

Isca Medical Practice

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 Isca Medical Practice on 21 June 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.
 - The practice had safe and effective systems for the management of medicines, which kept patients safe.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
 - The practice had a growing group of transgender patients. The practice used the patients preferred

name and gender and always offered a safe, non-judgemental environment. One of the GPs had organised a talk for all local GPs on Transgender Medicine by the local Gender Clinic team, to help educate local GPs and provide the best support and management.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Feedback from patients about their care was consistently and strongly positive.
- The practice website was new and very informative, and could be translated into other languages to assist language barriers.
- A hearing loop was available at the reception desk.
- 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.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
 - The practice social media webpage helped the practice to engage with young people and other population groups who preferred this method of communication.
- The practice had an active patient participation group (PPG) which influenced practice development. 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.

We saw an area of outstanding practice

A systematic on going effort is being made to reduce demands on the health economy by bringing in initiatives and continually improve patient care. For example the range and accessibility of care provided at the 'walk in' clinics.

We saw one area where improvement should be made.

Ensure continued support and identification of carers.

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 providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were appropriate arrangements for the efficient management of medicines.
- Health and safety risk assessments, for example, a fire risk assessment had been performed and was up to date.
- The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2015-16 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. .
- 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



- The practice worked effectively with the community nurses, school nurses, social services, other health professionals and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice availability of same day appointments and telephone consultations with a GP. The practice facilitated regular health education seminars for their university students on such topics as managing self-care and sexual health.
- The practice was open between the NHS contracted opening hours of 8am and 6.00pm Monday to Friday. In addition to pre-bookable appointments (in practice and online) that could be booked up to eight weeks in advance the practice offered book on the day GP, nurse and health care assistant appointments (every morning & afternoon).
- Patients could access appointments and services in a way and at a time that suited them. For example, the practice ran a walk in clinic at its branch practice. This was open every day from 8.30am until 10.30pm and again in the afternoon 3.30pm to 5.30pm on the afternoons of Monday Tuesday and Thursday, 2.30pm - 530pm on Wednesdays and 230pm-430pm on a Friday. Every patient that needed to be seen was seen, no one was turned away. Data from the last GP survey in July 2015 showed 94% of patients found it easy to get through to this practice by phone compared to the national average of 85% and 88% 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 74%.

Summary of findings

- The practice had a growing group of transgender patients. The practice used the patients preferred name and gender and always offered a safe, non-judgemental environment. One of the GPs had organised a talk for all local GPs on Transgender Medicine by the local Gender Clinic team, to help educate local GPs and provide the best support and management.
- Patients were able to self-refer to a physiotherapist (NHS) and a clinic was held at the practice every week. Those patients with urgent were able to have their appointment booked by the GP.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice provided enhanced services for near patient testing including in-house International Normalised Ratio monitoring (INR – the monitoring of blood thinning medicines).
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and mission statement. The mission statement included an emphasis on high quality patient care, maintaining appropriate staffing levels, effectiveness and efficiency and a continued commitment to improvement through innovation, technology and reviewing existing systems. 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. Teams worked effectively together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice had a well-structured meetings system which covered all areas recommended by NICE guidance.
- The practice carried out proactive succession planning.
- Staff told us that there was a high level of constructive engagement between the practice leadership and with staff. There was a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, such as via its Web GP system located on the practice website. In addition to this, the practice had a strong

Good



Summary of findings

online presence with its own social media webpage on a social media website. The practice social media webpage helped it to engage with young people and other population groups who preferred this method of communication.

- The practice had an active patient participation group (PPG) which influenced practice development. The PPG had conducted surveys which the practice had responded to, to bring about improvements for patients. For example, the improvements made to the website.

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.
- All patients over 75, or on an admission avoidance care plan had a named GP responsible for their care, but they were given the choice of seeing whichever GP they preferred.
- Home visits were undertaken as required and longer appointments made available for those patients who needed more time.
- For patients approaching their end of life or with complex needs, the practice had monthly multidisciplinary team meetings and quarterly palliative care meetings. These meetings were attended by GPs, nurses, community nurses, the community matron, occupational therapists, community pharmacist and social services. The practice regularly liaised with community support groups to provide further support to their patients.
- Patients residing in care homes received routine regular visits by a GP, allowing early identification of illness and health decline. The practice believed this had improved relationships with the homes and staff and reduced unnecessary unplanned admissions to hospital.
- The practice worked hard to avoid unplanned admissions to hospital by working closely with secondary care providers. For example, GPs used an on call elderly care advice line to obtain advice or get an urgent assessment of patients with complex needs. The practice also had direct access to elderly care specialists for advice on the best treatment and a management, including rapid access clinics for strokes, chest pain and older persons mental health.
- The practice worked closely with local pharmacists, ensuring patients with memory problems had blister packs, or other ways of ensuring safe delivery of medicines. The GPs worked effectively to rationalise medicines and regularly review prescriptions.

