

The Orchard 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 The Orchard Medical Practice on 21 & 23 December 2016. Overall the practice is rated as good.

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

- Staff used an established system for reporting and recording significant events and the practice demonstrated an open and transparent approach to safety reporting and management.
- Risks to patients were assessed and well managed and the practice sought to continually improve processes.
- 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.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had invested significant resources into improving and expanding access. This included the provision of extended opening times and facilitation of a digital clinical advice service.
- 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.
- Clinical staff proactively shared decision making with patients. This meant patients had input into their condition management plans as a strategy to help empower them to improve their health.
- The practice was proactive in providing palliative care and support for patients as part of a well-established multidisciplinary network of community specialists.
- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had engaged in multidisciplinary research to identify future strategies to meet the needs of the local population.

Summary of findings

We found the following areas for improvement:

- The practice should ensure coding is consistent in the electronic records system so that tracking of children who miss scheduled hospital appointments takes place.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff used an effective system in place for reporting and recording significant events.
- Lessons were shared internally and with external colleagues to make sure action was taken to improve safety and reduce the risk of a repeat incident. This included where incidents involved other providers and agencies.
- 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. This included multidisciplinary risk assessments and protocols that enabled staff to respond quickly to patients at risk.
- Medicines management processes were in place including repeat prescription monitoring, emergency drugs checking and a safety alerts protocol.
- Staff in the dispensing practice adhered to national best practice and safety guidance and monitored this through regular audits.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were variable compared with clinical commissioning group (CCG) and national averages. This included four clinical domains where exception reporting was significantly higher than CCG and national averages, one instance of significantly lower exception reporting and 15 clinical domains in which reporting was comparable.
- Staff assessed needs and delivered care in line with current evidence based guidance and used a weekly review system to ensure they were always to date with latest standards.
- Clinical audits and benchmarking exercises demonstrated quality monitoring and improvement. The practice had a demonstrable track record in identifying areas of good practice in patient care, opportunities for multidisciplinary working and area for improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. This was because there was a consistent, embedded culture of promoting professional development through clinical training.
- All staff had undergone an appraisal in the previous 12 months and there was evidence of personal development plans for all staff that demonstrated the commitment of the senior team to building on the skills and interests of each individual.
- Multidisciplinary working was used proactively to improve patient outcomes. Staff had established substantive links and relationships with a range of secondary care, community and non-profit providers to ensure patients received holistic, consistent and specialised care.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Feedback from patient surveys and CQC comment cards indicated patients were treated with compassion, dignity and respect.
- The practice actively encouraged patients to be involved in decisions about their care and worked with families where appropriate.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.
- Structured emotional support was in place for patients including access to counsellors and bereavement support.
- Services and guidance were in place for carers, including a monthly carer's group.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 91% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 71% and the national average of 73%. This reflected changes implemented by the practice to improve access.
- Practice staff readily engaged with the Clinical Commissioning Group (CCG) to provide extended and responsive services to meet people's needs. This included through coordinated palliative care, dementia screening and services for patients with a learning disability.

Summary of findings

- Services were tailored to meet the needs of individuals and were delivered in a way that ensured flexibility, choice and continuity of care. This included flexible and urgent appointments and proactive work to ensure patients with complex needs had access to rapid, specialist care and support.
- The involvement of other organisations and the local community was embedded in service planning and ensured the practice met people's needs. This included by providing access to virtual medical guidance and advice.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. This included people who were in vulnerable circumstances.
- There was active review of complaints by the senior team and improvements were made as a result across the services.

Are services well-led?

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

- Leadership, governance and culture were used to drive and improve the delivery of high quality person-centred care.
- The strategy and supporting objectives aimed to support staff and service delivery following a challenging period of change.
- The practice prioritised reducing health inequalities in the local community and adopted a systematic approach to working with other organisations to improve care outcomes.
- There were high levels of staff satisfaction. Staff were clearly proud of the organisation as a place to work and spoke highly of the culture. There was consistently high levels of constructive engagement with staff.
- There was collaboration and support between different staff roles and the patient participation group (PPG). Staff and the PPG shared a common focus on improving quality of care and patients' experiences by acting on feedback, meetings and audits.

