The Chaucer Surgery

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 The Chaucer Surgery on 15 December 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well led services.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff resources were shared with other practices in the group to enable practices to support each other and share best practice. The practice was looking at ways to develop this further and had started a staff skills analysis to facilitate this.
- There was a clear leadership structure and staff felt supported by management. The practice was supported by Malling Health's (the group) regional management team
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The practice used a Critical Event Toolkit which linked significant events to requirements under the Quality and Outcomes Framework (QOF) to ensure that standards were maintained and safety was not compromised.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice proactively sought feedback from staff and patients, which it acted on to improve systems and processes..
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

However there were areas of practice where the provider should make improvements. The provider should:

- Review the process for handling verbal complaints to ensure all complaints are dealt with appropriately.

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?

Good

The practice is rated as good for providing safe services. Staff were fully aware of their responsibilities to raise concerns, and clearly identified and reported incidents and near misses. Learning points were identified and communicated widely amongst staff and other local practices within the group to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed. There were safeguarding measures in place to protect vulnerable adults and children from the risk of abuse. These were based on guidelines issued by the local authority. The practice had enough staff to keep people safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. The individual needs of patients were assessed and care was planned and delivered according to current legislation. Staff at the practice had received appropriate training for their roles and training needs were identified and planned to meet these needs. All staff received annual appraisals and personal development plans were in place. We saw evidence that staff worked with multidisciplinary teams to improve outcomes for patients, for example, palliative care meetings every three months. In December 2015 the practice had launched an on-going improvement plan which had identified areas for improvement, gaps in service provision and contained an action plan to achieve them.

Are services caring?

Good

The practice is rated as good for providing caring services. 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 that staff treated patients with kindness and respect, and maintained confidentiality. The practice actively identified and referred or signposted patients to local organisations who could provide appropriate support when needed, for example, for drug and alcohol advice.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It identified and reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical

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Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they were able to make an appointment with a GP, although they might not always be able to see the same GP. However, patients said there was continuity of care, with urgent appointments available the same day. The practice was investigating whether there was a requirement for extended hours opening and if so, planned to apply for this provision for 2016-2017.

The practice building was purpose built and well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised, although verbal complaints tended to be dealt with on a more informal basis. Learning from complaints was shared with staff within the practice and staff at other practices within the group locally.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy which was aligned to the group vision and values. Staff understood this vision and their responsibilities in relation to it. There was a clearly defined leadership structure and staff were supported by local and group management. Policies and procedures were in place to govern activity and regular governance meetings were held. Systems were in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group and responded to feedback from patients about ways that improvements could be made to the services offered. Staff had received inductions which included local and group content, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered effective, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people and offered home visits for those unable to reach the practice. GPs also made proactive visits to two dementia care homes where patients lived. Health checks were carried out for all patients over the age of 75 years. At the time of our inspection, the practice had implemented its 2015-2016 flu vaccination programme. The practice worked with the local Clinical Commissioning Group (CCG) to care for a number of patients in other local homes under an avoiding unplanned hospitals admissions scheme.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice had systems in place to monitor patients with chronic diseases. Patients at risk of hospital admission were closely monitored. Longer appointments and home visits were available when needed. Patients were reviewed at least annually, sometimes more frequently depending on the condition they had and its severity. All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met. Patients were encouraged to discuss anything relating to their condition at any time with a member of the clinical staff, rather than wait until their next review. For those patients with the most complex needs, the GP and practice nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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 of abuse. For example, children and young people who had a high number of accident and emergency (A&E) attendances.

The practice worked with the locally based community midwife and health visitor teams. A GP and the practice manager met with a health visitor weekly to discuss any concerns. The practice had a policy of providing same day appointments for children and appointments were also available outside of school hours. The premises were suitable and accessible for children, with changing

Summary of findings

facilities for babies. The practice contacted parents when babies and children failed to attend for their vaccinations and informed Child Health Services when appropriate. The practice also offered online services which included booking appointments and requesting repeat medicines.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified. Telephone consultations were available for patients who were unable to reach the practice during the day. The practice was investigating whether there was a need for extended hours opening and was considering applying for this provision for 2016-2017. The practice offered online services as well as a full range of health promotion and screening services that reflected the needs for this age group. The practice nurse had oversight for the management of a number of clinical areas, including immunisations.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. An alert was placed on their computerised patient record to inform practice staff of the patient's circumstances so they could be treated appropriately. The practice carried out annual health checks and offered longer appointments for patients in this category when needed.

