

Hope House Surgery

Quality Report

The Street
Radstock
Bath
BA3 3PL

Tel: 01761 432121

Website: www.hopehousesurgery.nhs.uk

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

Ratings

Overall rating for this service

Good 

Are services safe?

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 Hope House Surgery on 5 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Significant events were reviewed every quarter to identify any themes or areas for learning. Any lessons learnt were shared effectively across all the staff teams.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had introduced a wide range of recall checks into their clinical system to ensure that patients with any long term conditions or at risk of developing a long term conditions had regular care reviews.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had a triage system to manage the demand on appointments, all patients had a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had a local agreement with a neighbouring practice to support each other in any times of staff shortage. We saw examples of GPs, nurses and administration and reception staff supporting each other in times of unexpected absences.
- The practice had a clear vision to deliver high quality care and facilitate improvement in the health of their patients by providing easily accessible high quality care and health education. The practice valued the whole team input and had a supportive ethos towards the whole team.

Summary of findings

- 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.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had introduced a wide range of recall checks into their clinical system to ensure that patients with any long term conditions or at risk of developing a long term conditions had regular care reviews.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- 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.
- The practice had a good triage system to manage the demand on appointments, all patients had 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 implemented a fortnightly meeting to discuss all A&E admissions to review the care and see if there were any areas for improvements or learning.
- Patient were able to self-refer for physiotherapy support, podiatry and a "my script" service (a service which supports people non-medical needs such as debt, housing problems, or social isolation to improve health and well-being).
- The practice had participated in an education and awareness session for breast screening locally in the community to advise on the benefits of breast cancer screening and improve the chance of early detection of breast cancer.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as good for 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.
- The practice had a good triage system to manage the demand on appointments, all patients had a named GP and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice implemented a fortnightly meeting to discuss all A&E admissions to review the care and see if there were any areas for improvements or learning.
- Patient were able to self-refer for physiotherapy support, podiatry and a “my script” service (a service works to support people non-medical needs such as debt, housing problems, or social isolation to improve health and well-being).
- 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.

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.
- The practice nurses or GPs undertook health reviews for housebound patients with complex conditions every six to 12 months where appropriate, to ensure their care plans were updated and care needs reviewed.
- The practice follows up all those on a care plan after any hospital admission within 48 hours to ensure they have the correct care in place.

People with long term conditions

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

Good



- 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 were higher than the local and national averages:
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 86% which was higher than the clinical commissioning group (CCG) average of 81% and the national average of 78%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014/15) was 95% which was higher than the CCG average of 92% and the national average of 88%.
- 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.

Summary of findings

- The practice had introduced a wide range of recall checks into their clinical system to ensure that patients with any long term conditions or at risk of developing a long term conditions had regular care reviews. Examples seen included: patient with arthritis, coil checks, pre diabetes, patients needing home visits for long term conditions reviews and kidney disease monitoring.
- The practice held regular clinics with input from a consultant for those with diabetes, including educational sessions. The practice also offered phone access to the nursing team for support and had set up regular virtual multidisciplinary clinics. Data from 2015 demonstrated that 91% of diabetic patients had received all eight care processes, which was the highest in the local area.

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 relatively 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.
- The practice offered easy access for sexual health advice and support for young patients whether they were registered at the practice or not.
- The practice referred all young pregnant women under the age of 20 to a local family nurse support service.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The GPs had introduced a system to follow up all children under 12 who had any involvement with the health services out of hours to ensure they had the correct follow up care or review in place.
- We saw positive examples of joint working with midwives and health visitors

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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 offered prebookable telephone consultations, morning and afternoon triage and early morning access two mornings a week.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. The practice delivered an annual review for patients with a nurse appointment followed by a GP review. In 2015/16 28 out of 29 patients on the learning disability register had had their annual health care review. The practice offered tailored literature and/or picture materials to aid communication and understanding if required.
- 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.
- The practice offered drug and alcohol support with the GPs and support services jointly at the practice and also offered two weekly reviews.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 93% which was higher than the clinical commissioning group (CCG) average of 86% and the national average of 84%.
- Performance for mental health related indicators were higher than the local and national averages, for example:
- The percentage of patients with a serious mental health problem who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014/15) was 100% which was higher than the CCG average of 92% and the national average of 88%.
- 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 had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Any patients with mental health needs who became pregnant were reviewed to ensure a patient specific care plan was in place.
- 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 in July 2016. The results showed the practice was performing in line with local and national averages. The GP patient survey distributed 231 survey forms and 123 were returned. This represented 1.9% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 91% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 90% and the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 89% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received a total of 27 comment cards which were mostly positive about the standard of care received. There were three cards from patients which were not completely positive, one reported dissatisfaction with the NHS as a whole, one felt access to appointments was not good and one reported mixed satisfaction about the care. We received 11 comment cards which were very positive about the care and support from the practice, which noted excellent care, supportive friendly staff and good involvement in their care.

We received 13 comment cards from the staff which were very positive about the care, working environment and support.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All eight felt they were involved in their care and treatment and that the clinical care was very good. One patient felt routine appointments were not always quickly available. All patients reported good access for urgent care and /or home visits where required.

