

Eden Medical Group

Quality Report

Eden Medical Group, Port Road, Carlisle, CA2 7AJ
Tel: 01228 524477
Website: www.edenmedicalgroup.co.uk

Date of inspection visit: 24 and 30 November 2015
Date of publication: 04/02/2016

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?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Eden Medical Group	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eden Medical Group on 24 and 30 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.

- The practice had made improvements to make it easier for patients to get through to the practice by phone and make an appointment. Urgent appointments were available the same day.
- 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.

We saw one area of outstanding practice:

- The practice had implemented strong arrangements for managing the performance of staff. We saw all staff had a folder which included their core objectives, personal development plan and all the standards associated with their role. This helped to ensure staff were aware of what was expected of them and had ready access to guidance related to the tasks and duties they were responsible for. The

Summary of findings

approach focused on skills identification to ensure the practice had the right staff in place with the right skills. This helped ensure a sustainable future for the practice.

The areas where the provider should improvement are:

- Assess and review the arrangements in place for the practice to meet the needs of patients with hearing impairment; to ensure they have good access to the practice and its services.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. The practice had encouraged all staff to participate in this process by clearly setting out responsibilities in objectives as part of staff performance and development plans.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are 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.
- 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 and well managed.
- Good medicines management systems and processes were in place.
- The premises were clean and hygienic and there were good infection control processes in place.
- There were appropriate arrangements for recruiting and vetting staff.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed most patient outcomes were in line with the average for the locality. There were some areas where the practice was performing lower than comparators. They had plans in place as to how they would address areas of lower performance.
- 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. The practice had introduced a new performance development process, and we saw this supported staff to improve and understand their roles and responsibilities.

Good



Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with others for most aspects of care. The practice had plans in place as to how they would address areas of lower performance.
- 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- They reviewed the needs of their local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day. The practice had implemented improvements within the last year to address problems with access to the practice by phone and making appointments. The practice was evaluating these changes to make sure they had realised the necessary improvements.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice did not have a hearing loop and this could impact on the ability of patients with hearing impairment to have full access to the service.
- 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 good for being well-led.

- They had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an 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.
- 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.
- We found the practice considered staff an asset to be invested in and nurtured.
- The practice proactively sought feedback from staff and patients, which they acted on.
- 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

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

- Staff provided proactive, personalised care which met the needs of older patients. Patients aged 75 and over had been allocated a named GP to help ensure their needs were met.
- Good arrangements had been made to meet the needs of 'end of life' patients. Staff held regular palliative care meetings with other healthcare professionals to review the needs of these patients and ensure they were met.
- The practice offered home visits and longer appointment times where these were needed by older patients.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. 80.6% of patients aged 65 years or over received a seasonal influenza vaccination which was better than the national average (of 73.2%).

Good



People with long term conditions

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

- Effective systems were in place which helped ensure patients with long-term conditions received an appropriate service which met their needs. These patients all had a named GP and received an annual review to check that their needs were being met. For those people with the most complex needs, the named GP worked with other relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed the practice had performed well in providing recommended care and treatment for the clinical conditions commonly associated with this population group. For example, the percentage of patients aged 8 or over on the asthma register, with measures of variability or reversibility recorded between 3 months before or any time after diagnosis was 90.1%, which was higher than the local average of 89.2% and the national average of 88.4%. The practice had plans in place as to how they would address areas of lower performance.

Good



Summary of findings

- Longer appointments and home visits were available when needed.
- Patients at risk of hospital admission were identified as a priority, and steps were taken to manage their needs.
- Staff had completed the training they needed to provide patients with safe care.

Families, children and young people

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

- Regular weekly baby clinics were held by practice staff. The GP partners provided support to the baby clinics. We saw good examples of joint working with midwives, health visitors and school nurses.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were comparable to clinical commissioning group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84.6% to 96.0% and five year olds from 71% to 98.1%. The majority were around the same as the local CCG averages. The average percentage across the CCG for vaccinations given to under two year olds ranged from 83.3% to 96.0% and five year olds from 72.5% to 97.9%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. We saw there were information boards in the practice waiting area aimed at the needs of children and young people.
- Where appropriate, younger patients were able to access contraceptive and sexual health services, and appointments were available outside of school hours.
- Nationally reported data showed the practice had performed in line with average for providing recommended care and treatment for this group of patients.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The practice had assessed the needs of this group of patients and developed their services to help ensure they received a service which was accessible, flexible and provided continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Nationally reported data showed the practice the practice provided recommended care and treatment that was in line with national averages for this group of patients. For example, bowel cancer screening rates within 30 months, for patients aged 60-69 was 60.8%, which was slightly lower than the national average of 63.9%.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including patients with learning disabilities.
- Staff carried out annual health checks for patients who had a learning disability and offered longer appointments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff provided vulnerable patients with information about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff understood their responsibilities regarding information sharing, the documentation of safeguarding concerns and contacting relevant agencies.