Good



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 provision of services to older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits, urgent and extended appointments.
- Staff provided advanced care plans and reviewed these at monthly multidisciplinary meetings.
- A GP and advanced nurse practitioner led the care provision for a nearby care home that included same-day appointments and continuity of care.
- Staff worked with community partners to prevent unnecessary hospital admissions. This included the use of a proactive care virtual ward coordinator and intermediate care team.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Staff used templates and registers to provide timely and structured care, including proactive reviews and scheduled annual reviews.
- The practice performed variably compared with national and Clinical Commissioning Group averages in the Quality Outcomes Framework.
- Longer appointments and home visits were provided for patients along with a range of extra services, including a virtual clinic that offered advice and guidance on condition management.
- Patients had a named GP 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.
- Performance for diabetes related indicators was similar to or better than the national average. For example the percentage of patients with diabetes in whom the last blood pressure reading

Summary of findings

(measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 81% compared to the CCG average of 77% and the national average of 78%. The percentage of patients in the same period in whom the last measured total cholesterol was 5mmol/l or less was 79% compared with the CCG average of 83% and national average of 80%.

- Longer appointments and home visits were available when needed.

Families, children and young people

The practice is rated as good for the provision of services to 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. This included children and young people who had a high number of emergency hospital attendances and those who were known to be affected by health inequalities. However, staff did not consistently code children who had missed a scheduled hospital appointment in the electronic patient records system.
- Immunisation rates for the MMR vaccines were better than local and national averages.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. This included new mother and baby focused reviews, baby checks at 24 hours and six weeks after birth.
- A weekly midwife-led maternity service was provided in the practice.
- 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 and health visitors.
- Services included child health surveillance, antenatal care, contraception, childhood immunisation and sexual health advice.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the provision of services to working age people, including those recently retired and students.

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included a range of extended hours and telephone clinic access.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs for this age group. This included screening minor illness and injury clinics, smoking cessation, phlebotomy and travel health and immunisation.
- Online and remote services included electronic prescriptions, telephone consultations and health record access.

People whose circumstances may make them vulnerable

The practice is rated as good for the provision of services to people whose circumstances make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances and used advanced care planning to avoid hospital admissions.
- A lead GP for learning disabilities was in post and provided annual reviews, safeguarding reviews and health checks.
- 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, including independent advocates.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- Carers were offered an annual health check and flu vaccination and the practice facilitated a monthly carer's clinic offered by a community health and wellbeing service.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the provision of services to people experiencing poor mental health.

Good



Summary of findings

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was similar to the national average of 84%. The practice offered proactive dementia screening and referrals to memory assessment services.
- Patients were offered an annual review that included a physical assessment, medicine review, blood tests and a discussion with a GP or mental health facilitator.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice supported patients experiencing poor mental health to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended a hospital emergency department where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 and relate to responses between July 2015 to September 2015 and January 2016 to March 2016. The results showed the practice was performing in line with local and national averages. 230 survey forms were distributed and 109 were returned. This represented 1% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 71% and the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.

- 88% of patients described the overall experience of this GP practice as good compared to the CCG and national averages of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 80%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 52 comment cards, 46 of which were positive about the standard of care received. Comments referred to the high level of bereavement support, helpful receptionists and the professionalism and caring nature of staff. Patients made varying comments on access to the service, including positive comments about accessing same-day appointments and negative comments about the length of time to wait for a pre-booked appointment.

Areas for improvement

Action the service **SHOULD** take to improve

The practice should ensure coding is consistent in the electronic records system so that tracking of children who miss scheduled hospital appointments takes place.

The Orchard Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Orchard Medical Practice

The Orchard Medical Practice is a two-site GP service and provides GP services under a General Medical Services contract. Services are provided from the following main location and the branch dispensing practice. Patients can attend either of the two locations. We visited both practices during this inspection and the branch practice is a dispensing practice:

Broughton Astley Surgery (the main practice)

Orchard Road

Broughton Astley

Leicester

LE9 6RG

Ullesthorpe Surgery (the branch and dispensing practice)

Station Road

Ullesthorpe

Leicestershire

LE17 5BT

The service has a clinical team of five partner GPs and one salaried GP, including three females and three males. There is a long-term locum GP and two locum GPs for maternity

cover. GPs provide 50.5 sessions per week. The nursing team is led by an advanced nurse practitioner and includes a minor illness nurse, a practice nurse, a healthcare assistant and a phlebotomist. A practice manager, an assistant practice manager and a team of 13 non-clinical staff provide support. The dispensing practice is staffed by a practice nurse, dispensing manager, a dispenser and a receptionist. A GP is available at this site daily.