Summary of findings

- The practice was all one level for easy access, including wheelchair access.
- Patients' emotional needs were seen as important as their physical needs. The practice could demonstrate caring and empathy toward patients in time of loss and bereavement. Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

People with long term conditions

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 the management of patients at risk of hospital admission who were identified as a priority. The practice worked closely with the community specialists and held consultant led community based virtual clinics where the consultant worked alongside the practice nurses to monitor and manage those patients who required additional care. For example, for those patients with diabetes.
- GPs met monthly to review any admission of patients with long term conditions, focusing on emergency admissions to hospital and hospital discharges. The practice prescribed anticipatory medicines for those with long term conditions, such as standby antibiotics for those patients with chronic respiratory disease and 'just in case medicines' for palliative care patients.
- Patients with long term conditions benefitted from continuity of care with their GP or nurse. All these patients had a named GP and a structured annual review in the month of their birthday to check their health and medicines needs were being met.
- The practice worked with external agencies in other aspects of long-term condition management such as diabetic retinopathy screening and podiatry ensuring appropriate support was provided promptly.
- The practice was actively involved in several research pilots including a new treatment for depression and anxiety and long term conditions such as diabetes. This was ongoing research and no preliminary results were available at the time of the inspection.
- The practice loaned blood pressure monitors for those patients who had hypertension or found it difficult getting to the practice.

Good



Summary of findings

- The practice were part of the 'ISCA active scheme' for gym membership and weight loss. Diabetic eye screening and abdominal aortic aneurysm (AAA) screening was performed annually in the practice to save patients having to attend hospital.
- All discharge summaries were reviewed on the day they were received ensuring medicines were adjusted and appropriate primary care follow-up was arranged.
- In order to ensure continuity of care for patients in the out of hour setting, details of any patient with complex long-term conditions, or an end of life diagnosis were entered onto the ADAstra register. This is a computer system which is visible by the out of hours service and ambulance service and contains useful information including treatment plans, escalation plan and past history.

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 high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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.
- On receiving a discharge summary about a birth of a baby, the GPs telephoned the parents to see if there was anything they needed or were worried about. All GPs offered ante-natal care and post-natal checks to ensure their health and wellbeing. The practice had a good working, effective relationship with the appointed health visitor and midwife, and held quarterly multi-agency meetings to discuss caseloads and families of concern. The midwife held a weekly clinic at the practice and shared concerns about patients with the GPs to ensure appropriate follow up appointments were made. For example, if post-natal depression was indicated.
- Patients could access a full range of contraception services and sexual health screening.

Good



Summary of findings

- All staff had been trained at the appropriate level for safeguarding adults and children.
- The practice had a dedicated children's waiting area, with easy clean toys, colouring books and a fish tank. There were baby changing facilities.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had a large proportion of its patients who were under 65 years old (81%) and been responsive to the needs of this population group. For example, the practice offered a walk in clinic every day, twice a day at the branch practice. Minor injuries were also treated at this clinic. Data showed that 51 patients had treated for a minor injury which had prevented attendance to the emergency department at the hospital. The practice also offered appointments up to eight weeks in advance, as well as book on day appointments. They offered early morning and evening appointments for those patients who found access difficult. Patients were able to book, cancel and amend appointments online.
- The practice had a growing group of transgender patients. The practice used the patients preferred name and gender and always offered a safe, non-judgemental environment. One of the GPs had organised a talk for all local GPs on Transgender Medicine by the local Gender Clinic team, to help educate local GPs and provide the best support and management.
- The patient participation group (PPG) was active and continually evolving. They had a large mix of patients on the PPG and found that virtual feedback, by writing/emailing, meant that more patients could be involved. Any patient who had complained, expressed concerns, or complimented the practice were invited to join the PPG.

Outstanding



Summary of findings

- Health checks were tailored to the specific needs and risks of individual patients. They offered sexually transmitted disease screening to all under 25 year olds. Patients were able to self-test for chlamydia in the toilets with kits easily available.
- Patients who received repeat medicines were able to collect their prescription at a pharmacy of their choice, have their prescription posted to them or collect it from the practice. The practice sent 70% of prescriptions electronically, which allowed an audit trail and faster delivery.

