on an ad-hoc basis and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs and the practice manager. They also felt supported by the organisation who took their views and opinions into account. All staff were involved in discussions about how to develop the practice and improve patient care, and the GPs and management 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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient representative group (PRG) and through national data. The PRG met regularly to discuss how the practice was operating. The practice had not conducted a patient specific survey.
- The practice had gathered feedback from staff through staff meetings, appraisals and on-going discussion. Staff told us that communication within the practice was two-way and they felt they were listened too and their views were considered.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management at local, regional and national levels. Staff told us they felt involved and engaged to improve how the practice was run and to drive improvements in patient outcomes.