The practice is readily accessible for people who use wheelchairs and by parents with pushchairs. A portable hearing loop system is available and the reception area has recently been refurbished to offer a calmer space that more easily enables patients to speak with receptionists confidentially.

The practice services a patient list of 11,185 and is in an area of very low levels of deprivation. Of the patient list, 69% are living with a long-term condition and 58% are in paid employment or full time education. The number of patients who are unemployed (4%) is comparable to the clinical commissioning group average of 3% and the national average of 4%.

The main practice offers appointments between:

Monday 8.30am to 11.10am and 2.30pm to 5pm

Tuesday 8.30am to 11.10am and 2.30pm to 5pm

Wednesday 8.30am to 11.10am and 2.30pm to 5pm

Thursday 8.30am to 11.10am and 2.30pm to 5pm

Friday 8.30am to 11.10am and 2.30pm to 5pm

The dispensing branch practice offers a walk-in service between:

Monday 8.30am to 1pm

Tuesday 7.30am to 1pm

Wednesday 7.30am to 1pm

Detailed findings

Thursday 8.30am to 1pm

Friday 8.30am to 1pm

The main practice offers early morning appointments from 7.30am three days per week, which change depending on demand. The practice also offers same day appointments which are available between 11.30am and 11.55am. Out of hours patients are directed to the NHS 111 service.

We had not previously inspected this provider.

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 21 and 23 December 2016.

During our visit we:

- Spoke with a range of staff from the clinical and non-clinical teams.
- Observed how patients were being cared for and reviewed feedback provided from CQC comment cards.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed audits and documentation relating to safety and quality assurance.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Nine significant events (SEs) were reported in the 12 months prior to our inspection.
- The senior team investigated significant events (SEs) and identified and documented learning and actions as a result of each. For example, when a patient was given a vaccination that they had already received previously, new guidance was issued to clinical staff on checking patient medical histories to ensure the mistake would not be repeated. Where SEs involved locum staff we saw GP partners provided support and assistance through supervision, training and by addressing specific performance needs.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- All staff had the opportunity to review SE investigations and outcomes through practice meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice used a central alerting system to identify patients or policies affected by national safety alerts and staff documented the action taken as a result. This was available to staff at both surgeries and provided a consistent audit trail to ensure action taken was appropriate. We saw staff were proactive in contacting patients to alter medicine doses or types following safety alerts.

Overview of safety systems and processes

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

- 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 named GP lead for safeguarding adults and children and there was always a safeguarding point of contact available when the practice was open.
- GPs led dedicated multi-professional adult and child safeguarding meetings and provided regular in-house training for all staff. Staff used the patient records system to flag individuals known to be vulnerable and they were offered flexible appointments.
- GPs attended safeguarding meetings and provided reports for other agencies. This included in urgent complex cases.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, including locum 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. The lead practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, kept patients safe. This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines. The practice had two fridges for vaccines and chilled medicine and both had digital temperature monitoring

Are services safe?

devices. The lead nurse monitored temperature recording of the fridges to ensure they maintained a temperature within medicine manufacturers' safe guidelines.

- A repeat prescribing protocol ensured high risk medicines were reviewed regularly in line with National Institute of Health and Care Excellence guidance.
- The practice carried out regular medicines audits, with the support of CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant was trained to administer vaccines and medicines against a Patient Specific Direction (PSDs) prescription or direction from a prescriber. All PGDs and PSDs were signed and up to date.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process. These are written instructions about how to safely dispense medicines.
- The lead GP for the dispensary carried out an annual audit in line with the requirements of the national dispensary services quality scheme including a dispensing review of the use of medicines in 10% of patients.
- The branch practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. This included an up to date standard operating procedure for the prescribing of controlled drugs in line with the Misuse of Drugs (Supply to Addicts) 1997 regulations. There were arrangements in place for the secure storage and destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

employment. This included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

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 and a designated health and safety lead was in post. 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 the 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.
- Biohazard spill kits were available to contain the risk associated with contamination and infection in the event of a spillage. The contents of the spill kits were up to date, staff had received appropriate training and weekly checks of the equipment were documented.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs, including non-clinical staff with specialist roles. There was a rota system in place for all the different staffing groups to ensure both surgeries were fully staffed.
- Medicines management processes ensured risks to patients were monitored and addressed. For example, uncollected prescriptions were reviewed every month and the duty doctor called each patient individually to discuss this. Where the patient was known to have safeguarding needs or mental health needs, a GP followed up with them more regularly.

