

West Timperley Medical Centre

Quality Report

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Date of inspection visit: 19 November 2015

Date of publication: 21/01/2016

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West Timperley Medical Practice on 19 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was an open and transparent approach to safety and opportunities for learning were maximised within the practice.
- Risks to patients were assessed and well managed and we saw evidence that actions were taken when things went wrong.
- 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.
- 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.
- Patients spoke highly of the practice, the staff and the service. Negative comments received related to some difficulties obtaining an appointment, or waiting a long time once they arrived at the surgery. All patients said they could see a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice was very responsive and adjusted their services to fit in with patient needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

Summary of findings

- A member of staff told us the practice reflected the aims of the Clinical Commissioning Group (CCG) to see patients in the right place at the right time by the right person. The practice used this motto to design their services, including recruitment, and to achieve the best possible outcomes for the patients.

We saw some areas of outstanding practice :

- There was a culture of openness and teamwork within the practice which was described by all the staff we spoke to and evidenced in positive outcomes for patients.
- All staff reported that they felt supported by, and were able to be supportive to their colleagues; they all said they were encouraged to discuss patient and staff comments or concerns and knew the lines of escalation. We saw examples where positive outcomes for patients and staff had been achieved.
- We saw pro-active searches of patient data and a clinical audit programme which ensured action was taken when mistakes were made. The practice took robust steps to prevent missed diagnoses and to ensure the needs of patients were met.

- We observed a strong patient-centred culture and found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

However we also saw areas where the practice should make improvements :

- We saw that prescription pads although locked away, were not logged in and out when they were used. The practice should have a system to keep track of prescriptions which were written and/or removed from the premises such as in the event of home visits.
- We were given several examples, from both patients and staff, of positive significant events which had not been recorded and formally discussed. Recording, sharing and discussing positive events as well as negative ones would enable the practice to enhance the good services they provided

The practice should undertake legionella testing and change the disposable curtains on an annual basis.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was an open and transparent approach to safety and opportunities for learning were maximised within the practice.
- Lessons were shared and the practice made sure that action was taken to improve safety and we saw several examples of this. For example we saw events were discussed at meetings, there was an audit trail of actions taken, and ongoing reviews were carried out to make sure the action was effective.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent reoccurrence.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed, well managed and actions were taken to minimise any repeats in the future.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- The practice had effective systems and processes to ensure timely review of patients' conditions so that the risks associated with missed diagnoses were reduced.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice higher than others for several aspects of care. For example 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 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.
- Staff treated patients with kindness and respect, and maintained confidentiality.
- We observed a strong patient-centred culture and found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and NHS Trafford Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Examples included electronic prescribing and transferring cancer care in the community.
- They held regular weekly reviews of their "at risk" register to maintain raised awareness of vulnerable individuals and ensure continuity of care.
- Patients said they were able to make an appointment with a named GP and that 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as outstanding for being well led.

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Outstanding



Summary of findings

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- The practice carried out proactive succession planning.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a well established and active patient participation group that influenced improvements. Actions taken at the request of patients included new chairs in the waiting room, the availability of water and the implementation of “ask three questions” which encourages patients to participate in decisions about their care and treatment. In 2014/2015 at the request of patients, the practice made several changes to improve access. Those changes included a triage service, GP telephone consultations and increased patient awareness of on-line services.
- There was a strong focus on continuous learning and improvement at all levels.

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 had good communication with out of hours services, hospitals, district nurses, community matrons and the medicines management team within the Clinical Commissioning Group to ensure older people received the appropriate person centred care.
- All older patients had access to a named GP and additional clinics and surgeries were held when required, for example periods of high level demand.
- Patients on the practice at-risk register were reviewed at weekly practice meetings to maintain raised awareness of individuals.
- If required, older patients received a ring-and-remind service, which involved a telephone call by a member of staff at the practice the day before the patient's appointment and sometimes again on the day, to remind them to attend.

People with long term conditions

Outstanding



- Patients with long term conditions on the practice at risk register were reviewed at weekly practice meetings to maintain raised awareness of individuals.
- A member of the practice staff held the role of cancer champion and was trained to the level required specifically for that role. They provided person centred care for people suffering from cancer. They were pro-active in that role and described to us how they used their expertise and knowledge to support patients with other long-term conditions such as multiple sclerosis.
- There was a well structured system in place which enabled them to identify all patients requiring a recall. The practice used case-finding searches, (such as searching for all patients with specific conditions) in order to maximise the support and treatment that was available to them.
- Care plans were discussed with patients and the health care assistant carried out regular telephone consultations to ensure patients remained well, in order to avoid unplanned admissions.
- Patients with multiple long term conditions were discussed regularly between nursing and medical staff at weekly meetings to increase early intervention when required and prevent care needs becoming urgent.