We saw how the practice regularly worked with multi-disciplinary teams, for example the community mental health team and district nursing team in the case management of vulnerable people. Vulnerable patients were referred or signposted to local support groups and voluntary organisations when appropriate. Patients who frequently attended accident and emergency (A&E) were identified and closely monitored.

Staff had received appropriate training and knew how to recognise signs of abuse in adults whose circumstances made them vulnerable and children who were considered to be at risk of harm. Staff were aware of their responsibilities to document concerns, share information and contact relevant agencies.

A number of homeless patients and patients from the travelling community were registered at the practice to enable them to access NHS services.

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People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams, for example, the community mental health team, to plan care and treatment with patients who experienced poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients. The GPs and practice nurse understood the importance of considering patients' ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.

The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations, for example, the Improving Access to Psychological Therapies team (IAPT). There was also a system in place to follow up patients who had attended accident and emergency (A&E). Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was generally performing above local and national averages. There were 207 questionnaires issued and 46 responses which represented a response rate of 22%. Results showed:

- 87% of patients found it easy to get through to this practice by phone which was higher than the Clinical Commissioning Group (CCG) average of 66% and the national average of 73%.
- 82% of patients found the receptionists at this practice helpful compared with a CCG average of 85% and the national average of 87%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and the national average of 85%.
- 95% of patients said the last appointment they got was convenient compared with a CCG average of 92% and the national average of 92%.
- 90% of patients described their experience of making an appointment as good compared with a CCG average of 71% and the national average of 73%.
- 81% of patients feel they did not normally have to wait too long to be seen compared with a CCG average of 61% and the national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 24 comment cards. Of these 17 were completely positive about the standard of care received. Patients were very complimentary about the practice and commented that they could easily obtain appointments and GPs were caring and gave them enough time. Three patients told us they could not always see the same doctor and seven patients said they would sometimes have to wait to obtain a routine appointment, but were complimentary about all other aspects of the practice and the care they received.

We spoke with eight patients during the inspection who were all very positive about the service they received. Two had been given same day appointments and all patients we spoke with said they could easily obtain appointments when needed. Two patients were members of the Patient Participation Group (PPG). This is a group of patients registered with the practice who work with the practice to improve services and the quality of care.

We spoke with management staff of the two care homes the practice served. They told us they were happy with all aspects of the service they received from the practice.

Areas for improvement

Action the service SHOULD take to improve

- Review the process for handling verbal complaints to ensure all complaints are dealt with appropriately.

The Chaucer Surgery

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 advisor, a practice manager specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to The Chaucer Surgery

The Chaucer Surgery is located in Nuneaton and provides primary medical services to patients in an urban and semi-rural area. This largely comprises the Attleborough and Whitestone areas of the town. The practice moved to its current location in 2002 and has been managed by Malling Health since April 2015. It has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is located in a purpose built building and has 2,800 patients registered. This includes 45 patients in two local dementia care homes. The local area has some pockets of deprivation and a higher than average number of older people, with over 7% of patients registered at the practice being aged over 75.

The practice is staffed by a lead salaried GP (male) who is also the lead GP for the other three Malling Health GP practices located in the Warwickshire North Clinical Commissioning Group (CCG). There is a salaried GP and two locum GPs who are permanently based at the practice who provide a mix of male and female GP care. Other clinical staff include a practice nurse and a healthcare assistant. They are supported by a practice manager and administrative and reception staff. The practice had started a recruitment exercise for a permanent salaried GP to reduce the need of the use of regular locum GPs.

The Chaucer Surgery opens from 8am to 6.30pm during the week. Appointments are available from 8.40am to 10.40am and from 3pm to 5pm (4pm to 5.30pm on Thursdays). Telephone consultations are available by arrangement for patients who are unable to attend the practice during these times. The practice is investigating whether there is a need for extended hours opening and is considering applying for this provision for 2016-2017. When the practice is closed, patients can access out of hours care through NHS 111. The practice has a recorded message on its telephone system to advise patients of this facility. This information is also available on the practice's website and in the patient practice leaflet.

Home visits are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice.

The practice treats patients of all ages and provides a range of medical services. This includes minor surgery and disease management such as asthma, diabetes and heart disease. Other appointments are available for services such as family planning and smoking cessation.

