Thaxted Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at The Thaxted Surgery on 18 November 2015. Overall the practice is rated as good. The practice is rated as good for each of the domains and all of the population groups.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Learning from when things went wrong was widely shared with staff through meetings and discussions. People affected by safety incidents were offered an explanation and an apology.
- There were systems for assessing and managing risks. There were systems for assessing risks including risks associated with medicines, premises, fire, equipment and infection control.
- The practice fire alarm system was linked to and triggered by a number of smoke detectors within the practice. There were no other systems for raising an alarm in the event of an outbreak of fire (such as in case of fire break glass fire alarm).
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Clinical audits and reviews were carried out to make improvements to patient care and treatment.
- Staff performance was appraised and any further training needs had been identified and planned.
- 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. Complaints were investigated and responded to appropriately and apologies given to patients when things went wrong or their experienced poor care or services.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider Should:

- Review the procedures for raising an alarm in the event of an outbreak of fire within the practice.
- Review the checking procedures for medicines within the dispensary so that they are checked more frequently to identify when medicines have expired.
- Maintain copies of the appropriate checks including employment references are carried out when staff are employed.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. There were arrangements in place to keep both patients and staff safe. These included referring to and using a range of published information including National Institute for Care and Health Excellence (NICE) and safety alerts from Medicines and Healthcare Products Regulatory Agency (MHRA) to improve safety. The practice acted when things went wrong, investigated these events and shared learning with staff to minimise recurrence and to reduce risks.

Vulnerable patients were safeguarded from the risk of abuse because staff were trained and had access to appropriate policies and procedures. Chaperones were provided as required and staff were trained in this area.

The practice had a number of policies and procedures to promote patient safety and these were followed by staff. There were arrangements in place to monitor risks associated with the premises and equipment. Infection control audits were carried out to test the effectiveness of the procedures to minimise risks of infections. The practice had procedures in place to deal with the risk of outbreak of fire. The fire alarm system was linked to smoke detectors, which were situated throughout the practice. The practice fire alarm system was linked to and triggered by a number of smoke detectors within the practice. There were no other systems for raising an alarm in the event of an outbreak of fire (such as in case of fire break glass fire alarm).

There were procedures in place for handling medicines. There were checking procedures for medicines including vaccines and emergency medicines. However these checks for medicines within the dispensary could be carried out more frequently as we found some out of date medicines in the dispensary. The arrangements in respect of controlled medicines were in line with all of the legal requirements.

Staff were consistently recruited in line with the practice policy. We were told that appropriate checks including proof of identity, employment references and Disclosure and Barring Service (DBS) checks had been carried out for all staff. Records in respect of some of these checks were not available in staff files. However we were assured they had been obtained and used to secure staff smart cards.

Summary of findings

New staff were provided with a period of induction and a staff handbook to help them in their new roles. There were arrangements to ensure that there were enough staff to keep patients safe.

Staff were trained to deal with medical emergencies and there were procedures in place for them to follow and appropriate equipment was available.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were comparable to other GP practices locally and nationally for assessing patients and treating and managing long term conditions such as heart disease, dementia and diabetes. Where areas for improvements were identified the practice acted promptly to address these. Staff referred to guidance from the National Institute for Health and Care Excellence local and national initiatives and used it routinely.

Patients' needs were assessed and care was planned and delivered in line with current legislation and guidance. Staff regularly reviewed current guidance to ensure that patients were receiving treatments in line with any changes for improvement. A system of audits and reviews were in place to monitor and improve outcomes for patients. The practice promoted local and national health screening and vaccination programmes and followed up on patients to encourage them to attend the relevant appointments.

Information about the needs and treatment of patients including those who were at end of life and patients at risk of avoidable hospital admissions was shared with other health and social care providers to ensure a joined up and consistent delivery of care and treatment.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients who completed comment cards and those we spoke with during the inspection also confirmed that staff at the practice were respectful and caring. Patients said they were treated with compassion, dignity and respect. Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially.

Patients told us that they received information about their treatment in a way which they could understand and they were involved in decisions about their care and treatment. Information

Summary of findings

for patients about the services available was easy to understand and accessible. The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available.

Patients who were receiving palliative care and those who at the end of their life were identified and reviewed regularly to ensure that they received appropriate care. The GPs provided their mobile telephone numbers to patients as needed to help offer support and advice to these patients.