Summary of findings

Families, children and young people

- Families, children and young people on the practice at risk register were reviewed at weekly practice meetings to maintain raised awareness of vulnerable individuals.
- The staff had formal and informal links to health visitors who were based at the practice for four sessions a week and community midwives who held a clinic at the practice weekly. This enabled timely communication about patient care.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2013 to 31/03/2014) was 83% which was slightly higher than the national average of 81%.
- Asthma recalls for children coincided with school holidays so that school terms were not interrupted.
- Confidentiality of medical records was discussed with patients when they attained the age of 13 years, and Gillick competencies were applied. This meant that children under the age of 16 years were given the opportunity to make independent decisions. Following assessment of their capacity to make decisions, and if appropriate, parents could be removed from access to those records (for example in relation to contraception and repeat prescriptions).
- Five patients we spoke with on the day told us they felt the practice medical, nursing or administration staff had provided care “over and above” requirements which in their eyes had “saved theirs or their children’s lives”.

Outstanding



Working age people (including those recently retired and students)

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Patients on the practice at risk register were reviewed at weekly practice meetings to maintain raised awareness of these patients.
- Extended hours and telephone consultations were available as well as online services for prescriptions and appointments.
- The practice had an up to date website with detailed practice information and access to GPs if and when required.

Good



Summary of findings

People whose circumstances may make them vulnerable

- Vulnerable patients on the practice at risk register were reviewed at weekly practice meetings to maintain raised awareness of individuals.
- All staff were highly knowledgeable about how and when to raise issues of concern and we saw evidence where actions taken had resulted in positive outcomes for patient For example information given by a patient to a receptionist was highlighted to the practice manager and escalated to a significant event. The investigation and outcome resulted in sharing and learning between the practice and the out of hours service. This highlighted training was required by a GP at the out of hours service and was initiated to prevent reoccurrence in the future.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered longer appointments for patients with learning disabilities, provided assistance for the families of those patients and offered help to access various other support agencies.
- They worked regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Outstanding



People experiencing poor mental health (including people with dementia)

- Patients on the practice at risk register were reviewed at weekly practice meetings to maintain raised awareness of individuals.
- A ring and remind service was used for people experiencing poor mental health to ensure they did not miss important appointments.
- Patients could access GP services via email in extenuating circumstances and we saw evidence where this had a positive outcome for one patient in particular. A patient informed us about their mental health issues and how they felt the practice had transformed their life.
- The practice provided a directed enhanced service facilitating timely diagnosis and support for people with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff had a good understanding of how to support 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 performing in line with local and national averages. 313 survey forms were distributed and 114 were returned.

- 87% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 83%.
- 94% found the receptionists at this surgery helpful (CCG average 89%, national average 87%).
- 96% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 87% said the last appointment they got was convenient (CCG average 93%, national average 92%).
- 83% described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 69% usually waited 15 minutes or less after their appointment time to be seen (CCG average 68%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comments cards. All of them were positive about the practice, the staff and the treatment received. Seven cards had some negative comments about the wait for appointments. Positive comments included praise for the GPs who were considered to have knowledge and empathy, praise that all staff treated patients with dignity and respect, and many positive comments that treatment was personal.

We spoke with 12 patients during the inspection. All the patients said they were happy with the care they received and thought that staff were approachable, committed and caring. We were sought out by one patient who asked to speak with us specifically to report their good news story. They told us how one of the GPs had gone over and above requirements to prevent their child having to spend Christmas in hospital. They did this by visiting the child at home to provide the necessary care and treatment during the holiday period. Several patients spoke of person centred care and we were able to report four specific positive events of significance back to the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- We saw that prescription pads although locked away, were not logged in and out when they were used. The practice should have a system to keep track of prescriptions which were written and/or removed from the premises such as in the event of home visits.
- We were given several examples, from both patients and staff, of positive significant events which had not

been recorded and formally discussed. Recording, sharing and discussing positive events as well as negative ones would enable the practice to enhance the good services they provided.

- The practice should undertake legionella testing and change the disposable curtains on an annual basis.