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. This inspection was

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

How we carried out this inspection

Before our inspection of The Chaucer Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted Warwickshire North Clinical Commissioning Group (CCG) and NHS England area team to request any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 15 December 2015. During our inspection we spoke with a range of staff that included the GP, the practice manager, the practice nurse and reception staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with eight patients, including two members of the patient participation group (PPG). A PPG is a group of patients registered with the practice, who work with the practice team to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice and 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 are provided for specific groups of people and what good care looks 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.

Good

Are services safe?

Our findings

Safe track record and learning

The Chaucer Surgery had appropriate systems and processes in place to identify, record and report significant events. This included an appropriate safety alerts protocol. This classified events according to their severity; red for the more severe, amber for less severe and green for compliments received. We examined the more recent events and saw the practice had recorded four amber alerts since April 2015.

One such event concerned a delay with a patient being referred for a secondary healthcare appointment at a hospital. This was quickly identified and the patient was referred. Another concerned the preparation of a repeat prescription as the correct procedure for the medicine concerned had not been followed correctly. This was identified by the GP before the prescription was signed. In both cases, the appropriate policies were reviewed and staff reminded of the correct procedures they should have followed.

When patients had been affected by significant events, they received an apology and explanation from the practice. These patients had been told about relevant actions the practice had taken to improve care.

The staff we spoke with at the practice were all aware of their responsibility to raise concerns and showed us how they reported incidents and near misses according to group policy. We were shown how they would notify the practice manager and the group's regional office of any incidents that occurred and used the designated form to record these incidents. We saw each incident had been fully investigated by the practice, action points had been discussed with all relevant staff and incidents were re-examined to ensure they had not been repeated.

During our inspection of The Chaucer Surgery, we saw how the practice monitored safety using information from a variety of sources, including National Institute for Health and Care Excellence (NICE) guidance. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. We saw that staff understood risks and an accurate and current picture of safety was provided.

Overview of safety systems and processes

There were processes and practices in place at The Chaucer Surgery to keep patients safe. They included:

- Systems to ensure essential levels of cleanliness and hygiene were met and maintained. During our inspection we noted the premises were visibly clean and tidy. The practice nurse was the infection control lead and liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control policy and the practice carried out annual infection control audits. We looked at the latest, completed in December 2015. This identified that some areas of the practice needed redecorating and repairs were required to the floor in an area used only by staff. At the time of our inspection the practice had put plans in place to rectify this.
- Procedures were in place to monitor and manage risks to patients and staff. This included a health and safety policy. Electrical equipment had been checked and equipment such as blood pressure monitors had been calibrated to ensure they were fit for use and accurate.
- There were a range of other risk assessments in place to monitor safety of the premises such as legionella, a term for particular bacteria which can contaminate water systems in buildings. A legionella risk assessment and test had been carried out in November 2015.
- There were procedures in place to safeguard adults and children who were at risk of abuse. This reflected relevant legislation and local requirements issued by Warwickshire County Council's safeguarding board. Staff could easily access this information and we saw that safeguarding packs were available in all examination rooms for staff to use. Safeguarding policies listed who should be contacted if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated during our discussions that they understood their responsibilities and all had received training relevant to their role.
- Following a recommendation given in a child protection board meeting, the practice had introduced changes to their child protection procedures and had carried out a six monthly audit to check the improvements had been sustained.
- The practice had appropriate arrangements in place for managing medicines, including emergency medicines

and vaccinations, to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Regular medicine audits were carried out to ensure prescribing was in line with best practice guidelines for safe prescribing and the practice worked with the medicines management team from Warwickshire North Clinical Commissioning Group (CCG) to support this. A CCG is a group of general practices that work together to plan and design local health services in England. Blank prescription forms were securely stored and systems were in place to monitor their use. This included blank forms used in computer printers.

- The Chaucer Surgery had assessed the staffing levels it needed in order to be able to operate safely and there was a rota system in place for the different staff groups to ensure enough staff were available during the times the practice was open. Staff told us they covered for each other at holiday periods and at short notice when colleagues were unable to work due to sickness. Practice management told us they were exploring ways of developing inter-working between sites. There was also a procedure for dealing with unprecedented demand which outlined when extra staff needed to brought into the practice if patient demand considerably increased without warning. As the practice was part of a group, staff could also be brought in from other local practices to cover absences and times of high patient demand when needed.
- We examined staff records to ensure the practice had carried out recruitment checks in line with legal requirements. We saw appropriate recruitment checks had been undertaken on staff prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). 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 provided chaperones for patients when requested and notices to inform patients of this were displayed in the waiting room and examination rooms. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a DBS check.