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 an emergency.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available on-site and in emergency doctor's bags. The bags could be used for clinical staff to respond to emergency situations in and around the practice.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. A healthcare assistant documented weekly safety checks to emergency equipment.
- 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 and copies were kept at the main surgery and the branch practice. All of the staff we spoke with demonstrated detailed knowledge of their actions and responsibilities in a major event, including the agreements in place with other local practices to ensure a service could still be offered if the building became uninhabitable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. This included a monthly meeting to review changes to guidance from NICE and medicine alerts and recalls issued by the Medicines and Healthcare Products Regulatory Agency.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Locum GPs had full access to this information.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- We looked at a sample of six care plans for patients who were treated for long term conditions. We found they were comprehensive, up to date and demonstrated individualised care.

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 from 2015/16 showed that the practice had achieved 96% of the total number of points available.

Exception reporting was significantly higher (10% or higher difference) than the clinical commissioning group (CCG) or national averages in the chronic obstructive pulmonary disease, cancer, depression and mental health clinical domains. For example, the practice exception reported 64% of patients with cancer compared to the CCG average of 29% and the national average of 25%. Exception reporting was significantly lower (10% or more better) than the CCG or national averages in the osteoporosis clinical domain. In all other clinical domains the practice performed similarly to CCG and national averages.

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.

We spoke with GPs about the levels of exception reporting and looked at the clinical notes of patients who were included in this data. We found care had been provided appropriately and there was no evidence of negative patient outcomes as a result.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed:

- Performance for diabetes related indicators was similar to or better than the national average. For example the percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2015 to 31/03/2016) was 81% compared to the CCG average of 77% and the national average of 78%. The percentage of patients in the same period in whom the last measured total cholesterol was 5mmol/l or less was 79% compared with the CCG average of 83% and national average of 80%. Longer appointments and home visits were available when needed.
- Performance for mental health related indicators was similar to or better than the national average and the CCG average. For example, 100% of patients with schizophrenia, bipolar affective disorder or other psychoses had an agreed, documented care plan in the preceding 12 months compared with the CCG average of 94% and the national average of 89%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the previous two years, all of which were completed audits where the improvements made were implemented and monitored. Five audits were two-cycle audits with plans to repeat them at least annually.
- Audits were used to benchmark local practice against national best practice guidance, such as in the prescribing of blood clot medicine in patients who had experienced an ischaemic stroke against Royal College of Physicians guidance. This audit identified 11 patients who could benefit from a changed medicine regimen, all of whom were reviewed by a GP.

Are services effective?

(for example, treatment is effective)

- An end of life care audit in 2015 assessed the practice's performance against key palliative care criteria including the use of a palliative care register, adherence to 'do not resuscitate' criteria and documentation and the use of advance care planning. In all of these areas the audit showed the practice could evidence adherence to best practice. The audit also demonstrated that 83% of patients died in their preferred location and 89% of carers were offered bereavement and emotional support.
 - A GP had audited referrals to secondary care ophthalmology services to identify if they were appropriate. The audit found 77% of referrals were appropriate and the practice reviewed referral pathways and decision-making as a result.
 - Staff used an annual audit cycle to monitor dermatology referrals against the two week wait cancer system. In 2016 the audit included 49 two week wait referrals, 10 of which resulted in the identification of a cancerous lesion. Staff used the audit to ensure systems for identifying dermatological conditions met patient needs and referrals were appropriate.
 - The practice had completed an 18 month study with a local hospital to identify genetic risks for cardiovascular disease through blood test monitoring. The results would help staff more effectively provide targeted screening in future.
 - The practice monitored children who repeatedly attended hospital emergency departments and children who did not attend booked hospital appointments to ensure their needs could be coordinated and met. However, staff did not consistently code children who had missed a scheduled hospital appointment in the electronic patient records system. This meant they could not reliably identify or track when this happened.
- Effective staffing**
- Staff had the skills, knowledge and experience to deliver effective care and treatment and there was a demonstrable track record of leadership in education, both in-house and in the community.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Initial and refresher training included safeguarding, fire safety awareness, basic life support and information governance.
 - The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, GPs had qualified to lead care in areas of special interests such as diabetes, coronary heart disease and dermatology and nurses led specific clinics including diabetes and asthma.
 - Nurses had qualified to provide extended roles, including for insulin initiation and Doppler ultrasounds.
 - Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
 - The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and the practice manager and GPs led these to ensure staff were reviewed and supported from both clinical and non-clinical leadership teams.
 - A locum induction pack was used to ensure locum doctors received a comprehensive introduction to the practice and had immediate access to electronic records and reporting systems.
 - The practice worked with a multidisciplinary team to provide proactive care to patients with multiple and complex needs. This included district nurses, health visitors, community midwives, MacMillan nurses, community phlebotomists, a community psychology nurse and a range of other specialists such as mental health facilitators, counsellors and a diabetes nurse specialist.