The practice provided room within the surgery for use by counsellors so that patients could easily access these services.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It 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. This included participation in the local '100 day challenge' pilot scheme to help minimise unplanned hospital admissions.

The majority of patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice reviewed its appointments systems to ensure that this meet patient's needs. Home visits were available for patients where this was appropriate and included visits to administer the seasonal flu vaccines. GPs carried out weekly visits to patients in care homes to ensure that their health care needs were monitored and catered for appropriately.

The practice provided medicines dispensing services to patients who may find it difficult to obtain their medicines from the pharmacy. Where patients were unable to attend the practice there were arrangements in place to have medicines delivered to patient's homes.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations. Learning from complaints was shared with staff and other stakeholders.

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Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy to provide evidence based care and treatment for all patients. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

GPs were proactive in improving patient care through research, audits and reviews. They attended local CCG peer review and support meetings so that they were aware of current best practice and local initiatives. These were then shared and imbedded within the practice.

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were regularly reviewed and updated so that they reflected current legislation and guidance. The practice held regular governance meetings to review performance and outcomes for patients. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and regularly contributed ideas and suggestions as to how improvements could be made. These suggestions were acted on where appropriate. Staff had received appropriate role specific training, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

- Medicines dispensing was provided where needed and medicines could be delivered to patients in their homes where this was appropriate.
- Home visits for seasonal flu vaccinations were provided as required.
- Weekly home visits were made to review those patients who lived in local care homes.
- Vulnerable elderly patients and those who were nearing end of life had access to GPs via mobile telephone if needed and these patients were supported so that they could remain and be cared for at home to reduce unplanned hospital admissions.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD). The practice performance for the management of these long term conditions was similar to or higher than other GP practices nationally.

- Patients had access to appointments for structured health care reviews and monitoring for long term conditions.
- GPs had specialist interests in a number of long term conditions including heart failure, respiratory conditions and diabetes.
- Regular clinical audits were carried out to improve outcomes for patients with one or more long term condition.
- Appointments were flexible and available on Saturdays.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Appointments were available outside of school hours.

Summary of findings

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. Regular meetings were held with other health care professionals to coordinate care for children who were at risk.

Immunisation rates were similar to or higher than other GP practices for all standard childhood immunisations. 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.

Information and a range of sexual health and family planning clinics were available.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had increased the number of nurse appointments to improve access to patients for routine health checks and the treatment of minor illnesses.

The practice was proactive in offering online services including on-line appointment. The practice offered a full range of health promotion and screening that reflects the needs for this age group including NHS health checks.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including patients with a terminal illness and those with a learning disability. The practice proactively promoted annual health checks for patients with learning disabilities and carried out home visits for these reviews as needed.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. This helped to ensure that patients whose circumstances made them vulnerable were supported holistically and that patients who were at a higher risk of unplanned hospital admissions were supported to and treated in their home.

Summary of findings

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 in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had a lead GP with specialist training in mental health and they oversaw the arrangements for supporting these patients. Regular meetings were held with other healthcare professionals to coordinate the care and treatment for patients with mental health conditions.

The practice worked closely with local mental health organisations and advised patients experiencing poor mental health about how to access various support groups and voluntary organisations. Local counsellors were able to use the premises so that patients did not have to travel elsewhere for this service.

It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with autism, mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 110 responses from 254 surveys sent out which represented 43.3% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was better than or similar to local and national GP practices for the convenience of the appointment system, waiting times and ease of accessing the surgery by telephone.

- 89% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 75% found it easy to get through to this surgery by phone compared with a CCG average of 63% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average and a national average of 85%.
- 94% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 85% described their experience of making an appointment as good compared with a CCG average of 68% and national average of 73%.
- 57% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 56% and a national average of 65%.
- 62% felt they did not normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received, access to appointments and staff helpfulness and attitude. We also spoke with seven patients on the day of the inspection. Patients commented positively about staff saying that they were friendly, caring and helpful. Patients said that they could get appointments that suited them and that they were happy with the care and treatments that they received. Patients also spoke very positively about the GPs and nurses. They told us that they felt listened to and that they were given ample time to ask questions and to discuss their care and treatment.

Areas for improvement

Action the service SHOULD take to improve

- Review the procedures for raising an alarm in the event of an outbreak of fire within the practice.
- Review the checking procedures for medicines within the dispensary so that they are checked more frequently to identify when medicines have expired.
- Maintain copies of the appropriate checks including employment references are carried out when staff are employed.