Arrangements to deal with emergencies and major incidents

The practice had a system in place to alert staff to emergencies. We reviewed training records and saw staff had received appropriate training. This included annual basic life support training. Emergency medicines and equipment were available along with a first aid kit and accident book. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a defibrillator for the treatment of cardiac arrest (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and medicines to treat patients with a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely.

There was a business continuity plan in place to deal with a range of emergencies that might affect the daily operation of the practice. The practice liaised with other local practices in the group to provide support to each other if the practice building became unusable, for example through events such as power failure or fire and flood. The business continuity plan also covered what staff should do if less serious incidents occurred, for example, loss of the telephone system, computer system or loss of clinical supplies. We saw there was a procedure in place to protect computerised information and records in the event of a computer systems failure. Copies of this plan were kept in the homes of key staff in case the building was inaccessible. If this occurred, the practice would be supported by the group's regional office. This was also outlined in the plan.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

GPs told us how the practice carried out patients' assessments and treatment according to the latest evidence based guidance and standards. This was based on the best practice guidelines issued by the National Institute for Health and Care Excellence (NICE). NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

There were appropriate systems in place at The Chaucer Surgery to ensure that clinical staff were kept updated with the latest clinical guidance and advice. The practice carried out monitoring to ensure clinical guidelines were followed. This monitoring included risk assessments, audits and random sample checks of patient records. This monitoring was also carried out across the group practices locally.

Management, monitoring and improving outcomes for people

The Chaucer Surgery was part of the Quality and Outcomes Framework (QOF) scheme. This is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. Data collected for QOF and performance against national screening programmes was used by the practice to monitor outcomes for patients. QOF results from 2014-2015 for the practice were 91% of the total number of points available, with 0% exception reporting. This was below the CCG average of 97%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014-2015 showed the following results when compared with CCG and national averages:

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% with 0% exception reporting. This was higher than the CCG average of 97% and the national average of 84%.
- The percentage of patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 96% which was similar to the CCG average of 96% and higher than the national average of 86%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 100% with 0% exception reporting. This was above the CCG average of 99% and the national average of 83%.
- Performance for diabetes related indicators such as patients who had received an annual review was 74% which was below the CCG average of 92% and the national average of 88%.

The lead GP and management discussed the need to improve some areas of performance. With this in mind, in line with other local practices within the group, an on-going improvement plan had been? launched by the practice. This aimed to identify areas for improvement and target appropriate actions. This included targeting patients with diabetes and the recruitment of a permanent salaried GP to reduce the use of locum GPs. Currently the practice was staffed entirely by locum GPs on Thursdays and Fridays and although the practice was able to use the same GPs most of the time, management recognised this may not be the best solution for continuity of care.

The Chaucer Surgery had a procedure in place for completing clinical audits. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. The practice used the results of these audits to monitor and improve performance, including outcomes for patients.

We examined an audit carried out at various dates in 2014 and 2015 of a commonly used blood thinning medicine. The dosage prescribed to 28 patients was examined and the practice had been able to safely reduce the quantity taken by seven patients who continued to be closely monitored to ensure there were no adverse effects. One patient needed their dosage increased as a result of this audit.

Effective staffing

During our inspection of The Chaucer Surgery, we considered whether staff had the skills, knowledge and

Good

Are services effective?

(for example, treatment is effective)

experience to deliver effective care and treatment. This was carried out through an examination of evidence and discussions with staff. We were satisfied the practice met this requirement.

- The practice had recently introduced new staff rotas and was looking to recruit staff and when possible to share staff with other local practices within the group to ensure staff with the right skills were present at the right times.
- Staff were able to obtain suitable training to meet their learning needs and enable them to meet the requirements of their job roles. This included on-going support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months and had a personal professional development plan in place. Staff learning needs were identified through these appraisals and also meetings and reviews of practice development needs.
- The practice manager at The Chaucer Surgery was highly experienced and provided support and advice to practice managers in the other local practices within the group. This ensured there was a wider view of the skills mix and development of staff within the organisation locally.
- There was an induction programme for newly appointed staff that covered topics such as patient confidentiality, safeguarding and health and safety. This included locum GPs. The induction programme for locum GPs had recently been improved to leave an audit trail that showed all appropriate polices had been read and understood prior to the commencement of employment.