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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results. A daily duty arrangement was in place to ensure pathology results and other referral documents were reviewed and acted upon in a timely manner.
- An electronic notification system was in place for patients who needed an urgent palliative care referral. We looked at examples of this in practice and saw it meant patients with urgent needs relating to end of life care received on-demand specialist input, care planning and pain relief.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a 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.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. MCA training was provided in-house to the practice and multidisciplinary teams and MCA meetings were held on a responsive basis to meet the needs of individual patients.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. All clinical staff had training in the Gillick competencies and Fraser guidelines.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity using a four-step process and recorded the outcome of the assessment. The practice had guidelines on carrying out best interests assessments for patients with reduced mental capacity.

- The process for seeking consent was monitored through patient records audits and consent policies and documentation related to specific procedures. For example, verbal consent was obtained and documented for cryotherapy and immunisations.

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.
- Patients had access to a virtual clinical service that provided them with interactive information on the management of long term conditions such as diabetes and chronic obstructive pulmonary disease. The practice had written to all patients eligible for this as part of a drive to educate and empower those living with chronic health needs.
- Baby clinics were offered at 24 hours and six weeks after birth.

The practice's uptake for the cervical screening programme was 84%, which was similar to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake of breast cancer screening in the last 36 months was 84% compared with a CCG average of 81% and national average of 73%. The uptake of bowel cancer screening in the previous 30 months was 65%, compared with the CCG average of 63% and the national average of 58%. The practice had implemented proactive patient contact and health promotion strategies to encourage patients to screen. 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.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates those aged under two were 98%, compared with the CCG average of 95% and the national average of 87%. Average MMR immunisation rates for both doses was at 96% compared to the CCG average of 95% and the national average of 91%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 52 comment cards, 46 of which were positive about the standard of care received. Comments referred to the high level of bereavement support, helpful receptionists and the professionalism and caring nature of staff. Patients made varying comments on access to the service, including positive comments about accessing same-day appointments and negative comments about the length of time to wait for a pre-booked appointment to see a specific GP.

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:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG and national averages of 89%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 92%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received was positive and notes indicated patients felt they received individualised care. We saw that care plans were personalised.

Clinical staff proactively shared decision making with patients. This meant patients had input into condition management plans as a strategy to help empower them to improve their health. The practice also recognised expert patients and included them in discussions around their care planning. For example, in 2015 an audit showed that 91% of patients who received end of life care had a discussion with a GP about their needs and palliative care planning.

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Translators were available to attend appointments with patients when staff had notice of their need. We saw notices in the reception areas informing patients this service was available.
- Easy read leaflets were available on request.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 offered in-house access to counsellors and therapists through the improving access to psychological therapies (IAPT) programme.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the patient

list as carers and provided them with structured, proactive care and support. This included an annual flu vaccine and health check and access to a monthly carer's clinic offered on site by a community health and wellbeing service.