Good



People experiencing poor mental health (including people with dementia)

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

- Nationally reported data showed the practice had performed higher than comparators in providing recommended care and treatment to patients with mental health needs. For example, the practice achieved 100% of the points available in this area. This compared to an average performance of 95.4% across the clinical commissioning group (CCG) and 92.8% national average. 96.1% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.4%.

Good



Summary of findings

- 84% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (compared to a national average of 84%).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- They had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest GP Patient Survey published in July 2015 showed the majority of patients were satisfied with their overall experience of the GP surgery (at 85.9%); however, this was lower than the local clinical commissioning group (CCG) average (at 88%) and similar to the England average (at 84.8%). There were 294 survey forms distributed for Eden Medical Group and 116 forms were returned. This is a response rate of 39.5% and equated to approximately 0.79% of the practice population. The practice performed lower than local CCG averages on some indicators relating to patient satisfaction, for example:

- 51% found it easy to get through to this surgery by phone compared to a CCG average of 80.3% and a national average of 73.3%.
- 87.7% found the receptionists at this surgery helpful (CCG average 89.9%, national average 86.8%).
- 80.8% were able to get an appointment to see or speak to someone the last time they tried (CCG average 87.8%, national average 85.2%).
- 92.7% said the last appointment they got was convenient (CCG average 94.1%, national average 91.8%).

- 66% described their experience of making an appointment as good (CCG average 78.5%, national average 73.3%).
- 58% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64.6%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received. For example, patients commented on the caring, friendly and helpful manner of staff; the excellent service; the responsiveness of doctors; the cleanliness of the practice; and, good follow up action and communication with staff.

Five of the CQC cards whilst still positive contained some negative comments, with the key theme being arrangements for making appointments.

We spoke with 17 patients during the inspection. Most patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. They spoke quite highly of the practice, and told us they did not feel rushed by GPs.

Areas for improvement

Action the service SHOULD take to improve

- Assess and review the arrangements in place for the practice to meet the needs of patients with hearing impairment; to ensure they have good access to the practice and its services.

Outstanding practice

- The practice had implemented strong arrangements for managing the performance of staff. We saw all staff had a folder which included their core objectives, personal development plan and all the standards associated with their role. This helped to ensure staff were aware of what was expected of

them and had ready access to guidance related to the tasks and duties they were responsible for. The approach focused on skills identification to ensure the practice had the right staff in place with the right skills. This helped ensure a sustainable future for the practice.

Eden Medical Group

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. An Expert by Experience is a member of the inspection team who have received care and experienced treatments from a similar service. An additional inspection day was arranged to take account of an unexpected absence within the inspection team.

Background to Eden Medical Group

Eden Medical Group is registered with the Care Quality Commission to provide primary care services. The practice provides services to approximately just over 15,200 patients from one location, Eden Medical Group, Port Road, Carlisle, CA2 7AJ, which we visited as part of this inspection.

Eden Medical Group is a large practice providing care and treatment to patients of all ages, based on a General Medical Services (GMS) contract. It is situated in the north of Carlisle and is easily accessible by road or public transport. There is a designated car park for the practice. The practice is part of the NHS Cumbria clinical commissioning group (CCG).

Information taken from Public Health England placed the area in which the practice was located in the fifth most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. There was a slightly higher proportion of people in the area in paid work or full time employment at 62.8% (compared to an England average of 60.2%). The unemployment rate in

the area is much lower than the National average at 1.8% (compared to the national average at 6.2%). There were a higher proportion of disability allowance claimants (at 61.3 per 1000 population, compared to an England average of 50.3 per 1000 population).

The age distribution in the practice areas reflected the national average, although with slightly higher percent over the age of 65+ years. The average male life expectancy is 79 years, which is the same as the England average. The average female life expectancy is 82 years, which is slightly lower than the England average of 83 years.

