

Crown House Surgery

Quality Report

Retford Primary Care Centre

Retford

Nottinghamshire

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Date of inspection visit: 13 July 2016

Date of publication: 05/10/2016

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?

Outstanding



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 Crown House Surgery on 13 July 2016

Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed although some improvements were required in relation to systems for security of blank prescriptions.
- 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.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they did not always find it easy to make an appointment with a named GP. However, the practice had completed an extensive review into the appointment system and implemented changes. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- There was a focus on continuous learning and improvement at all levels within the practice and the practice management team was effective and forward thinking to improve outcomes for their patients. The

Summary of findings

practice had developed a software system to assist them to effectively and safely manage and develop the practice. The system enabled all staff in the practice to monitor and review projects at any stage and to assign tasks and link related records such as meeting minutes. The system enabled the practice to provide good quality evidence of the project management and auditing systems in place.

- The practice demonstrated the effectiveness of the managements commitment to learning and improvement through extensive reviews of processes to identify areas for improvement. They also demonstrated, through the development and use of detailed care templates and protocols, improvement and delivery of best practice. Some of the areas they had improved included, safeguarding processes, access arrangements, continuity of care, effective use of GP appointments and care for patients with long term conditions.

The areas where the provider should make improvement are:

- Review the arrangements to monitor the patient safety alerts received and the actions taken in response to these.
- Review the arrangements for checks of the immunisation status of all staff.
- Review the storage and monitoring arrangements for blank prescription forms and pads in line with national guidance.
- Review and update the recruitment policy and procedure in relation to the checks required prior to employment.
- Review the arrangements for analysis of complaints to identify trends over a period of time. Review the details provided when recording the actions taken in response to complaints.
- Review the practice CQC registration partnership details and complete the processes to update these as necessary.

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 requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. However, a log of the patient safety alerts received and a record of the actions taken in response to these was not maintained.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed although some improvements were required in relation to systems for security of blank prescriptions.
- The recruitment policy required further development.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There were limited formal clinical audits available but there was other evidence which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they did not find it easy to make an appointment with a named GP. The practice had completed an extensive review of their appointment system to improve the patient experience although this had not had a significant impact at the time of the inspection. Urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as outstanding for being well-led. Population groups, people with long term conditions, families children and young people and people whose circumstances make them vulnerable were rated as outstanding in this domain.

Outstanding



- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.

Summary of findings

- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients and it had a very engaged patient participation group which influenced practice development.
- There was a focus on continuous learning and improvement at all levels within the practice and the practice management team was effective and forward thinking to improve outcomes for their patients. The practice had developed a software system to assist them to effectively and safely manage and develop the practice.
- The practice demonstrated the effectiveness of the managements commitment to learning and improvement through extensive reviews of processes to identify areas for improvement. They also demonstrated, through the development and use of detailed care templates and protocols, improvement and delivery of best practice. Some of the areas they had improved included, safeguarding processes, access arrangements, continuity of care and care for patients with long term conditions.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice 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.

People with long term conditions

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

Outstanding



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 100% which was 3% above the CCG average and 11% above the national average. The practice had two GPs and two nurses who were trained and provided specialist care for patients with diabetes. The practice held quarterly meetings related to the care of patients with diabetes.
- The practice had also scored 100% in all other indicators related to the care of patients with long term conditions.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had reviewed the effectiveness of their recall system for patients with long-term conditions. They had reviewed the needs of patients and developed a detailed protocol which identified the different types of appointments patients should have depending on their needs. This enabled the patients to have all tests on the same day and the appropriate length of appointment with their GP. This was further enhanced by writing to patients on different coloured paper depending on their needs so staff could easily identify which appointment the patient required when the patient contacted the practice.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice held weekly “Think Family” meetings where any concerns about children or families were discussed. The practice had developed a tool kit to assist them to identify possible concerns with triggers such as attendances at accident and emergency, and out of hours services and wider family issues. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice had developed a detailed template to assist them to provide the relevant information for these reports.
- Immunisation rates were comparable to local and national rates 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.
- The practice’s uptake for the cervical screening programme was 83%, which was comparable to the CCG and the national average of 82%. 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 and health visitors.
- The practice hosted counselling services for young people.

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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered early morning appointments three mornings per week.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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.

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice held weekly “Think Family” meetings where any concerns about children or families were discussed. The practice had developed a tool kit to assist them to identify possible for concerns with triggers such as attendances at accident and emergency, and out of hours services and family issues.