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 homeless people, travellers and 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.
- All staff had been trained in the principals of the Mental Capacity Act 2005..
- Data showed the practice had carried out 73% of the annual reviews for patients with learning disabilities in 2105/16.
- Veterans were given priority for treatment and referrals in line with the military veterans covenant.
- The practice had a policy in place which gave homeless people and traveller's full access to the services provided at the practice.
- Many of the patients had first language which was not English and particularly a large number of patients whose first language was Polish. The practice employed a new receptionist who spoke Polish. They were able to translate during consultations, phone patients with results, book appointments and explain the difference between Polish and English healthcare systems. This was advertised on the practice website. The practice also used a language line for patients who needed a translator.

Summary of findings

- The practice reviewed the health of those patients that were recognised as carer's. These patients were signposted to other outside agencies for additional support as needed.
- The practice had a hearing loop for patients with difficulty hearing and are able to provide communication in large print for those who required it.

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 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 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.
- Patients had access to the Depression and Anxiety Service (DAS) for psychological therapies for anxiety and depression. Patients were able to self-refer, or be referred by a GP. Posters and leaflets were widely distributed in the waiting room and information was on the website.
- 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 close links with the community mental health team and older community mental health team and had rapid access to the crisis team, who would see anyone with a mental health crisis quickly.
- The practice used social media and their website to send information out to patients regarding latest health campaigns, and actively looked to post relevant information such as exam stress, dementia awareness week and mental health awareness.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2015. The results showed the practice was performing in line with local and national averages. 272 survey forms were distributed and 113 were returned. This represented 2.13% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 85%.
- 83% 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 74%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 90.5%.
- 87% 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 87%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 76 comment cards which were all positive about the standard of care received describing their care as 'excellent' and 'the best'.

Feedback from two local care homes, was positive, citing a responsive GP practice and good professional relationships.

We looked at comments patients had made about the practice on the NHS Choices website. The feedback from April 2015 was overwhelmingly positive with the rating given by NHS Choices being five stars.

The practice took part in the Friends and Family Test survey. During a six month period from January 2016 to June 2016 a total of 22 patients completed survey responses. 90% of patients advised they would be extremely likely / likely to recommend the practice to family and friends. The practice displayed the Friends and Family survey results and any responses to patient comments about how to improve the practice via the practice website.

Areas for improvement

Action the service **SHOULD** take to improve

Ensure continued support and identification of carers.

Outstanding practice

A systematic on going effort effort is being made to reduce demands on the health economy by bringing in initiatives and continually improve patient care. For example the range and accessibility of care provided at the 'walk in' clinics.

Isca Medical Practice

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.

Background to Isca Medical Practice

The practice is situated on the outskirts of the city of Exeter. The practice provides a primary medical service to approximately 5,300 patients of a diverse age group.

The practice has a higher proportion of patients over the age of 65 when compared to the England average. Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

There is a team of three GP partners, one male and two female and the whole time equivalent was 4.75. There was also a salaried GP due to start in September 2016. The GPs are supported by a practice manager, three practice nurses, three health care assistants, a phlebotomist and a team of administrative staff.

Patients using the practice also have access to community nurses, mental health teams and health visitors. Other health care professionals visited the practice on a regular basis.

The practice is a training practice for year's two, three and four medical students. The practice is looking forward to becoming a teaching practice for GP trainees in the near future.

The practice is open between the NHS contracted opening hours of 8am and 6.00pm Monday to Friday. Extended hours are offered on every other Tuesday and Friday, 7-8am, and one other evening a month between 6.30pm and 8.30pm dependent on demand.

Patients can pre-book appointments either in the practice or online up to eight weeks in advance. The practice also offer book-on-the-day GP, nurse and health care assistant appointments every morning and afternoon, walk-in GP appointments every morning and afternoon and provided telephone call backs as requested.

Telephone consultations were offered as the first mode of access, and same day appointments made as required. Outside of these times patients are directed to contact the Devon Doctors out of hour's service by using the NHS 111 number.

The practice has a Personal Medical Service (PMS) contract and provides additional services, some of which are enhanced services. For example, extended hours and minor surgery.

The practice provides regulated activities from its primary location at 38 Polsloe Road Exeter and at its branch surgery at Homefield Surgery, 6 Homefield Rd, Exeter EX1 2QS. We did not visit the branch surgery at this inspection.

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

Detailed findings

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 21 June 2016. During our visit we:

- Spoke with a range of staff.
- 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.

- 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.

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.

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.
- 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)
- 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. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last being in January 2016, and we saw evidence that action was taken to address any improvements identified as a result. For example, pedal bins had been purchased and rooms had been decluttered.
- 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. 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 four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and a dedicated member of

Are services safe?

staff who was the health and safety representative. The practice had up to date fire risk assessments and carried out regular fire testing. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly, with the last check being undertaken in October 2015. 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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. Each member of the management team had a copy which was kept off site.

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 were 99.4% of the total number of points available, with 8.2% exception reporting.