The percentage of patients reporting with a long-standing health condition is slightly higher than the national average (practice population is 55.5% compared to a national average of 54.0%). The percentage of patients with health-related problems in daily life is similar to the national average (48.7% compared to 48.8% nationally). There are a higher percentage of patients with caring responsibilities at 20.8% compared to 18.2% nationally.

The practice has seven GP Partners, of which three are male and four are female. Some of these partners were in the process of applying to join the partnership through the CQC registration process. There is also one male and one female salaried GP. There is a nurse manager, a nurse practitioner, four practice nurses, three healthcare assistants and a team of administrative support staff.

There was no CQC registered manager at the practice at the time of the inspection. We spoke with practice staff about this, who told us an application was underway and would be submitted to CQC shortly to register Dr King as the registered manager.

The opening times for the practice are as follows:

- Monday 8:00 am - 8:00 pm
- Tuesday 8:00 am - 8:00 pm
- Wednesday 8:00 am - 6:30 pm

Detailed findings

- Thursday 8:00 am - 6:30 pm
- Friday 8:00 am - 6:30 pm

The consulting appointment times are:

- Monday 8:30 - 11:10am and 2:30 - 7:50pm
- Tuesday 8:30 - 12:30pm and 2:30 - 7:50pm
- Wednesday 8:30 - 12:30pm and 2:30 - 6:20pm
- Thursday 8:30 - 12:30pm and 2:30 - 6:20pm
- Friday 8:30 - 12:30pm and 2:30 - 6:20pm

The service for patients requiring urgent medical attention out of hours is provided by the 111 service and Cumbria Health on Call (CHOC).

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 and 30 November 2015. During our visit we:

- Reviewed information available to us from other organisations, for example, NHS England.

- Reviewed information from CQC intelligent monitoring systems.
- Spoke with a range of staff including GP partners, a salaried GP, a locum GP, the practice manager, the assistant practice manager, the nurse manager, a practice nurse, the medicines manager, healthcare assistants and administrative staff. We also spoke with patients who used the service.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.
- Reviewed the practice's policies and procedures.

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.

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. Each staff member had an objective as part of their performance development plan to identify and raise significant events. This made clear that all staff members had responsibility within this process. The practice hoped this would increase the number of events investigated relating to administrative processes.
- 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, the practice produced a new standard procedure for identifying and taking action where a blood test result had not arrived during the day but was needed to appropriately prescribe medicines.

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

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 where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All of the GPs had completed child safeguarding training to level three.

The practice had undertaken a self-evaluation of safeguarding children processes in the practice. This had helped them develop a targeted training session to support staff in this area. The practice planned to undertake a safeguarding children self-evaluation on an annual basis.

- A notice in the waiting room advised patients that they could request a chaperone, if required. Both clinical and non-clinical staff acted as chaperones. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There was a badge for chaperones to wear and a short summary was displayed in the staff office area reminding them of the key elements of this role and expectations of how they would carry it out.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The Nurse Manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. On our second inspection day, we saw the practice had actively addressed a minor issue we raised, by purchasing foot operated waste bins for staff toilets.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSD's) to enable Health Care Assistants to administer vaccinations. (PGD's are written instructions for the supply or administration of medicines to groups

Are services safe?

of patients who may not be individually identified before presentation for treatment. PSD's are a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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 and legionella.
- 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 practice had planned the skills mix of staff to take account of the difficulty in recruiting clinical staff locally. This had helped them plan and deliver services in a safe and sustainable way.

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. However, there was no alternative building identified to use if the practice was inaccessible for any reason.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 94.1% of the total number of points available, with 4.1% exception reporting. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.)

This practice was not an outlier for any QOF (or other National) clinical targets.

Data from 2014/15 showed:

- Performance for diabetes related indicators was worse than the clinical commissioning group (CCG) and national average. The practice achieved 77.9% of the points available. This compared to an average performance of 93.6% across the CCG and 89.2% national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 78.4%. This was lower than the England average of 80.5%. The practice told us they were aware of their performance in this area. They were continuing to develop the services offered to these patients, through the Year of Care

approach. (Year of Care aims to provide personalised care planning for people with long term conditions by working in partnership with patients and care professionals.)