Coordinating patient care and information sharing

All relevant information that was necessary for the planning and delivery of care and treatment was available to staff in an easily accessible way through the patient record and practice intranet systems. This included care and risk assessments, medical records, care plans and test results. Any relevant information was shared in a timely way such as when patients were referred to other services. This included the local out of hours provider.

We looked at the minutes of multi-disciplinary meetings which demonstrated how the practice staff worked with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. We saw records of monthly palliative care meetings and three monthly multi-disciplinary team meetings. These meetings were attended by health visitors, district nurses and a Macmillan nurse when appropriate. Discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support.

Consent to care and treatment

The Chaucer Surgery sought patients' consent to care and treatment in line with current legislation and guidance. This included consent for minor surgery and we were shown the relevant forms. Staff we spoke with understood the Mental Capacity Act 2005 and how it related to obtaining consent within the practice. When providing care and treatment for children and young people, clinical staff carried out assessments of capacity to consent in line with relevant guidance. If a patient's mental capacity to consent to care or treatment was unclear, the GP or nurse assessed the patient's capacity and when necessary, recorded the outcome of the assessment.

Clinical staff we spoke with understood the need to consider Gillick competence when providing care and treatment to young people under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention

The practice was able to identify patients who needed additional support and met their needs when appropriate. Registers were kept of all patients with long term conditions and learning disabilities. Patients who were vulnerable, including those with learning disabilities had alerts placed on their electronic patient records to ensure they were given double length appointments.

The practice offered all newly registered patients a health check with the practice nurse or healthcare assistant. Patients were referred to a GP if concerns were identified during the health check. During the last 12 months, 83% of patients aged over 75 had also received a health check.

A comprehensive screening programme took place at the practice. The practice's uptake for the cervical screening

Good

Are services effective?

(for example, treatment is effective)

programme was 82%, which was similar to the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national and local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds averaged 98% and five year olds also averaged 98% which compared with CCG rates of 98% to 99% and 92% to 99% respectively. Flu vaccination rates for the over 65s were 83% which was above the national average of 73%.

Smoking cessation advice and support was also carried out at the practice. A total of 90% of patients who smoked had been given advice in the last 12 months. The practice was unable to provide data of the percentage of patients who had stopped smoking as a result.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Through observations we made at The Chaucer Surgery, we were satisfied that patients were treated with dignity and respect by staff at reception and over the telephone. This was supported by comments we received from patients who completed comment cards and those we spoke with. The same approach applied when patients had consultations. There were curtains in consultation rooms so that patients' privacy and dignity could be maintained during examination, investigation and treatment. The doors to consultation and treatment rooms were closed during consultations and conversations that took place in these rooms could not be overheard from the outside. Reception staff we spoke with confirmed they could offer patients a private room if they wanted to discuss something with staff away from the reception area.

Before we inspected The Chaucer Surgery, patients were asked to complete comment cards to obtain their views of the practice. We received 24 completed cards. Of these, 17 were completely positive about the standard of care received. Patients were very complimentary about the practice and commented that they could easily obtain appointments and GPs were caring and gave them enough time. Three patients told us they could not always see the same doctor and seven patients said they would sometimes have to wait to obtain a routine appointment, but were complimentary about all other aspects of the practice and the care they received.

Results from the July 2015 national GP patient survey showed the practice scored slightly below average results in relation to patients' experience of the practice and some of the satisfaction scores on consultations with doctors and nurses. For example:

- 94% of patients said they had confidence and trust in the last GP they saw. This was just below the CCG average of 95% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern. This was below the CCG average of 86% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 90%.

During our inspection we spoke with the GP and practice management about the patient survey results. Whilst it was recognised that some of these responses were only marginally below the CCG or national averages, practice management recognised improvements needed to be made and an action plan had been put in place. Part of this involved the decision to recruit a permanent salaried GP. Practice management confirmed they would continue to monitor this.

Care planning and involvement in decisions about care and treatment

It was clear from the information we received from patients through the comment cards and in person demonstrated that health issues were fully discussed with them. Patients said they were fully involved when decisions had to be made about their care and felt included.

