

# Drayton Medical Practice

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drayton Medical Practice on 14 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice used a range of assessments to manage the risks to patients; they were assessed and well managed.
- Practice staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge, and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity, and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it relatively easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

### Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for 2014-2015 were below the averages when compared with the local and national averages. However, the practice had made significant improvements during 2015-2016.
- Practice staff assessed patient's needs and delivered care in line with current evidence based guidance.
- Clinical audits were routinely used and demonstrated quality improvement.
- Practice 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.
- Practice staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care. This was across the practice sites.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw practice staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice offered muscular skeletal (MSK) clinics.
- Travel advice was given to patients ensuring that patients had access to immunisation that were covered under the NHS.
- Patients said they found it relatively easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice 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 it.
- 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.
- An overarching governance framework 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

Good



# Summary of findings

notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. Annual reports were produced and shared with all the practice staff.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Over 300 patients lived in care homes, the practice proactively care for these patients and undertook regularly visits to the homes.
- Home visits were available for patients who needed them to ensure that they received their annual reviews and flu immunisations.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed this included for patients with a learning disability that lived in care homes.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Daily anticoagulation (INR) clinics were run at the practice, enabling all patients to access this service at times convenient to them.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors, and school nurses.

## **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).

- The needs of the working age population, those recently retired, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered appointments with GPs and nurses on Saturday mornings enabling patients that could not attend during the weekdays to access appointments.

Good



## **People whose circumstances may make them vulnerable**

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

- There was a lead GP and the practice held a register of patients living in vulnerable circumstances including homeless people, travellers, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Practice staff had received additional training in domestic abuse awareness and knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

## People experiencing poor mental health (including people with dementia)

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

- The practice had 206 patients diagnosed with dementia on the register. 78% of these patients had received an annual review. Many of the remaining 22% lived in care homes and had GP reviews throughout the year. The reviews included advance care planning.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. They undertook reviews of patients who had died and had a history of experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 238 survey forms were distributed and 131 were returned. This represented 55% of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.

- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received.

We spoke with three patients during the inspection who said they were satisfied with the care they received and thought staff were approachable, committed, and caring.

# Drayton Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, and a pharmacist specialist advisor.

### Background to Drayton Medical Practice

- The practice is a dispensing, urban, and rural practice situated to the north of Norwich. The practice area includes the residential suburbs of Norwich and extends into the outlying villages. To cover this area, there are three fully equipped surgeries, Drayton, Horsford, and Horsham St Faith. The practice offers consultation space for GPs and nurses as well as extended attached professionals including midwives, physiotherapists, and phlebotomists.
- There are currently seven GP Partners and two salaried GPs at the practice (four female and five male GPs). There are also three nurse practitioners, seven practice nurses, and five healthcare assistants. There are nine members of the dispensing team.
- A team of 26 administration and reception staff support the managing partner and the operations manager.
- The practice is open between 8am and 6.30pm Monday to Friday, extended hours are available on Monday morning and evening and the first three Saturdays in each month.

- If the practice is closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.
- The practice profile for age range of patients is comparable to the national average. However, the deprivation score is below the England average. Unemployment in the practice population is lower than the England average, the percentage of patients who provide unpaid care is in line with the national average.
- Male and female life expectancy in this area is in line with the England average at 81 years for men and 83 years for women.

### Why we carried out this inspection

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

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 June 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff (GPs, the practice manager, nurses, administrators, receptionists, healthcare assistants, and dispensers) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

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

# Are services safe?

## Our findings

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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. An infection control clinical lead had been appointed and they 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 carried out, at the Drayton (main practice) and St Faith practices in March 2016 and in Horsford in October 2015. Both branch practices had undergone extensive refurbishment; we saw that refurbishment was due to start July 2016 at Drayton.
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensary staffing levels were in line with DSQS guidance. Dispensing staff were appropriately qualified and had their competency

annually reviewed. The practice had conducted audits of the quality of their dispensing service to ensure high dispensing accuracy. Patients we spoke with told us members of dispensary staff were friendly and helpful and medicines were supplied to them promptly and without delay.

