

Priory Fields Partnership

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Priory Fields Partnership on 15 December 2016. Overall the practice is rated as good.

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

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with practice staff and was regularly reviewed.
- The practice had strong and visible clinical, managerial leadership and governance arrangements.
- We found that there was an open and transparent approach to safety and a system was in place for reporting and recording significant events.
- The practice demonstrated they valued education for all practice staff and patients. One GP had been awarded a certificate for excellent teaching from the NHS Health Education England.
- The practice used a range of assessments to manage the risks to patients.
- Practice 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.
- Data from the Quality and Outcome framework 2015/2016 showed the practice performance was above the CCG and national average. Data showed the practice had significantly higher exception reporting in some indicators when compared to the CCG and National average. However, the practice shared with us a written report detailing the finding from a NHS England investigation. This confirmed the practice did

Summary of findings

not have high exception reporting but that IT issues were the problem. We reviewed the practice clinical system and we were assured that the practice did not have high exception reporting.

- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Areas of outstanding;

- The practice recognised they served a population of patients whose first language was Polish and not English. In addition to using translation services, the practice had a GP and staff member who could interpret for them. With the PPG support the practice held a health education for this group of patients, the complete evening was conducted in Polish and 30 patients attended. The practice had invited other health professionals to attend, including a local

dentist who provided NHS treatment and Camquit, the smoking cessation service. The practice was proactive in supplying information for patients in both verbal and easy read formats in other languages.

- The practice worked with charities, third sector, and voluntary agencies to maximise benefits for their patients. For example, they collected donations for the local food bank and encouraged patients who would have given food gifts to staff to donate to the food bank instead.
- The partners gave all staff an extra day's leave for their birthday as an additional way to show they valued their team.

The areas where the provider should make improvement are:

- Ensure that the formal and overarching fire risk assessment is reviewed annually and ensure practice staff always complete the record of the fire alarm tests that are undertaken weekly.
- Review the methods used to encourage carers to register ensuring they receive support and care.

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



- Practice staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on a thorough analysis and investigation.
- The practice had systems in place to cascade and learn from Medicines and Healthcare products Regulatory Agency (MHRA) and National Reporting and Learning System (NRLS) alerts.
- Risk management was well embedded and recognised as the responsibility of all staff.
- Annual infection control audits were undertaken. We saw evidence of recent audits and actions taken to address any improvements identified as a result.
- The practice had 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.

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 higher when compared with the CCG and the national average. QOF is a system intended to improve the quality of general practice and reward good practice.
- Practice staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical and management audits were used to identify, monitor, and encourage improvement. The practice demonstrated changes to their practice as a result.
- 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.

Summary of findings

- The practice was proactive in their management of patients who were at the end of their lives.
- The practice ran an effective recall system for patients. Clinical templates had been designed to ensure that all checks were undertaken at one review, saving the patient multiple attendances.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 was mixed. It showed patients rated the practice higher than average for some aspects of care. For example, 93% of patients found the receptionist at this practice helpful; this was above the CCG average of 88% and above the national average of 87%.
- We saw practice staff treated patients with kindness and respect, maintained patient, and information confidentiality.
- Patients said they were treated with compassion, dignity, and respect and that 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 many positive examples of care provided to patients. For example, practice staff would ensure that patients had received their hospital appointments.
- The practice worked with charities, third sector, and voluntary agencies to maximise benefits for their patients. They collected food donations for the local food bank.
- The practice sent all patients who reached the age of 100 a birthday card, ensuring that this event was marked for all patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The 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. For example, the practice provided space for agencies such as the Gainsborough foundation to see patients.
- Travel advice was given to patients ensuring that patients had access to vaccinations that were covered under the NHS.

Summary of findings

- Patients said they found it relatively easy to make an appointment with a named GP and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with practice staff and other stakeholders.
- A full contraceptive service was offered including long-acting reversible contraceptives (LARC).
- The practice ran asthma clinics specifically for children outside of school hours.
- The practice employed staff, both clinical and non-clinical, who were able to speak other languages ensuring the needs of some non-English speakers were met.

Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with practice staff and was regularly reviewed.
- The standards of care were promoted and owned by all practice staff and they told us that they set the standard high. All the teams worked together across all roles. There was a high level of constructive engagement with practice staff and a high level of staff satisfaction.
- We saw evidence that practice staff were open and transparent when things had gone wrong however minor. Learning from these events was shared with the whole practice.
- Governance and performance management arrangements had been proactively reviewed.
- The practice had reviewed staff vacancies to ensure they maintained the best skill mix to provide services to their patients.
- The practice worked closely with other organisations in planning how services were provided to ensure that they not only met, but also enhanced patients' needs. For example, they worked with the Richmond Foundation (supporting people who may be experiencing poor mental health the return to work).
- The practice and the patient participation group communicated well and the group considered themselves 'critical friends' of the practice.

Good



Summary of findings

- The practice was engaged with the local community, maximising the benefits to patients through third sector and voluntary agencies.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was engaged in a merger with other practices. The practice told us that this would ensure that they retained services that their patients needed, but maximised the opportunity for new shared initiatives to further enhance patients' choice of services.

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

Good



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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including hypertension, dementia, and heart failure were above or in line with the local and national averages.
- The practice provided care to patients in five care homes; each home had a designated GP and weekly visits to ensure proactive care.
- Information for support groups such as Age UK was available.
- The practice tried where possible to bring services closer to patients, for example the practice offered in-house phlebotomy services.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients were invited for an annual review in their birthday month. The practice system and processes for managing the recall systems were robust. This ensured patients received appropriate and timely care with the minimum number of appointments.
- Where appropriate the practice undertook reviews by telephone with the patient or virtually. The practice offered the option for patients to receive the test results relating to long term conditions via email.
- The practice had a health trainer available to offer healthy lifestyle advice and support with exercise and weight loss.
- Longer appointments and home visits were available, including for long term condition reviews when needed for all patients unable to attend the practice or with a learning disability.

Summary of findings

- 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.

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 in line with the national average for the standard childhood immunisations.
- Unwell children were seen as soon as possible and convenient to the parent or carer.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors, and school nurses.
- The practice offered full contraceptive services including long-acting reversible contraceptives (LARC).

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. The practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available on Monday evenings or early Friday mornings.
- The practice offered telephone consultations for those patients that wished to seek advice in this way. Test results for patients with long term conditions could be sent via email, if the patient wished.
- 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.

Good



Summary of findings

- The practice offered early appointments with nurses and GPs. Flu clinics were held on Saturdays enabling patients to obtain their immunisation without having to take time off work.
- Patients who were working and experienced poor mental health were referred to the Richmond foundation and could be seen in the practice.
- Travel clinics appointments including Yellow Fever were available in the evening.

People whose circumstances may make them vulnerable

The practice is rated as good overall for the care of people whose circumstances may make them vulnerable. The practice is rated as outstanding for responsive services to patients whose circumstances may make them vulnerable.

- The practice had a GP who was the mental health lead and a designated nurse.
- The practice held a register of patients living in vulnerable circumstances including the transiently homeless and those with a learning disability.
- The practice offered longer appointments with the named doctor for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Practice 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.
- One GP worked at a local prison, had expertise in offenders' health and wellbeing, and gave support to patients with forensic history.
- The practice recognised they served a population of patients whose first language was Polish and not English. In addition to using translation services, the practice had a GP and staff member who could interpret for them. With the PPG support the practice held a health education for this group of patients, the complete evening was conducted in Polish. The practice had invited other health professionals to attend, including a local dentist who provided NHS treatment. The practice was proactive in supplying information for patients in both verbal and easy read formats in other languages.

Good



Summary of findings

- The practice worked with charities, third sector, and voluntary agencies to maximise benefits for their patients. For example, they collected donations for the local food bank and encouraged patients who would have given food gifts to staff to donate to the food bank instead .