Results from the July 2015 national GP patient survey showed some patients surveyed had responded in a mixed way to some questions about their involvement in planning and making decisions about their care and treatment. This differed from comments made by patients on the day of our inspection. For example:

- 87% of patients said the GP was good at listening to them. This was below the Clinical Commissioning Group (CCG) average of 89% and the national average of 89%.
- 82% of patients said the GP gave them enough time, lower than the CCG average of 87% and the national average of 87%.
- 86% of patients said the last GP they saw was good at explaining tests and treatments, lower than the CCG average of 88% and in-line with the national average of 86%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care. This was below the CCG average of 82% and the national average of 81%.
- 90% of patients found the receptionists at this practice helpful compared to the CCG average of 85% and the national average of 87%.

Good

Are services caring?

We asked patients about their medicines reviews. Patients told us that GPs discussed the reasons for any changes that needed to be made and any possible side-effects and implications for their condition.

The practice used a translation service if required for patients who did not speak English as a first language, although most patients registered with the practice spoke English as a first language.

Patient and carer support to cope emotionally with care and treatment

There was a wide range of information available in the patient waiting room to advise patients of relevant local and national support groups and organisations. GPs and practice management also told us how they would signpost or refer patients to a variety of national or local organisations for further support if needed. This included support groups for the elderly and alcohol and drug advice. Patients who experienced poor mental health were encouraged to refer themselves to the Improving Access to Psychological Therapies Team (IAPT).

Carers were actively identified and had details recorded on patient records and were also signposted for support to relevant organisations. Patients who had suffered bereavement could be signposted to counselling and other suitable support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

During our inspection we saw how The Chaucer Surgery worked with the local Warwickshire North Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. We saw evidence that the practice planned and delivered its services to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example:

- There was a structured programme of regular reviews with patients who had long term conditions such as diabetes and lung diseases, patients with learning disabilities, and those experiencing mental health problems including dementia. Double length appointments were provided for vulnerable patients.
- GPs made weekly visits to two care homes where patients lived.
- Care plans were in place for patients in care homes, patients with severe mental health problems and patients on the avoiding unplanned hospital admissions register.
- Homeless patients and patients from the travelling community were registered at the practice and were able to access NHS services.
- The practice offered blood tests, well person checks, childhood immunisations, travel vaccinations and cervical screening.
- Patients could see a midwife or health visitor at the children's centre located next door to the practice. Patients were given relevant contact details for these.

Clinical staff made home visits to patients whose health or mobility prevented them from attending the practice for appointments.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments were available from 8.40am to 10.40am and from 3pm to 5pm (4pm to 5.30pm on Thursdays). Telephone consultations were available by arrangement for patients who were unable to attend the practice during these times. The practice was investigating whether there was a need for extended hours opening and was considering applying for this provision for 2016-2017. Home visits were available for patients whose health prevented them from reaching the practice for appointments. Patients could book appointments and order repeat prescriptions on-line and could also sign up to receive appointment reminders by email or text message. Patients who were vulnerable, including those with learning disabilities were clearly identified on their electronic patient records to ensure they were given double length appointments.

The Chaucer Surgery closed at weekends. When the practice was closed, patients could access out of hours care through NHS 111. The practice had a recorded message on its telephone system to advise patients of this service. This information was also available on the practice's website and in the patient practice leaflet.

There were accessible facilities for patients with physical disabilities. These included:

- A hearing loop to assist patients who used hearing aids.
- Large signs in braille were located throughout the practice.
- A chair lift to enable patients to reach all areas of the practice building.
- Patient information could be provided in a large print format for those who were visually impaired.
- A translation service was available for patients whose first language was not English.

The results from the July 2015 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was similar to local and national averages. For example:

- 87% of patients said they could get through easily to the surgery by phone. This was above the CCG average of 66% and the national average of 73%.
- 95% of patients said the last appointment they got was convenient, higher than the CCG average of 93% and the national average of 92%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 90% of patients described their experience of making an appointment as good, above the CCG average of 71% and the national average of 73%.
- 69% of patients said they usually waited 15 minutes or less after their appointment time to be seen, above the CCG average of 67% and below the national average of 73%.

Listening and learning from concerns and complaints

There was an appropriate process in place at The Chaucer Road Surgery for dealing with concerns and complaints. This was in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints in the practice.