Outstanding practice

- There was a culture of openness and teamwork within the practice which was described by all the staff we spoke to and evidenced in positive outcomes for patients.
- All staff reported that they felt supported by, and were able to be supportive to their colleagues; they

Summary of findings

all said they were encouraged to discuss patient and staff comments or concerns and knew the lines of escalation. We saw examples where positive outcomes for patients and staff had been achieved.

- We saw pro-active searches of patient data and a clinical audit programme which ensured action was taken when mistakes were made. The practice took robust steps to prevent missed diagnoses and to ensure the needs of patients were met.

- We observed a strong patient-centred culture and found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

West Timperley Medical Centre

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.

Background to West Timperley Medical Centre

West Timperley Medical Practice provided services under a General Medical Services contract to 7809 patients covering the urban districts of Sale, Timperley, Hale, Bowdon and Altrincham. Information published by Public Health England rated the level of deprivation within the practice population group as eight, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice team consisted of five GP partners, three nurse practitioners, two practice nurses, a practice manager, reception manager and 13 part time receptionists, administration and secretarial staff. The current partnership had been in existence since 2003 and many of the other staff had been employed with the practice for over ten years, some for over 30 years.

Wheelchair access was available to the building through the front door and there was disabled parking available on the patient car park. The practice was situated over two floors with access to the upper floor (if required) via stairs

and a lift, and there was two disabled toilets. There was access to translation services for non English speaking patients and a hearing loop for patients with hearing impairments.

The practice was open Monday to Friday from 8.30am until 6.00pm and was closed on Saturdays and Sundays. Surgery hours were Monday to Friday from 8.30am until 11.30am and from 4.00pm until 6.00pm. Early morning appointments were offered on different days during the week from 7am and on days when staff were on the premises before opening hours the doors were opened to patients (sometimes from 7.00am) to allow them to wait inside. When the practice was closed patients had access to the Out of Hours Service.

They offered a full range of services and a broad variety of appointment options including early morning appointments, telephone consultations and access to a GP (dependent on need) by email. Other services provided included the management of long term conditions, national health service health checks, travel vaccinations and baby clinics.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 November 2015. During our visit we:

- Spoke with four GPs, two of the practice nurses, the health care assistant, the practice manager, and members of the administration staff.
- Observed how people were being cared for.
- Clarified some information by looking at parts of some patient records.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke to patients, members of the patient participation group and spoke to patients who were also carers.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example a vaccine fridge incident had been thoroughly investigated, protocols were changed and actions were taken to ensure that patients were informed and the chance of the event reoccurring was minimised in the future. We saw several other incidents where all the above actions had been taken.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

We were given several examples, from both patients and staff, of positive significant events which had not been recorded and formally discussed. Recording, sharing and discussing positive events as well as negative ones would enable the practice to enhance the good services they provided.

Overview of safety systems and processes

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

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

when necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level 3 in child safeguarding and had relevant training and protocols to follow for vulnerable adults. Some of the GPs had also undertaken domestic violence training and one of the practice nurses had recently undertaken female genital mutilation training and awareness.

- A notice in the waiting room advised patients that nurses would act as chaperones if required. Administration staff were also utilised when required to act as chaperones, but they had not all received a disclosure and barring check (DBS check) or undergone a risk assessment as to why a check had not been considered a requirement. (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. One of the practice nurses was the infection control 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and storing). However, we saw that prescription pads although locked away, were not logged in and out when they were used.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed seven personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Are services safe?

identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service when the practice felt they were required. The practice undertook risk assessments on staff to decide whether DBS checks were required. Some staff who had undertaken chaperone duties did not have a DBS check and we highlighted that a DBS check was a requirement for all staff who carried out that duty. We were assured that DBS checks would be undertaken immediately for all staff in line with Regulation 12(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. 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 also 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 but they had not undertaken any legionella tests or changed their disposable curtains six monthly, although risk assessments had been undertaken for this.

- 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 that enough staff were on duty and staff were able to cover each other's roles.

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. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 (2014/2015) were 99.8% of the total number of points available (558 out of 559) with 12.5% exception reporting. Exception reporting is a way for the practice to exclude patients from the data because they do not meet certain criteria. For example, a patient who is offered a health check but does not attend the appointment after three requests, may be excluded from the data.