People experiencing poor mental health (including people with dementia)

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

- The practice and practice team were dementia friendly with good signage throughout the building. Clinicians collected patients from the waiting areas; patients we spoke with valued this.
- A mental health professional attended the practice every two weeks to see patients with complex needs. This professional was available to the practice staff for advice.
- The practice had 179 patients diagnosed with dementia on the register. 115 of these patients had received an annual review with the practice nurse with a special interest in mental health. Many of the remaining patients lived in care homes, received on going health reviews through the year with the GPs, and did not have a formal annual review.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Practice 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 on 7 July 2016. The results showed the practice was performing mostly above the local and national averages. 267 survey forms were distributed and 105 were returned. This represented a 39% completion rate.

- 88% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 89% 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 87% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 85% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 80% 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 nine completed cards, all positive about the care and treatment received. We spoke with four patients during the inspection who said they were very satisfied with the care they received and thought staff were approachable, committed, and caring.

We reviewed the information held on NHS choices, the practice was rated with five stars, 93% of patients who completed the Family and Friends test would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that the formal and overarching fire risk assessment is reviewed annually and ensure practice staff always complete the record of the fire alarm tests that are undertaken weekly.

- Proactively promote the national cancer screening programmes to encourage uptake.

Outstanding practice

- The practice recognised they served a population of patients whose first language was Polish and not English. In addition to using translation services, the practice had a GP and staff member who could interpret for them. With the PPG support the practice held a health education for this group of patients, the complete evening was conducted in Polish and 30 patients attended. The practice had invited other health professionals to attend, including a local dentist who provided NHS treatment and Camquit, the smoking cessation service. The practice was proactive in supplying information for patients in both verbal and easy read formats in other languages.
- The practice worked with charities, third sector, and voluntary agencies to maximise benefits for their patients. For example, they collected donations for the local food bank and encouraged patients who would have given food gifts to staff to donate to the food bank instead.
- The partners gave all staff an extra day's leave for their birthday as an additional way to show they valued their team.

Priory Fields Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist advisor.

Background to Priory Fields Partnership

The practice is situated in the town of Huntingdon. The practice offers health care services to approximately 11,800 patients and offers consultation space for GPs, nurses and extended attached professionals including community nurses, a health trainer, and a mental health worker.

The practice holds a General Medical Services (GMS) contract and is a training practice with two GP trainers. A training practice has trainee GPs (Registrars) working in the practice; a registrar is a qualified doctor who is undertaking further training to become a GP. A trainer is a GP who is qualified to teach, support, and assess trainee GPs. The practice has one registrar working in the surgery. The practice also teaches medical students and foundation year doctors.

- There are three (two male and one female) GP partners who hold managerial responsibilities for the practice and four salaried GPs (three female and one male). There are four practice nurses and four healthcare assistants.
- A team of 17 administration and reception staff led by the practice manager support the clinical team.
- The practice is open between 8am and 6.30pm Monday to Friday. With extended hours to 8pm on Monday evenings and from 7.30am on Friday mornings.

- If the practice is closed, Herts Urgent Care provides emergency treatment, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.
- The practice has slightly lower number of patients aged under 20 years and slightly higher number of patients aged over 75 years than the practice average across England. The deprivation score is above the England average.

Male and female life expectancy in this area is 78 years for males and 82 years for females compared with the England average at 79 years for men and 83 years for women.

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 15 December 2016. During our visit we:

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

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- 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.

- 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. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology, and were told about any actions to improve processes to prevent the same thing happening again.
- Staff told us they would inform the manager of any incidents either verbally or via an incident form. We saw that incidents were investigated timely and were shared at practice meetings. The incident recording supported the recording of notifiable incidents under the duty of candour (a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of staff for relevance and shared with other staff, as guided by the content of the alert. Any actions required as a result were brought to the attention of the relevant clinician(s) to ensure issues were dealt with. Clinicians we spoke with confirmed that this took place.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received either a Disclosure and Barring Service (DBS) check or the practice had undertaken a risk assessment. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.
- 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.
- 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. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

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 in the reception office which identified local health and safety representatives. The practice fire risk assessment was overdue a review, but the practice carried out regular checks of the premises each month and the findings recorded. We saw that actions were taken when required. The practice manager was booked onto a course with the local fire service to enable them to review their risk assessment effectively. The practice 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 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. Before filling any vacancies the practice management team undertook assessments of need to ensure that they maximised the opportunity to offer development to staff or change the skill mix.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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.
- 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 used this information to deliver care and treatment that met patients' needs.
- 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 2015/2016 indicated the practice had achieved 100% of the total number of points available. The overall exception reporting rate was 18.2% which was 7.5% above the CCG average and 8.4% the national average. (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).