- Performance for asthma related indicators was better than the CCG and national averages. The practice achieved 100.0% of the points available. This compared to an average performance of 98.5% across the CCG and 97.4% national average. For example, the percentage of patients aged 8 or over on the asthma register, with measures of variability or reversibility recorded between 3 months before or any time after diagnosis was 90.1%, which was higher than the CCG of 89.2% and the national average of 88.4%.
- The percentage of patients with hypertension having regular blood pressure tests was slightly lower than the national average. 79.7% of patients had a reading measured within the last nine months, compared to 83.7% nationally.
- Performance for mental health related indicators was better than the CCG and national average. The practice achieved 100% of the points available. This compared to an average performance of 95.4% across the CCG and 92.8% national average. For example, 96.1% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a national average of 88.4%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review within the preceding 12 months was in line with the national average at 84% (compared to a national average of 84%).

This practice performance on the number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 population was higher than the national average. (Ambulatory care conditions are conditions where effective community care and case management can help prevent the need for hospital admission.) The practice performance for this indicator was 29.5 compared to the national average of 17.2. We spoke with the practice about this who told us they were investigating the reason for this. They told us they used local benchmarking information and attended meetings to discuss good practice locally in referrals and following up emergency admissions.

Clinical audits demonstrated quality improvement.

Are services effective?

(for example, treatment is effective)

- There had been six clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing the needs of patients on anticoagulant medicines (these are medicines which prevent blood clots forming) to ensure these were being managed in line with local guidelines and identify those patients who may benefit from other interventions.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions, 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 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.

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

- An audit to ensure patients with atrial fibrillation were being treated according to the updated NICE guideline. (Atrial fibrillation is an irregular and often rapid heart rate that commonly causes poor blood flow to the body.)
- Doctors undertook minor surgical procedures in line with their registration and NICE guidance. Clinical audits were undertaken on their results and the audits were used as a learning tool.
- The practice used data collections and benchmarking information to monitor prescribing levels within the practice. They used this information to ensure they followed best practice guidelines and were in line with the performance of other local practices. They had plans in place as to how they would address areas of lower performance.
- The practice had introduced a new appraisal process within the last year. We saw all staff had a folder which included their core objectives, personal development plan and all the standards associated with their role as well as other information related to their performance and development, such as training certificates. This helped to ensure staff were aware of what was expected of them and had ready access to guidance related to the tasks and duties they were responsible for. The approach focused on skills identification to ensure the practice had the right staff in place with the right skills. This helped ensure a sustainable future for the practice. The practice had invested in identifying learning styles for staff members to help them tailor training and development to the needs of staff and to help them learn effectively.
- 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.

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. The induction process was underpinned by regular performance reviews to support staff in settling into their new role. These happened when staff had been in post one month, three months and six months or more frequently if needed.

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 providers of health and social care in a timely way, for example when referring people to other services.

Are services effective?

(for example, treatment is effective)

Staff worked together and 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 six weekly 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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 79.3%, which was comparable to the national average of 81.8%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. 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 CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84.6% to 96.0% and five year olds from 71% to 98.1%. The majority were around the same as the local CCG averages. The average percentage across the CCG for vaccinations given to under two year olds ranged from 83.3% to 96.0% and five year olds from 72.5% to 97.9%.

Flu vaccination rates for the over 65s were 80.6%, and at risk groups 61.8%. These were above the national averages of 73.2% and 52.3% respectively.

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

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 38 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said that when they visited the practice as a patient their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was broadly in line with clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 91.3% said the GP was good at listening to them compared to the CCG average of 91% and national average of 88.6%.
- 83.6% said the GP gave them enough time compared to the CCG average of 90.2% and national average of 86.6%.
- 94.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.1% and national average of 95.2%
- 83.3% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.7% and national average of 85.1%.

- 87.7% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.5% and national average of 90.4%.
- 87.7% said they found the receptionists at the practice helpful (CCG average compared to the CCG average of 89.9%, national average 86.9%).

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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 87.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.1% and national average of 86.0%.
- 82% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.3% and national average of 81.4%.

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. The practice had identified 122 patients as carers, this equated to 0.83% of the practice population. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. They worked with the local GP Federation (A GP federation is where a number of GP practices enter into some kind of collaborative arrangement with each other) and they were exploring ways to improve services and create efficiencies across the locality.