People experiencing poor mental health (including people with dementia)

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

Good



- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was 100% which was 5% higher than the CCG average and 7% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice hosted counselling services for patients including separate services for young people.

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.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing above local and national averages. 238 survey forms were distributed and 107 were returned. This represented less than 1% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to 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 national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards and a letter. The comments we received were positive about the standard of care received. Patients told us they received an excellent service. They said staff were caring and friendly and they said their needs were met. They said the surgery was always clean and tidy.

We spoke with eight patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Some patients commented about the length of the wait to see a GP of their choice and access via the telephone.

The friends and family test (FFT) results showed 91% of the patients who responded would recommend the practice.

Crown House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser and an expert by experience.

Background to Crown House Surgery

Crown House surgery is situated on the first floor within a purpose built primary care centre within the grounds of Retford Hospital in Retford Primary Care Centre, Retford, Nottinghamshire, DN22 7XF. Car parking and disabled access, via a lift, is provided.

The practice provides Personal Medical Services (PMS) for 11,949 patients in the NHS Bassetlaw Clinical Commissioning Group (CCG) area. Enhanced services are provided and include those for patients living with dementia and learning disability.

They have a patient population which is slightly higher than average for patients who are over 50 years of age and lower for patients less than 40 years of age. The practice is situated in a fifth least deprived area nationally.

There are five male and two female GP partners. There are five nurses including an advanced nurse practitioner (ANP) and two health care assistants (HCA). A pharmacist is also employed for eight hours per week. There is a practice manager and a large administration team.

This is a training Practice for qualified doctors intending to become General Practitioners.

Opening times are Monday and Tuesday 8am to 6.30 pm
Wednesday, Thursday and Friday, 7.30 am to 6.30pm.

When the practice is closed the patients are directed to call the NHS 111 service.

The CQC registration for the practice was not up to date in that one partner had retired and a new partner had joined the practice. The practice manager told us they would address this as soon as possible.

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 July 2016.

During our visit we:

- Spoke with a range of staff (two GPs, two nurses, practice manager, reception staff and a secretary) and spoke with patients who used the service.

Detailed findings

- Observed the interaction between staff and patients 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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. The incidents were reviewed at weekly clinical meetings and actions were implemented to minimise risk of reoccurrence. Outcomes were reviewed and learning points were discussed at the quarterly practice meetings. The number of significant events was also included in the practice annual report.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Staff were aware of the safety alerts and were able to describe how these were distributed and actioned. However, the practice did not maintain a log of the alerts received and a record of the actions taken to evidence this and provide an audit trail. The practice manager told us they would implement this.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a significant event a paediatric template had been developed to assist in the assessment of children. This had also been linked to patient information, such as an information leaflet for sepsis, which could be printed off to give to patients as required.

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, which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs took the safeguarding lead role for their own patients. The practice held weekly "Think Family" meetings where any concerns about children or families were discussed. The practice had developed a tool kit to assist them to identify possible for concerns with triggers such as attendances at accident and emergency, and out of hours services and family issues. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice had developed a detailed template to assist them to provide the relevant information for these reports. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults. Although training records did not indicate which level of training was provided, certificates were provided after the inspection to evidence all the GPs were trained to child protection or 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 a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The cleaning was undertaken by an external company arranged by the landlord. The cleaning schedules provided by the company were not specific to the practice and there was no evidence the standards of cleaning were monitored. The practice manager told us they would address this with the company. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in

Are services safe?

place. The majority of staff had received up to date training in hand washing techniques but only nurses had received IPC training. An online training package had recently been purchased which included IPC. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, the action plan had not been updated with the completion dates to complete the audit trail. There was evidence clinical staff, other than for one nurse, had had their immunisation status checked via occupational health, however there were no records to show non-clinical staff had been checked.

- 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 not always securely stored and although there were systems in place to monitor their use there were some gaps in the records. Access to keys to prescription storage areas was not adequately controlled. 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.
- We reviewed three personnel files and found recruitment checks had been undertaken prior to employment. For example, proof of identification (ID), references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, copies of ID were not held for one member of staff, the manager told us they had seen ID documents when applying for the member of staff's DBS check but had not taken a copy in this instance. Only one reference had been obtained for two members of administration

staff although a second reference had been requested but not received. The recruitment policy and procedure provided to us did not detail the checks required prior to employment.