Data in the public domain showed the practice had significantly higher exception reporting in some indicators when compared to the CCG and National average. However, the practice shared with us a written report detailing the findings from an NHS England investigation. This confirmed the practice did not have high exception reporting but that IT issues were the problem. The issues were related to the extraction of data which had been compromised. Both NHSE and the practice were still working on producing amended data. We reviewed medical records and we were assured that the practice did not have high exception reporting.

Data showed: The practice performance was above the CCG and National averages. For example;

- Performance for asthma related indicators was 80% this was above the CCG and national average of 75%. The exception reporting for these indicators was in line with the CCG and national average.
- Performance for diabetes related indicators was 100% and this was 7% above the CCG average and 10% above the national average for. Exception reporting for this indicator was above the CCG and national average. However, we reviewed this with the practice and were assured that patients had been managed appropriately.
- Performance for mental health related indicators was 95% this was in line with the CCG and national averages. Exception reporting for this indicator was above the CCG and national averages. However, we reviewed this with the practice and we were assured that patients had been managed appropriately.
- Performance for chronic obstructive pulmonary disease was 92% this was above the CCG and national average of 90%. The exception reporting for this indicator was 12% this was in line with the CCG and national averages.

There was evidence of quality improvement including clinical and management audit. We reviewed four audits undertaken in the previous 12 months.

- In June 2015 and June 2016 the practice undertook an audit on patients with diabetes who were taking metformin (used to treat people with type two diabetes). The second cycle results showed a 52% improvement in the number of patients who had received a review and 45% of those patients' medicines had been reduced.
- In March 2016 and May 2016 the practice undertook an audit on the availability of the written documents stating the patients' wishes for emergency care, for example, resuscitation living in a care home for other agencies such as the ambulance service. The results in March were 64% and in May this has risen to 100%.

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.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering 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 and nurses. Practice staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Additional training for domestic abuse and for female genital mutilation. 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, investigations, and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Practice 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.

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 cessation, and advice on safe levels of alcohol consumption were signposted to the relevant service.
- Nurses offered support for healthy lifestyle choices including smoking cessation.
- The practice worked with a health trainer, referring patients who required motivation and guidance to change their lifestyle or to increase their exercise.

The practice's uptake for the cervical screening programme was 92% which was above the CCG and the national average of 82%. The practice exception reporting rate was 27% this was 4% below the CCG average of 8% and above the national average of 6%.

- There was a policy and the nursing staff telephoned reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective?

(for example, treatment is effective)

- 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 for cervical screening was available.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice performance for patients who were screened for breast cancer in the last 36 months was 69% this was below the CCG average of 74% and the national average of 72%. From the same data set, the number of patients who had been screened for bowel cancer was 55% this was below the CCG average of 59% and the national average of 58%.
- The practice had undertaken a review of the screening programmes and the compared the practice

performance for six years. The practice had written an action plan which included prompting the national screening programme and ensuring exception reporting remains within the protocol agreed with the CCG.

Childhood immunisation rates for the vaccinations given were mostly above the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.6% to 100% compared to the national average of 70% to 95% and five year olds from 81% to 94% compared with the national average of 89% to 95%.

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. 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.

- The practice worked with charities, third sector, and voluntary agencies to maximise benefits for their patients. They collected food donations for the local food bank and ensure that appropriate patients received these.
- The practice sent all patients who reached the age of 100 a birthday card, ensuring that this event was marked for all patients.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations, and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received nine completed patient Care Quality Commission comment cards and all comments said the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We met with eight members of the patient participation group (PPG), they told us they felt the practice provided excellent services to the patients and worked with the group, attending regular meetings and events.

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity, and respect. The practice performance was mixed for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 85%.