- The practice offered a 'Commuter's Clinic' on a Monday and Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Reasonable adjustments were made and action was taken to remove barriers when people find it hard to use or access services. For example, a wheelchair was available for patients with mobility difficulties.
- There were disabled facilities and translation services available. However, the practice did not have a hearing loop in place to make it easier for patients with hearing impairment to communicate when in the practice. The practice had considered the need for this, but had decided not to provide this facility as it had not been requested for some time. This could make it difficult for patients with hearing impairment to have full access to the service.
- The practice had developed notice boards with information aimed at young people. This was further targeted at different age groups. Information displayed included awareness posters for safeguarding, internet safety and sexual health.
- The practice had implemented a duty doctor rota to ensure home visits took place early in the day. The practice had identified this helped avoid unnecessary admissions to hospital by identifying the needs of the patients early in the day.

Access to the service

The opening times for the practice were as follows:

- Monday 8:00 am - 8:00 pm
- Tuesday 8:00 am - 8:00 pm
- Wednesday 8:00 am - 6:30 pm
- Thursday 8:00 am - 6:30 pm
- Friday 8:00 am - 6:30 pm

The consulting appointment times were:

- Monday 8:30 - 11:10am and 2:30 - 7:50pm
- Tuesday 8:30 - 12:30pm and 2:30 - 7:50pm
- Wednesday 8:30 - 12:30pm and 2:30 - 6:20pm
- Thursday 8:30 - 12:30pm and 2:30 - 6:20pm
- Friday 8:30 - 12:30pm and 2:30 - 6:20pm

Extended hours surgeries were offered on a Monday and Tuesday for those patients unable to attend during normal working hours. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

There were mixed results in the national GP patient survey with how satisfied patients were with how they could access care and treatment. There were some areas where the practice performed lower than other practices locally and nationally.

- 80.8% said they were able to see or speak to someone last time they tried, compared to a local CCG average of 87.8% and England average of 85.2%.
- In addition, 92.7% of patients found the appointment was very or fairly convenient, compared to an average of 94.1% in the local CCG area and 91.8% across England.
- The National GP Patient Survey results showed that 71.1% of patients were satisfied with opening hours, compared to a national average of 74.9%.
- 51% patients said they could get through easily to the surgery by phone (CCG average 80.3%, national average 73.3%).
- 66% described their experience of making an appointment as good (CCG average 78.5%, national average 73.3%).
- 58% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64.6%, national average 64.8%).

The practice had identified those were areas they needed to improve and had implemented an action plan to address them. For example, the practice had identified a new staff role of patient service adviser. Where a more complex call from a patient was received, this was handed

Are services responsive to people's needs?

(for example, to feedback?)

over to the patient service adviser. This helped free up the general phone line to speed up access for other patients, but also made sure patients with complex needs and those who may need more time to vocalise their needs were given the time and attention they needed. The practice also encouraged the use of on-line services to patients, for example to book an appointment or request a repeat prescription, to reduce the peak demand on patients phoning the practice. The practice had also introduced a system where patients could book a nurse appointment 12 weeks in advance. Staff told us this had a big impact for patients, as it meant the following an appointment, they could book their next one, for example when they needed to have regular injections to treat Vitamin B12 deficiency anaemia or blood tests. The practice had sought the views of staff to help identify solutions and improve performance in these areas.

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

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Posters were displayed in patient areas and complaints leaflets were available for patients to pick up. There was also information about how to make a complaint on the practice website.

We looked at two of the seven complaints received in the last 12 months and found these were dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient complained about the time it had taken to respond to a request to change their named GP. The practice investigated this fully and apologised for the delay and put arrangements in place to ensure this wouldn't happen again by clarifying what should happen when key members of staff were absent.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

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

Governance arrangements

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

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

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. 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 staff.

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.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. We also noted that team away days were held every six months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. We found the practice considered staff an asset to be invested in and nurtured.
- The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff events were held to give staff the opportunity to contribute their views. A staff newsletter was produced to help staff keep up to date with changes and developments within the practice.

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

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

- They had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. For example, the practice had consulted the PPG group about proposals to close the patient list to help manage demand on the service, in light of problems with recruitment of clinical staff.
- The practice had also gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Are services well-led?

Good 

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

For example the practice had sought the views of staff on how to improve the arrangements for annual flu clinics. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. For example, the practice was part of a GP federation to look at ways of improving services locally. The practice was also part of a project to provide continuity of health care into local care homes. This project was under evaluation at the time of the inspection. Interim data provided by the practice identified a potential annual saving of £92 per patient.