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 had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a bacterium which can contaminate water systems in buildings). The risk assessments were detailed and action plans to address any identified shortfalls had been developed. Actions had been completed, although the completion dates had not been recorded on the action plan to complete the audit trail. There was evidence the manager monitored health and safety tasks delegated to staff. For example, we saw fire records had not been consistently completed. The manager had identified this and implemented electronic reminder and monitoring systems.
- 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. There was a low staff turnover and staff we spoke with told us there was sufficient staff to cover holidays and sickness. The practice closely monitored the patient's use of the appointment system and GP working patterns to ensure patients' needs were met and to ensure continuity of care.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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. Weekly practice educational meetings were held and included discussions in changes in guidance.
- 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 showed the practice had achieved 100% of the total number of points available. The overall exception rate was 10% which was 2% above the CCG average and 1% above 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). We discussed the exception rate with the GPs who told us the practice provided services to 10 care homes which accommodated a high number of frail older people and this may have impacted on the exception rate. These patients were visited and reviewed regularly.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 100% which was 3% above the CCG average and 11% above the national average. The practice had two GPs and two nurses who were trained and provided specialist care for patients with diabetes. The practice held a quarterly meeting related to diabetes.

- Performance for mental health related indicators was 100% which was 5% higher than the CCG average and 7% above the national average.

The practice closely monitored their performance relating to QOF and a dedicated staff team were allocated to this role. The GPs met weekly with this team to discuss performance. The practice produced an annual report which showed year on year improvement in QOF since 2013.

There was evidence of quality improvement including clinical audit. Only two completed clinical audits were provided during the inspection, where improvements made had been implemented and monitored over the last 12 months. However, we found the practice took a proactive response to guidance but had not recorded this as a formal audit. For example, in response to NICE guidance they had reviewed and taken action in relation to the care of patients with chronic kidney disease and prescribed anti-coagulant therapy but had not recorded this as an audit.

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

- Findings were used by the practice to improve services. For example, recent action taken as a result included provision of a "one stop" service for patients who required anti-coagulation monitoring. The practice had employed an experienced advanced nurse practitioner to undertake this work and the practice had moved to using a specific software system to assist this process. The practice had undertaken a patient survey for this service and results showed high levels of satisfaction.

Information about patients' outcomes was used to make improvements such as:

- Significant events were closely monitored and improvements were made to minimise risks. For example, following an unexpected death the practice had reviewed and updated their template relating to the care of patients with depression and provided links to NICE guidance within the template.
- The practice had also extensively reviewed the system for recalling patients with long term conditions. They had developed a detailed protocol indicating the different types of recall and requirements such as tests and appointment length. The patients were sent a

Are services effective?

(for example, treatment is effective)

specific letter, depending on their needs, which was printed on different coloured paper so staff could easily identify which type of appointment the patient required when they contact the practice. The patients were then called to a clinic which provided a combined appointment for all required tests and a follow up GP appointment. This reduced the number of times a patient was required to attend the practice and provided a more efficient use of GP time. The recall system was managed to utilise the less busy periods of the year. For example, more recall appointments were booked during summer months to reduce the impact on GPs time during the busy winter period.

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 and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering 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. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. We identified there were some gaps in the training records which the practice manager was aware of and said this was due to staff that had been off at the

time of the training. They had recently purchased an online training package to assist them to manage this more efficiently. The practice managers training matrix did not identify all the training completed by clinical staff as the senior nurse held a separate training log and monitored some of the nurses training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services. The practice had reviewed their referral template and redeveloped this to provide more detailed information. They had also looked at the workflow in relation to referrals and had introduced a speech activated programme to make the process more efficient.

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.

- 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.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Counselling services were hosted by the practice three times per week, which included counselling services specifically for young people.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme, they had reviewed and improved the letter provided to patients and they ensured a female sample taker was available. The practice also encouraged its patients to

attend national 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 slightly higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 55% to 95%. CCG figures were 91% to 97%. and 42% to 92%. The lower figure in the five year old data related to the MMR vaccines and the figures for the practice MMR programme were slightly higher than the local CCG figures.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 13 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was 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 clinical commissioning group (CCG) and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% 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%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG 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 from the comment cards 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:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% 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
- The choose and book service was used with all patients as appropriate.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 99 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced a bereavement, their usual GP contacted them. 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.