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

- The practice recognised they served a population of patients whose first language was Polish and not English. In addition to using translation services, the practice had a GP and staff member who could interpret

Are services caring?

for them. The GP and non-clinical staff members worked together to ensure that safe and appropriate translated was undertaken. With the PPG's support, the practice had held a health education event for this patient group, the complete evening was conducted in Polish. The practice had invited other health professionals to attend including a local dentist who provided NHS treatment.

We saw notices in the reception areas informing patients this service was available.

- Information leaflets were available in easy read format.

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. These were translated for those patients that needed them.

The practice's computer system alerted GPs if a patient was also a carer. The practice encouraged carers to register at every opportunity including young carers; they had identified 73 carers, under 1% of the practice population and worked with the local carers trust. Written information was available to direct carers to the various avenues of support available to them. The practice included information for carers in their Winter newsletter.

Staff told us that if families had suffered bereavement, their usual GP contacted them. We spoke with patients who had suffered bereavement; they told us that they had been fully supported during their difficult time. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a 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.

- There were longer appointments available for patients with a learning disability or those with complex needs.
- 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 required a same day consultation.
- The practice worked closely with community midwives, mental health link workers and promoted provision of these services from the surgery premises where possible.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

- The practice was open between 8.30am and 6pm Monday to Friday. Extended hours were offered to 8pm on Monday evenings and from 7.30am on Friday mornings.
- The practice managed demand for appointments on a daily basis; GPs would extend or add in additional appointments as required.
- Patients were able to receive telephone advice from GPs and nurses if they wished to seek advice this way.

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.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG and the national averages of 76%.

- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

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. An annual report was written and shared with the staff through various meetings, including an annual meeting for all staff to discuss complaints and significant events. The practice had identified themes and had developed action plans. For example, the GPs identified a need for additional training in rare ENT cancers.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available in the waiting room, website and practice leaflet to help patients understand the complaints system

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and with openness and. Lessons were learnt from individual concerns, complaints and from an analysis of trends. Actions were 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.

- The practice had a mission statement which practice staff had been involved in writing; staff we spoke with understood the values. The practice had developed a motto, which reflected the ethos and mission statement of the practice. This motto had been written based on the practice name, and was used and shared by all the practice staff.
- The practice had a robust strategy and supporting business plans that reflected the vision and values and these 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.
- 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 arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions.
- All clinical staff had named mentors to ensure that peer support was available.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of, and had systems in place to; ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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:

- The practice gave affected people reasonable support and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- A daily meeting for all the doctors took place to ensure they had an opportunity to seek peer review, organise home visits and share any information. Lunch was provided at these meetings.
- The partners and management regularly reviewed the staffing levels and skill mix and took each opportunity to ensure that these were maximised to benefit the patients.
- Practice staff told us the practice held regular team meetings; minutes were available to all staff.
- Practice 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.
- Practice 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.
- The partners gave all staff an extra day's leave for their birthday as an additional way to show they valued their team.

Are services well-led?

Good 

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

- Team building events were often organised, in June 2016 the practice held a sports day. The practice staff we spoke with told us that they had valued this time.

The practice demonstrated that they valued education for all staff, both clinical and non-clinical. The practice supported non-clinical apprentice schemes and development nurse's skills, including support for nurses to become independent prescribers, enhance clinical assessment skills and minor illness courses.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public, and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice actively engaged with their PPG, the PPG members told us that they were 'critical friends' of the practice and were able to put their thoughts to the management team. The practice and the PPG had achieved several successes including educational evenings for the Polish speaking population, supporting during interview process and with flu clinics.
- The practice had gathered feedback from staff generally 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. Practice staff told us they felt involved and engaged to improve how the practice was run.

- Regular newsletters were written by, and shared with, the practice team. Information in these newsletters included staff changes and new developments. Separate newsletters were produced for the patients including information for carers and self-care.

Continuous improvement

There was a strong focus of improvement in the practice. The practice was merging with other practices to form one large partnership. The practice told us that this would secure existing health services for their patients and create opportunities to develop further services to enhance the care of their patients.

The practice told us that further population growth was planned for the area; the GPs recognised that resourcing this ensuring best skill mix and premises would be necessary.

Patient education was a priority and the GPs would continue their work in the community to help patients to self-manage where appropriate