Hope House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Hope House Surgery

Hope House Surgery is situated in the town of Radstock in Bath and North East Somerset. The practice serves a population of approximately 6,400 patients, covering a semi-rural ex mining area.

Although the population has relatively low areas of social deprivation the practice population does cover areas of deprivation and in the Bath and North East Somerset area the practice has the third highest areas of deprivation. People living in more deprived areas tend to have greater need for health services. The practice population mix is similar to the national average, except for lower than average numbers of females between the ages of 20 to 40, and males between the ages of 30 to 40.

The practice has four GP partners (two male and two female) and one nurse practitioner partner. There are three practice nurses, one health care assistant and the clinical team are supported by a practice manager, a deputy practice manager and a team of administration and reception staff.

The practice is a teaching and training practice and is currently supporting one GP Registrar (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine) and one student nurse.

The practice is open between 8am and 6pm Monday to Friday. Appointments are available from 8:30am to 11:40am every morning and 2:50pm to 5:40pm every afternoon although these are variable. Extended hours appointments were available from 7:30am to 8am on Wednesday and Friday mornings. Between 6pm and 6:30 pm the Bath and North East Somerset area has a local agreement for the Out of Ours cover to commence at 6pm.

When the practice is closed overnight and at weekends the Out of Ours care is provided by Bath Doctors Urgent Care accessed via NHS 111.

The practice has a Personal Medical Services contract to provide NHS services for the population.

The practice's regulated activities are accessible from:

Hope House Surgery,
The Street,
Radstock,
Bath,
BA3 3PL.

This was our first inspection of Hope House Surgery.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 October 2016. During our visit we:

- Spoke with a range of staff including four GPs, three members of the nursing team, the practice manager and six members of the reception and administration team. We spoke with three members of the patient participation group and eight patients who used the service.
- 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. Significant events were reviewed every few months to identify any themes or areas for learning. Any lessons learnt were shared effectively across all the staff teams.

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 saw a number of process changes from learning from significant events. For example following the investigation of an incident involving the prescribing of a blood thinning medicine, the practice introduced a warning into the prescribing system to prevent future reoccurrence and the learning from the investigation was shared across the practice team.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an update to some potential risks associated with a certain pain relieving medicine, the GPs conducted an audit into the use of the medicine to ensure those who may be affected were given the correct review and/or advice.

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 were lead members of staff for safeguarding. The GPs held regular meetings with the health visitors and other multidisciplinary teams to ensure that care needs were met where possible. The GPs had introduced a system to follow up all children under 12 who had any involvement with the health services out of hours to ensure they had the correct follow up care or review in place. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- Notices in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. 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 and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure

Are services safe?

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. Two of the nurses had qualified as Independent Prescribers 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- 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 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 term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had a local agreement with a neighbouring practice to support each other in any times of staff shortage. We saw examples of GPs, nurses and administration and reception staff supporting each other in times of unexpected absences.

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 of the appropriate range, 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. The business continuity plan was also kept at a number of locations off site in case of any emergency affecting access to the main premises.

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.
- The practice had introduced a wide range of recall checks into their clinical system to ensure that patients with any long term conditions or at risk of developing a long term conditions had regular care reviews. Examples seen included: patient with arthritis, coil checks, pre diabetes, patients needing home visits for long term conditions reviews and kidney disease monitoring.
- The practice held regular clinics with input from a consultant for those with diabetes, including educational sessions. The practice also offered phone access to the nursing team for support and had set up regular virtual multidisciplinary clinics. Data from 2015 demonstrated that 91% of diabetic patients had received all eight care processes, which was the highest in the local area.

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 100% of the total number of points available. (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).

The practice data demonstrated that most of their exception reporting rates were below the national

averages. However the practice was an outlier for dementia exception reporting and some asthma review clinical targets. We looked into this during our inspection and found that the care, reviews and treatment were appropriate and we did not find any concerns.

Data from 2014/15 showed:

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control (2014/15), was 85% which was higher than the clinical commissioning group (CCG) average of 78% and the national average of 75%.
- Performance for diabetes related indicators were higher than the local and national averages:
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 86% which was higher than the CCG average of 81% and the national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation between 1 August 2014 and 31 March 2015 was 98% which was higher than the CCG average of 97% and the national average of 94%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014/15) was 95% which was higher than the CCG average of 92% and the national average of 88%.
- Performance for mental health related indicators were higher than the local and national averages:
- The percentage of patients with a serious mental health whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 100% which was higher than the CCG average of 91% and the national average of 90%.
- The percentage of patients with a serious mental health problem who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014/15) was 100% which was higher than the CCG average of 92% and the national average of 88%.

Are services effective?

(for example, treatment is effective)

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 93% which was higher than the CCG average of 86% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits undertaken in the last two years, five 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, following an audit into patients receiving a certain contraceptive, the practice found a need to introduce advice relating to a potential side effect. This was introduced and reviewed annually to ensure all affected patients had the correct advice. An audit into a high risk medicine resulted in updated prescribing advice added to all patients' notes; this was shown to have increased best practice prescribing from 33% in February 2016 to over 90% in June 2016.