According to information received from our intelligence monitoring this practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Performance for all the diabetes related indicators was better than the national averages. Figures ranged from 82.13% to 96.52% against the national averages of 77.72% to 93.46%. As an example, the percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 12 months was 96.52%. The national average was 93.46%.
- The percentage of patients with hypertension having regular blood pressure tests was 88.84% which was in line with the national average of 83.11%.

- Performance for mental health related indicators were also better or in line with national averages. For example the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 82.76% which was in line with the national average of 83.82%. Other indicators such as recording alcohol and smoking status for patients with mental health problems were higher than average.

Clinical audits demonstrated quality improvement.

- We saw two full cycle clinical audits completed in the last two years where the improvements made were implemented and monitored. One audit related to minor surgery which clarified that the procedures undertaken in minor surgery clinics were competently carried out and instructed that the minor surgery protocols at the practice should continue to be followed. A significant event which highlighted a missed diagnosis of deep vein thrombosis (DVT) was ordered to identify any other patients who may be at risk of the same condition.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Other monthly audits included searching for patients to ensure follow up appointments were not missed; audits on patients overusing inhalers for asthma to ensure their treatment plans were reviewed and quarterly reviews of female patients with intra uterine contraceptive devices.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a patient being contacted for review who may otherwise have missed their appointments.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those with alcohol issues and those requiring advice on all aspects of their care. Patients were then signposted to the relevant service.
- Advice on smoking cessation was available from a local support group.

The practice's uptake for the cervical screening programme in 2013/2014 was 80%, which was comparable to the national average of 81%. In addition to smear reminder letters, the practice nurse phoned patients to discuss the importance of screening and encourage attendance. The practice also encouraged its patients to attend national screening programmes for breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 50% to 98% and five year olds from 90% to 96%. Flu vaccination rates for the over 65s were at 78%, and at risk groups 58%. These were also higher than the national averages. Parents of children requiring the new meningitis B immunisation were provided with full and timely information in order to make an informed decision.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice held a register of patients who were carers. They did not pro-actively offer annual health checks for carers however we received good examples where carers

had been provided help and support from the practice or other local services they had been referred to. For example, informal discussions with a patient who was concerned about the impact their illness had on their child prompted a referral to other services to help the family and resulted in a positive outcome for the patient and their child.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 33 patient CQC comment cards we received were positive about the service experienced although seven of the cards also had negative comments about waits for appointments. Patients we spoke with and comments on the cards identified they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted staff responded compassionately when they needed help and provided support when required.

We also spoke with five members of the patient participation group in a group discussion. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They said they felt listened to and that the practice took action on their views.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 88%, national average 87%).

- 97% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 90%).
- 94% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 81%)

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer and written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. There was a list of patients recently bereaved, which was

regularly reviewed, so that all staff were aware of a patient's current personal circumstances. This protocol had been introduced following an incident where a patient had been more difficult than normal and staff had not realised that they had been recently bereaved.

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. For example the practice were continually reviewing access to their services and had introduced a triage service to cope with demand. This had reduced GP appointments, increased patient access through telephone and inadvertently increased demand. They were also improving online services and were working to increase membership of their patient participation group (PPG) to ensure it was representative of the practice population.

- There were longer appointments available for people with a learning disability or language difficulties.
- Home visits were available for older patients / patients who would benefit from these.
- The nurse practitioner took a lead role for identification and management of patients with dementia and longer appointments were available for those patients when required.
- Patients with multiple long term conditions were identified and offered longer appointments so they only needed to attend the practice for review once or twice a year.
- Same day appointments were available for children and those with serious medical conditions and telephone access with a GP was available on a daily basis.
- There were disabled facilities, hearing loop and translation services available.
- There was a cancer champion who was pro-active in the help and support they provided.
- The practice had a robust recall system which ensured that all patients, and specifically those who were vulnerable, did not fall through the net.

Access to the service

The practice was open Monday to Friday from 8.30am until 6pm and were closed on Saturdays and Sundays. Surgery hours were Monday to Friday from 8.30am until 11.30am and from 4pm until 6pm. Early morning appointments were offered on different days during the week from 7am and on days when staff were on the premises before opening hours the doors were opened to patients

(sometimes from 7am) to allow them to wait inside. When the practice was closed patients had access to the Out of Hours Service. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people 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. People told us on the day that they were able to get appointments when they needed them although there were comments on seven of the CQC comments cards about long waits for appointments.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 87% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 83% patients described their experience of making an appointment as good (CCG average 76%, national average 73%).
- 69% patients said they usually waited 15 minutes or less after their appointment time (CCG average 68%, national average 65%).