- The practice offered extended hours on a Wednesday, Thursday and Friday morning from 7.30am to 8am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was based on the first floor of a purpose built health centre and a lift was provided.

Access to the service

The practice was open between 8am and 6.30pm, Monday and Tuesday and from 7.30am to 6.30pm, Wednesday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 84% and the national average of 78%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% 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. Although some said that there was a long wait to see a GP of their choice and telephone access was difficult at times.

The practice had extensively reviewed their appointment system and use of appointments using data from the past three years to try to improve consistency and access for patients. They had moved to a system of individual GP patient list size depending on the GP's availability. This was work in progress and had yet to have a significant impact on patient experience. The practice aim was for 70% of the appointments for a GP to be from their own patient list. The data showed figures for GPs seeing their own patients in 2015/16 ranged between 51% and 66%.

The practice had also identified the issues relating to telephone access and discussed these with the patient participation group although the practice was restricted in the improvements it was able to make due to the shared building arrangements. However, the practice had applied for funding for a new system to improve this area.

To assist consistency of care and improve access for patients the practice had also implemented a system of individual GP and nurse secretaries. The patients were able to contact their GP or nurse secretary directly if they had any queries such as test results or if they wished to leave a message for a GP. Staff and patients told us this worked well.

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.

The duty GP had responsibility for arranging and prioritising home visits.

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.

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Information was displayed in the practice but was not on the practice website. The practice manager told us they would ensure the website was updated.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The complaints procedure directed patients on how to escalate their complaint if they were not satisfied with the practice response.

Complaints were discussed at weekly practice meetings and shared at practice meetings. Numbers of complaints were included in the annual report. Lessons were learnt from individual concerns and action was taken as a result to improve the quality of care. However, we did not see any evidence of analysis of trends over a period of time and records of action taken sometimes lacked detail.

Are services well-led?

Outstanding



(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 and staff knew and understood the values.
- The practice had a strategy and detailed supporting business plans which reflected the vision and values and were regularly monitored.
- The practice produced a detailed annual report which identified achievements over the previous year and areas for further improvement. The report set out the strategy for practice development for the next year. This report was shared at the practice annual away day and was available on the practice website.

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. However, we noted there were some areas which could be improved including monitoring medical alerts, development of the recruitment procedure and management of blank prescriptions.
- There was a well-defined meeting structure and excellent communication systems.

Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- 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. We noted team away days were held annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group called Crown House Action Team (CHAT) and through surveys and complaints received. CHAT was developed in 2005 and

Are services well-led?

Outstanding



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

met monthly. They were involved with patient surveys and submitted proposals for improvements to the practice management team. CHAT had supported the practice with the patient self check-in screens and had actively encouraged patients to use the screens through advertising the system in the newsletter CHIT-CHAT.

- The practice had gathered feedback from staff through staff away days and 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice had developed a software system, Primary Care Portfolio, to enable them to deliver safe project management. The tool was accessible to all staff and the system provided an overview of any project being undertaken and linked to meeting minutes and tasks. Tasks were able to be assigned to staff whilst being overseen by a responsible project officer. We saw this was an effective management tool and the practice was able to provide good quality evidence on request. The practice was also able to evidence the effectiveness of the system through the practices extensive development and use of good quality care templates and protocols. For example, the safeguarding and referral templates. The practice was considering developing the software further so its use could be extended to other practices.

The practice held weekly “Think Family” meetings where any concerns about children or families were discussed. Whilst this meeting was a CCG initiative the practice had developed a tool kit to assist them to identify possible concerns with triggers such as attendances at accident and emergency and out of hour’s services and wider family issues. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice had developed a detailed template to assist them to provide the relevant information for these reports.

The practice was committed to providing consistency of care for patients and had extensively reviewed their appointment system and use of appointments using data from the past three years to improve this area. They had moved to a system of measured individual GP patient list sizes which were dependant on the GPs availability.

To assist consistency of care and improve access for patients the practice had also implemented a system of individual GP and nurse secretaries. The patients were able to contact their GP or nurse secretary directly if they had any queries such as test results or if they wished to leave a message for a GP or nurse.

The practice had reviewed the effectiveness of their recall system for patients with long-term conditions. They had reviewed the needs of patients and developed a protocol which identified the different types of appointments patients should have depending on their needs. This enabled the patients to have all tests on the same day and the appropriate length of appointment with their GP.