Information about patients' outcomes was used to make improvements for example, following updated advice relating to a pain relief medicine which contains opiates and can be addictive, the practice introduced a template so that only one month of the medicine can be issued before a GP reviews the prescription.

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, the nursing team had completed updates in health promotion, smears, sexual health, infection control and long term conditions. One of the nursing team was being supported to undertake a diploma in diabetes and asthma.

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

Are services effective?

(for example, treatment is effective)

- 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 and weight management. Patients were signposted to the relevant service.
- Dietary advice, exercise advice and smoking cessation advice were available at the practice, and the practice was proactive in offering health promotion advice locally where possible.
- The practice was an active participant in the local health and wellbeing projects and encouraged tackling health inequalities.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of

83% 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. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for breast screening was 75% which was above the CCG average of 73% and the national average of 72%. The practice's uptake for bowel cancer screening was 55% which was below the CCG average of 60% and the national average of 58%.

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 93% to 99% compared to the CCG range from 93% to 97% and the national range from 73% to 95% and five year olds from 90% to 100% compared to the CCG range from 91% to 98% and the national range from 81% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- 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.

Of the 14 patient Care Quality Commission comment cards we received from patients, 11 were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the local and national averages 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) average of 93% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 91% 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 average of 98% 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 average of 91% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 97% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and the national average of 97%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 94% 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:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 82%.
- 90% 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:

Are services caring?

- 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.
- 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 106 patients as carers (1.7% of the practice list). The practice had developed a carer's pack, a cares information corner, information on the website and written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone or letter, 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 participated in an education and awareness session for breast screening locally in the community to promote the benefits of breast screening and improve the chances of early detection of breast cancer.
- The practice offered easy access for sexual health needs and sexual health support for young people whether they were registered at the practice or not.
- The practice referred all young pregnant women under the age of 20 to a local family nurse support service.
- Any patients with mental health needs who became pregnant were reviewed to ensure a patient specific care plan was in place
- Patients were able to self-refer for physiotherapy support, podiatry and a 'my script' service. (a service works to support people non-medical needs such as debt, housing problems, or social isolation to improve health and well-being).
- The practice offered drug and alcohol support with the GPs and support services jointly at the practice and offered two weekly reviews.
- There were longer appointments available for patients with a learning disability. The practice delivered an annual review for patients with a nurse appointment followed by a GP review. In 2015/16, 28 out of 29 patients on the learning disability register had had their annual health care review. The practice offered tailored literature and/or picture materials to aid communication and understanding if required.
- 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.

- The practice had a good system of triage to manage the demand on appointments, all patients had a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice implemented a fortnightly meeting to discuss all A&E admissions to review the care and see if there were any areas for improvements or learning.
- Patients were able to receive travel vaccines available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8:30am to 11:40am every morning and 2:50pm to 5:40pm every afternoon. Extended hours appointments were available from 7:30am to 8am on Wednesday and Friday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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.

- 82% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 81% and the national average of 78%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 91% and the national average of 73%.

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

The practice had a system in place to assess:

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

The practice used a daily morning and afternoon triage system so any urgent requests were dealt with promptly. 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.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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, including a leaflet for patients, information in the waiting area and on the website.

We looked at three complaints received in the last 12 months and found these were dealt with in a timely way,

openness and transparency with dealing with the complaint. For example in one we looked through the patient and family had been updated throughout the stages of the investigation and invited in to meet the practice team to discuss the incident further if required. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint about prescriptions the practice had identified that introducing a tracking system for all prescriptions could help resolve any issues if any prescriptions were lost or delayed. The practice had introduced the system which showed immediate benefit and reduction in lost or delayed prescriptions.

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 facilitate improvement in the health of their patients by providing easily accessible, high quality care and health education. The practice valued the whole team input and had a supportive ethos towards the whole team.

- The practice had a mission statement which had recently been reviewed with the whole team's involvement. All the staff had been able to contribute and all staff understood the values.
- The practice had a 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. Staff commented that their strengths and skills were recognised and opportunities were taken for development where possible.
- 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. The practice had developed a programme of nurse led clinical supervision which had initially been shared across neighbouring practices but was now shared across the local area.
- There were clear arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners we met 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 and the management team were accessible and approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, 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 and the management team 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 virtual patient participation group (PPG) and through surveys and complaints received. The virtual PPG submitted proposals for improvements to

Are services well-led?

Good 

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

the practice management team. For example, the PPG had been involved in discussions and suggestions around the triage system and the practice updated the PPG on developments within the practice, for example, on recent changes in the partnership.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was working with the local council, a local charity and other agencies to develop services within the local community to offer health promotion and education locally. The practice was working on providing a joint service with the local council to provide education and training, and a low cost healthy meal option advice and support for the local community.

The practice was working with the clinical commissioning group and the local council towards providing a new building to offer specialist services in the community and offer increased health promotion, education and activities for the community to improve health outcomes.