The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed to reflect current practice. There was a variety of ways available for patients to order their repeat prescriptions. Prescriptions were reviewed and signed by GPs before they were given to the patient to ensure safety. There were arrangements in place to provide medicines in compliance aids for some patients to assist them in taking their medicines safely.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. The dispensary areas at St Faiths Surgery had recently been refurbished to increase the preparation area for medicines and enable improved contact between dispensary staff and patients. However, we noted that the practice should make more robust arrangements for the security of the doors to the dispensary areas. We highlighted this to the practice who took immediate action and addressed this issue.

Records showed medicine refrigerator temperature checks were carried out which ensured medicines and vaccines were stored at appropriate temperatures. The practice had processes to check and record that medicines were within their expiry date and suitable for use, however, the dispensary had only recently developed processes for expiry checks. Medicines we checked during the inspection were within their expiry dates. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. The practice staff were following these. For example, controlled drugs were stored in a

## Are services safe?

controlled drugs cupboard, access to them was restricted, and the keys held securely. There were arrangements in place for the destruction of controlled drugs and for raising concerns around controlled drugs with the controlled drugs accountable officer in their area.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and then reviewed. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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 guidelines and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89.2% of the total number of points available. The overall exception reporting rate was 6.5% which is 6.5% lower than the CCG average and 2.7% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice explained to us that during the year 2014-2015, they had taken over their branch site at Horsford. The Horsford practice used a different clinical system and the merging of data resulted in compromising the QOF achievement data. We looked at the plan they had developed and their system to see QOF data relating to 2015/16 and noted that the practice's performance had significantly improved. This data has not yet been validated by The Health and Social Care Information Centre (HSCIC) and so is not used in this report. We were confident that patients were effectively managed.

- Performance for diabetes related indicators in 14/15 was lower when compared to the national average and CCG average. E.g. the percentage of diabetic patients with a record of a foot examination and risk classification

within the preceding 12 months was 73% compared to the national average of 90% and the CCG average of 88%. The exception reporting rate was 15% and higher than the national (10%) and CCG (10%) exception reporting rates. We were assured that this was a result of merging data rather than poor patient care.

- Performance for mental health related indicators was comparable to the national average. The percentage of patients with dementia who had had a face to face review was 83% which was comparable to the national average of 84%. The exception reporting rate was 1.5% which was significantly lower than the CCG average (9%) and the national average (8%).
- There had been 15 clinical audits completed since January 2015. These included completed audits on high risk medicines monitoring, managing safety alerts, and consent for minor surgery.

An audit undertaken to ensure that consent is recorded in the medical records showed that the practice had improved, however, the practice recognised that further improvement was needed. Following a team meeting, the lead partner made amendments to the template that practice staff used and they planned to repeat the audit January 2017.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality. The practice used a work book for new staff members to use to ensure that they were knowledgeable on infection prevention and control.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

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

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records, and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had a robust system to protect patient's information. For example, the practice had developed the use of an IT tool. This tool, which used over 750 read codes, would search for patient sensitive data (for instance, codes used for various mental health conditions such as depression) in the medical record. This ensured that medical records that were prepared for and sent to third parties (for instance insurance reports) only included the information that the patient had requested to be released. In addition practice staff and GPs manually checked the printouts.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation and dietary advice was available to patients using the practice.

The practice's uptake for the cervical screening programme was 82%, which was in line when comparable to the CCG average and the national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Figures published by Public Health England show that 70% of the practice's target population were screened for bowel cancer in 14/15 which was higher when compared with the national average of 67%. The same dataset shows that 79% of the practice's target population were screened for breast cancer in the same period, compared with the national screening rate of 72%.

## Are services effective? (for example, treatment is effective)

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98.8% to 100% and five year olds from 93.6% to 99.5%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations, and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The 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 25 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described their experience as 'excellent' and 'very good'.

We spoke with three member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said that they felt included, consulted and valued by the Practice.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 97% of patients said they had confidence in the last nurse they saw or spoke compared to the CCG average of 94% and the national average of 91%.

- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 91% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 92% of patients said the last GP they spoke to was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 97% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 172 patients as carers (1% of the practice list). The practice did not undertake specific reviews of these patients, however,

## Are services caring?

when the patients attended the practice, they reviewed the patients' needs at each opportunity. 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. 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.

- Appointments were available outside school and core business hours to accommodate the needs of children and working people.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were facilities for patients with disabilities and translation services available.
- The practice responded to patients travel enquires in a comprehensive manner. Patients submitted an enquiry, by email, letter, or telephone call to the practice. The practice asked them to complete a request and risk assessment form giving details of their intended holiday. Once the practice had reviewed the information a letter was sent giving the patient the advice on which immunisations they needed, those that were covered under the NHS and therefore available at the practice. It gave instructions on how to obtain a list of their immunisation history that the practice held should they need it and details of how to make appointments in a timely way.
- The practice worked closely with community midwives, mental health link workers, substance abuse and alcohol support workers and diabetic specialist nurses and promoted provision of these services from the surgery premises where possible.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours were offered from 7.30am to 8am on a Monday morning to 6.30pm to 8pm Monday evening

and the first three Saturdays in each month. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Patients can be seen at any of the three surgeries, giving greater flexibility for patients.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

Comment cards we reviewed and patients we spoke with told us on the day of the inspection that they were able to get appointments when they needed them. Although, most stated that to see a specific GP there was usually a longer wait.

The practice recognised that these results were lower than they would wish, they are assured that the extra GP resource that they will have in place from July 2017 will address some of this shortfall.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, both in the waiting area and on the web site.
- The practice produced a comprehensive annual report detailing the complaints and compliments that had been received, the actions taken, the learning shared and the changes that had been made.

From January 2015 to December 2015 19 complaints, the NHS family and friends survey results, and 15 compliments

had been received. Each complaint had been fully detailed and lessons were learnt. For example, in October 2015, the practice received a complaint regarding delayed treatment in an emergency. The practice had responded to the patient giving details of their actions. This included a review of the incident with appropriate staff; review the guidelines, and the inclusion of additional training as part of the staff induction pack. Analysis of trends in complaints were evident and action was taken to improve the quality of care.

# 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 was regularly monitored. The practice reviewed their strategic plan in January of every year to ensure they were meeting their objectives. The practice had noted their commitment to meet the challenges and had detailed short, medium, and long term plans. For example a medium plan recognised that three partners will retire in the next three to five years. The practice was in the process of recruiting new partners to join them in the near future. This plan was shared with all the practice staff.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The management team had a comprehensive understanding of the performance of the practice. Each monthly performance sheet was produced and discussed at management meetings. This robust system enabled the practice to significantly improve the QOF performance from 2014-2015.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. A weekly report which included appointments, medicines issued, patient referrals, and the practice list size was produced. The practice had identified a prescribing error from this information as

the cost of medicines issued showed a significant increase. The practice was able to identify that a wrong amount had been prescribed and they were able to rectify this.

- There were robust arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings, a staff newsletter was produced each month. This newsletter, in addition to 'news items', included complaints and feedback, learning from events, training, staff welfare news and details of any policies that had been reviewed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. For example practice staff recognised that the management of medical records

# Are services well-led?

Good 

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

coming into the practice could be managed better, the staff suggested that a colour coding system would improve the organisation of the notes, the management team agreed.

- Staff said they felt respected, valued and supported, particularly by the partners and management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys, and submitted proposals for improvements to the practice management team. For example, the PPG were concerned that some telephone conversations could be heard in the waiting area, the practice reviewed the system, and the PPG members told us that the situation had improved.
- The PPG designed and conducted a patient survey during the flu clinics. One question they asked was,

What is your usual impression of how long you have to wait to see a GP or a nurse?

Of the 400 responses received, 31% replied excellent, 35% replied good, 26% replied average and 8% replied poor.

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

The practice management team told us that the whole practice team would continue to develop new models of care that would meet and enhance patient care in their three sites. For example nurse lead clinics for the management of patients with long term conditions.

To enhance further the communication in the practice and across all sites, the practice had purchased a new intranet, they will develop this, engaging all the teams to ensure that it is robust, fits the needs of the staff.