Staff used a structured bereavement protocol for patients and relatives. For example, if families had suffered bereavement, their usual GP contacted them with a sympathy card or letter.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a commuter's clinic from 7.30am for working patients who could not attend during normal opening hours. This operated three days per week and changed weekly based on demand for the service in advance.
- There were longer appointments available for patients with a learning disability and complex needs.
- 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.
- A GP and nurse visited a local care home weekly to provide reviews, prescriptions, health checks and immunisations.
- There were disabled facilities, a hearing loop and translation services available..
- The practice was proactive in providing palliative care and support for patients. This included leading regular multidisciplinary meetings, providing anticipatory care plans and discussing 'do not attempt resuscitation' decisions with the community palliative care team.
- The practice offered a scheme to patients living with diabetes, chronic obstructive pulmonary disease, dementia and back pain that enabled them to access online digital support resources. This included pre-recorded films and advice about how to manage their conditions.
- Staff demonstrated awareness of the needs of patients with unpredictable or complex mental health needs, including suicide risk. For example, reception staff took rapid action to liaise with police and a community crisis team when a patient's behaviour gave them cause for immediate concern for the individual's welfare.
- As a result of an audit and review of telephone appointments in 2015/16, the practice increased the capacity of the telephone service each morning by

allocating the advanced nurse practitioner to work with the duty doctor. This enabled the practice to more rapidly answer calls and ensure urgent needs were triaged and met.

Access to the service

Appointments were from 8.30am to 6.30pm Monday to Friday. Saturday morning appointments were available seasonally for flu vaccinations. The practice offered extended hours from 7.30am three days per week at the main practice and two days per week at the dispensing practice.

In addition to pre-bookable appointments that could be booked up to one month in advance, the practice provided a daily triage service led by a GP and advanced nurse practitioner for patients who needed an urgent home visit or telephone appointment and emergency same-day appointments.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%. Since this data was published, the practice had implemented changes to improve access further. This included additional phone lines and a structured triage system available during the practice's busiest times.

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.

The practice utilised a weekend access scheme for vulnerable patients. This enabled patients to access a GP service from 8am to 8pm on Saturdays and Sundays to reduce unnecessary attendance at hospital.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

The practice received six complaints in the 12 months prior to our inspection.

The practice had an effective system in place for handling complaints and concerns, led by the practice manager, senior receptionist and a GP partner.

- The practice manager, a senior receptionist and a GP partner met monthly to discuss complaints. This ensured complaints were investigated and resolved quickly. An annual complaint summary meeting involved all practice staff and ensured themes and trends were identified to help improve the service.
- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available to help patients understand the complaints system.

We looked at all complaints received in the last 12 months and found in each case the practice documented a review and action. This included evidence of the initial action taken in each case and what they did afterwards to improve the service. In addition, the practice conducted specific reviews when patients submitted concerns or requests. As a result of complaints, staff had made changes to the appointment allocation process by providing more thorough guidance to receptionists and implementing a system to ensure referrals to private healthcare providers were followed up. Although the practice documented the investigation and resolution of complaints, it did not include a date of closure in the tracking document. This meant it was not immediately clear how long complaints typically took to resolve.

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 and staff knew and understood the values. Each member of the team had the opportunity to contribute to the mission statement and vision of the practice we saw they were passionate about its success.
- The practice had a robust strategy and supporting business plan that reflected the vision and values and were regularly monitored. This followed a two-year period of stabilisation and development following a challenging period of staffing changes and building estates issues.

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.
- A comprehensive understanding of the performance of the practice was maintained by the leadership team.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Processes ensured the whole practice team were involved in learning and outcomes such as by ensuring salaried GPs attended partner meetings.

Leadership and culture

On the day of our inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. There was a track record of prioritising safe, high quality and compassionate care within a culture of 'no blame'. This

meant staff were supported to learn from mistakes without fear of reprisal. All of the staff we spoke with told us the partners were approachable and always took the time to listen.

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

- The practice gave affected people reasonable support 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 there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners 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 participating group (PPG), which met bi-monthly. For example, the PPG had contributed to plans for the refurbishment of the reception area and had secured funding for this.
- The PPG carried out an annual patient survey and submitted proposals for improvements to the practice management team. This had recently included regular

Are services well-led?

Good 

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

meetings with the reception team to better understand their role. The PPG proactively sought membership from a wide representation of the practice population, including in age range, gender and health status. The PPG survey results from 2016 documented detailed a wide range of positive comments from patients on accessibility, staff professionalism and recommendations for improvement. However there was no associated action plan or formal acknowledgement from the practice regarding how to use the information.

- The practice had gathered feedback from staff through appraisals and 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.

- Changes and improvements were considered and implemented as a result of staff development and input. For example, following an infection control course, a practice nurse suggested updates to the infection control policy, which the senior team implemented.

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. Most recently this had included work with a local acute hospital to identify strategies to reduce the risk of cardiovascular disease locally.