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.
- The practice manager and lead GP held designated responsibility for handling all complaints in the practice. However we saw that all complaints were discussed at staff meetings and also with the patient participation group so that learning could be maximised.
- We saw that information was available to help patients understand the complaints system including information on the practice website, a practice leaflet and well informed reception staff.

We looked at 18 complaints received in the last 12 months and found that they were satisfactorily handled. They were dealt with in a timely, open and transparent way and patients were offered a full investigation and explanation of

Are services responsive to people's needs? (for example, to feedback?)

the findings. Lessons were learnt from concerns and complaints and staff were encouraged to escalate verbal comments. When complaints were made there we saw evidence that action was taken as a result to improve the

quality of care. For example following one complaint we saw evidence of a clinical audit and new protocols introduced to reduce the chance of the event happening again in the future.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

All the staff we spoke to were aware of the practice mission statement and this was displayed in reception. We found a very inclusive staff team underpinning everything the practice offered.

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. All staff were clear about the vision and their responsibilities in relation to this.
- We observed a strong patient-centred culture and found many positive examples to demonstrate how patients' choices and preferences were valued and acted on. Eight patients of the 12 patients we spoke with provided examples and commented how the practice and the staff had positively impacted on their care, transformed their life, saved their life and that of their child and helped and provided extra support by liaising with services outside the practice.

Governance arrangements

There was a strong overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

- There was a robust staffing structure and staff were aware of their own, and each other's roles and responsibilities. They were encouraged to support and share workload.
- Practice specific, up to date policies were implemented and were available to all staff. Staff reported that they used those policies, as well as peer support, whenever they were in doubt about any action to take.
- All staff had a comprehensive understanding of the performance of the practice and the expectations for the future.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements and we saw evidence where action had been taken and improvements had been made. For example a missed diagnosis resulted in a clinical audit and a change to protocol so that patients at risk of deep vein thrombosis (DVT) were not missed.

- Further monthly audits were implemented and undertaken by the nursing staff to ensure that appointments were structured around patient needs, in order to achieve the best possible outcomes.
- There were robust arrangements for identifying, recording and managing risks and implementing mitigating actions such as clinical audits, patient feedback, staff feedback, significant events, compliments and complaints which were reviewed and acted upon.

Leadership, openness and transparency

- The provider was aware of and complied with the requirements of the Duty of Candour.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The partners in the practice had the experience, capacity and capability to run the practice. They prioritised safe, high quality and compassionate care.
- The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of team.
- There was a clear leadership structure and staff felt supported by management. Regular clinical governance meetings took place and all members of staff were encouraged and felt able to report any concerns to their line manager, practice GPs, or other members of staff. Feedback from discussions was shared with all members of staff when required.
- Regular interaction took place between the medical and nursing staff and also between the medical, nursing and administration staff when required. Staff said there was an open, blame free culture and they were encouraged to raise issues.
- There were annual team away days, staff social activities and staff meetings held in the evenings so that all staff could attend. Staff were remunerated for their attendance at these out of hours meetings.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Outstanding



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

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.

When there were unexpected or unintended safety incidents:

- We saw evidence that the practice gave good and reasonable support, truthful information and a verbal and written apology to those affected.
- We saw evidence of records of verbal interactions as well as formal written correspondence.

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.
- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which had been running for four years and met on a regular basis. We spoke with five members of the group who reported that they were listened to and had made improvements. They had changed the chairs in the waiting room and introduced a system whereby patients could receive drinks of water if required.
- The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. They were also kept informed about complaints and these were openly discussed to prevent repeat occurrences in the future.

- The practice had also gathered feedback from staff through daily interaction and comments received, staff meetings, appraisals and informal discussions.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice and we saw evidence of continuous learning which was encouraged and rewarded. For example, staff were remunerated for their time if they undertook training at home, or outside the practice.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice have led on information and technology work such as electronic prescribing within the clinical commissioning group (CCG) and service redesigns such as Vanguard Practice for Community matrons and Community Care for Cancer.

The practice had introduced a role of cancer champion to the practice and had supported and encouraged the member of staff in that role so they could improve outcomes for patients with cancer. The training that the member of staff had received had facilitated and enabled support for other patients of the practice with multiple chronic or life threatening disease.

A member of staff told us that the practice reflected the aims of the CCG to see patients in the right place at the right time by the right person. The practice used this motto to design their services, including recruitment, and achieve the best possible outcomes for the patients.