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 similar to the national average. For example:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 86% which was better than the national average of 80%.
The percentage of patients with hypertension having regular blood pressure tests was 88% which was better than the national average of 84%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk clarification within the preceding 12 months (01/04/2014 to 31/03/2015) was 93% which was better than the local average of 89% and the national average of 88%.

Clinical audits demonstrated quality improvement.

- We looked at three audits completed in the last year; all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit had been undertaken to identify the amount time taken by receptionists dealing with patients phoning in for repeat prescriptions. It was recognised that this was potentially a risk to patient safety. The audit took place over a month and following analysis of the outcome the protocol was changed and improved measures put in place for patients to request repeat prescriptions.

There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment to improve outcomes for their patients. For example, innovative templates were developed and were embedded on the clinical IT systems. These were used to drive improved patient care and free up clinical time. An example of this was the use of a template for minor surgery which when used launched a protocol that included the printing of a consent form, information sheets, pre populated the operation note, and printed labels for specimens.

Effective Staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, 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.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Data showed that 12 patients were actively undertaking smoking cessation support advice and 60% of these had given up smoking to date.

The practice's uptake for the cervical screening programme was 84.5%, which was comparable to the clinical commissioning group (CCG) average of 84% 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 by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, the percentage of females, 50 to 70, screened for breast cancer within 6 months of invitation was 73% compared to the CCG percentage of 71% and the national percentage of 73%. 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.

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The practice had easy read information leaflets for patients with learning difficulties - for example they had an easy read 'Having a Smear Test'. They also had leaflets and

Are services effective?

(for example, treatment is effective)

information from many different organisations that advised on health care and health promotion, many of which they purchased alongside books which they loaned out to patients.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 100% compared to the local CCG average 82%-98% and five year olds from 91% to 98% compared to the local CCG average of 91% to 97%.

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 76 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 one member 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86.5% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 87%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 97.5% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.
- 91.5% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90.5% 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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 81%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% 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. We saw notices in the reception areas informing patients this service was available.

Are services caring?

- 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 15 patients as

carers (0.3%) of the practice list. We were told that this number was low due to the younger demographic of the patient list. The practice actively sought to identify and support carers with written information which was available to them and information in the waiting room and on the web site.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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 every other Tuesday and Friday, 7-8am, and one other evening a month between 6.30pm and 8.30pm dependent on demand.
- 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 those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a large proportion of its patients who were under 65 years old (81%). In order to be responsive to the needs of this patient group the practice operated a walk in clinic every day, twice a day at the branch practice. Minor injuries were also treated at this clinic; data showed that 51 patients had been seen during the period of April through to June who had been treated for a minor injury. This had prevented attendance to the emergency department at the hospital.
- Those patients with urgent need were able to have a physiotherapy appointment booked by the GP. A clinic was held at the practice which enabled five patients to be seen every week. Since April 2015 106 patients had been seen for physiotherapy. Patients were also able to self-refer to a physiotherapist (NHS).
- For vulnerable patients there was a proactive approach to understanding the needs of different groups of patients, and to deliver care in a way that meets these needs and promotes equality. The practice had a policy in place which gave homeless people and traveller's full

access to the services provided at the practice. The practice had a growing group of transgender patients. The practice used the patients preferred name and gender and always offered a safe, non-judgemental environment. The GPs had recognised that the number of transgender patients was increasing and had undertaken further learning to enable them to keep updated and provide good care. The practice had access to information such as the One of the GPs had organised a talk for all local GPs on Transgender Medicine by the local Gender Clinic team, to help educate local GPs and provide the best support and management.

Access to the service

The practice is open between the NHS contracted opening hours of 8am and 6.00pm Monday to Friday. In addition to pre-bookable appointments (in practice and online) that could be booked up to eight weeks in advance the practice offered book on the day GP, nurse and health care assistant appointments (every morning & afternoon), walk-in GP appointments (every morning & afternoon) and telephone call backs as requested.

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

- 84% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 77% national average of 74%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 84% and the national average of 73%.

Patient feedback confirmed 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

Are services responsive to people's needs?

(for example, to feedback?)

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

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

We looked at 14 complaints received in the last 12 months. We found these were satisfactorily handled, dealt with in a

timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient complained about the delay in getting their prescription and at the response of the staff member that had dealt with this issue. A written apology was given to the patient and an investigation took place to ensure delays did not happen again. The complaint was discussed with staff and learning took place. Every patient that made a complaint or voiced a concern was invited to become a member of the PPG and enable constant improvement through patient involvement.

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 was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. 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 practice was a teaching practice for medical students and was preparing to become a teaching practice for trainee GPs in the near future. Two GP trainers would be sharing the role. Practice staff had received specific training in mentoring trainees.

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, 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.
- 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 (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they were instrumental in improving the practice website.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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.