The method used for dealing with complaints was transparent and open. Information on how to complain was clearly displayed within the patient waiting room, was included within the practice patient leaflet and was displayed on the practice website. Patients we spoke with said they knew how to make a complaint, but had never needed to do so. However, we saw verbal complaints were usually dealt with on a more informal basis than complaints made in writing. Practice management told us they would address this and handle and reply to them in the same way as written complaints.

During our inspection, we examined records of complaints. The practice had recorded three complaints since April 2015 which we reviewed. We saw the patients who complained had received replies from the practice with an apology and explanation within the timescales outlined in the complaints procedure. We saw evidence that complaints were fully discussed in staff meetings and learning points noted. The basic details of complaints were also shared with other practices within the group to ensure opportunities for learning were maximised.

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

We reviewed the practice's statement of purpose during our inspection which highlighted the aims of the practice. Their aims could be summarised to provide high standards of medical care, to provide safe and efficient services and improve services through the involvement of patients. These were aligned to the vision of values of the wider Malling Health group.

Throughout our inspection, it was clear that The Chaucer Surgery aimed to deliver a high standard of care for its patients and had proactively identified areas where it could improve. This was confirmed by some of the comments we received from patients who completed the patient comment cards before our inspection, through discussions with staff, discussion with patients and examining records and documents used by the practice,

Governance arrangements

There was an appropriate governance framework in place at the practice to enable it to deliver its strategy and provide high quality care for its patients. This was based on the group's framework and ensured that:

- There was a clear staff structure and all staff were aware of their own roles and responsibilities, those of others and of the lines of responsibility for reporting. The practice manager and the regional management were facilitating closer working together between The Chaucer Surgery and other local practices within the group. This enabled staff resources and learning to be shared. On the day of our inspection, the practice staff were supported by regional management.
- Although the practice was part of a wider group, it was clear during our inspection that the lead GP had 'ownership' for what happened within the practice and this was demonstrated throughout our discussions with both clinical and non-clinical staff.
- Procedures and policies were implemented by the practice. They were largely based on group policies to ensure a corporate?? standard was maintained, were regularly reviewed and were available to all staff. Staff we spoke with knew how to access these policies. These included policies and procedures for identifying, recording and managing risks and taking action to deal with these. Within the minutes of practice meetings we saw evidence that information was shared, discussions were held about areas that worked well and areas where improvements could be made.
- Monthly staff meetings were held to share information, to look at what was working well and where improvements needed to be made. We saw evidence that the practice improvement and patient survey action plans were reviewed during these meetings. Staff from other local group practices attended these meetings when appropriate. Staff we spoke with confirmed that complaints and significant events were discussed with them, along with any changes that needed to be made as a result.
- The practice had a planned programme of continuous clinical and internal audit in place. This was carried out in conjunction with other local practices within the group to enable local benchmarking to be made. The audit programme monitored quality and highlighted areas that needed improvement within the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure performance. QOF is a national performance measurement tool. QOF data for this practice showed a mixed performance. Some areas were above or in line with national standards, however some areas were below. The practice had identified these areas and the on-going development plan devised by the practice sought to raise these standards through a combination of targeted training and recruitment.

Leadership, openness and transparency

During our inspection of The Chaucer Surgery, we were satisfied that the clinical team and management team had the experience, capacity and capability to run the practice and provide high quality care. Staff we spoke with told us the GPs and management team were approachable and they would be able to raise any concerns with them. These comments were also applied to the regional management team who were also present during our inspection. Staff we spoke with said they had clearly defined roles and felt cared for by the management team. We saw records to evidence that regular team meetings were held.

Are services well-led?

Good

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

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

The practice actively sought and valued feedback it received from patients about the delivery of its service. It had obtained feedback from patients through the patient participation group (PPG), patient surveys and complaints received. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The PPG met every three months and we saw evidence of its involvement with practice organisation, recruitment and changes to the appointment system. The latter involved a trial to release some appointment slots at 2pm rather than at the start of the day.

During our inspection we saw how the practice monitored the feedback it received through the NHS Friends and Family Test. The Friends and Family test results from June to December 2015 showed that 86% of patients were extremely likely or likely to recommend the practice. A total of 11% of patients said they were unlikely to recommend the practice. Patients' comments made as part of the Friends and Family test were incorporated into the areas to be examined as part of the practice improvement plan, for example, the recruitment of a further permanent salaried GP.