Thaxted Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Thaxted Surgery

The Thaxted Surgery is located in the village of Thaxted, Essex. The practice provides services for 7300 patients living in predominantly rural areas of Thaxted, Dunmow and Saffron Walden. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and West Essex Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standard.

The practice population is slightly lower than the national average for younger people and children under four years, and for those of working age and those recently retired, and slightly higher for older people aged over 75 years. Economic deprivation levels affecting children, older people and unemployment are lower than the practice average across England. However there are pockets of economic and social deprivation. Life expectancy for men and women are similar to the national averages. 71% of the practice population of working aged patients are in paid employment or full time education compared to the national average of 60%. The percentage of patients who are unemployed is 1.6% which is significantly lower than the national average of 6.2%.

At 48% the practice patient list has a slightly lower than the national average for long standing health conditions which is 54% and they also have lower disability allowance claimants. The practice has a slightly higher percentage than the national average of patients living in care homes at 0.7% compared to 0.5% nationally.

The practice is managed by four GP partners and the practice manager who hold financial and managerial responsibility. In total two male and four female GPs are employed. The practice also employs two salaried GPs, two practice nurses and two health care assistants. A practice manager is also employed and is supported by an assistant practice manager and a team of reception and administrative staff.

The practice is open between 8am and 6.30pm on weekdays and receptionists are available during this time. Morning GP and nurse appointments are available between 8.30am and 11.30am, and afternoon appointments are available between 3.30pm to 5.30pm. The practice offers emergency same day appointments between 11.50am and 5.30pm each weekday. The practice is also open on alternate Saturday mornings between 8.30am and 12pm and provides a range of pre-booked GP, nurse and health care assistant appointments.

The practice has opted out of providing GP out-of-hours services. Unscheduled out-of-hours care is provided by PELC through the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Why we carried out this inspection

We inspected Thaxted Surgery as part of our comprehensive inspection programme We carried out a

Detailed findings

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

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.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 November 2015. During our visit we spoke with a range of staff including the GPs, nurses, and reception / administrative staff. We also spoke with patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records (relating to their medicines only) and policies and procedures in relation to the management of the practice.

Good

Are services safe?

Our findings

Safe track record and learning

The practice reviewed and referred to a number of published guidance documents including those from National Institute for Health and Care Excellence (NICE) to monitor and improve patient safety. There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated. We saw that alerts were acted upon and where appropriate patients medicines were reviewed and changed where indicated. Alerts were kept and accessible to staff to refer to as needed.

Staff we spoke with told us the practice had an open and transparent approach to dealing with instances when things went wrong. There was a system in place for reporting and analysing significant events and other safety related incidents. The practice had procedures in place for reporting safety incidents and all staff we spoke with were aware of these procedures and the reporting forms. We found that near misses or errors in relation to medicines in the dispensary were routinely reviewed as part of the significant event procedures.

We saw that significant safety events were investigated and that learning was shared with staff to support improvements in patient safety. The practice monitored significant events to ensure that learning from these was imbedded into practice and to minimise risks to patients.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse. The practice had suitable policies and procedures in place for safeguarding vulnerable children and adults. Staff had undertaken appropriate role specific training and those we spoke with were aware of their responsibilities to keep patients safe and to report any concerns. The practice had a dedicated lead GP who was responsible for overseeing safeguarding procedure. They ensure that information was shared and acted on as required to identify patients who may be at risk of abuse or neglect such as older people, those with learning disabilities and looked after children.
- The practice had procedures in place for providing chaperones during examinations. A notice was displayed in the waiting room, advising patients that chaperones were available, if required. All staff who acted as chaperones received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff who carried out chaperone duties had undertaken training and those we spoke with were able to demonstrate that they understood their responsibilities in relation to these roles.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which was kept under regular review and available to all staff.
- All electrical equipment was checked to ensure that it was safe to use. Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly.
- The practice had a risk assessment in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials. The risks associated with legionella had been assessed and there were arrangements in place to minimise these risks.
- The risk of fire had been assessed and firefighting equipment was in place and checked regularly. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas throughout the premises. The practice had a fire alarm system which was linked to smoke detectors throughout the building. There were no systems in place for staff to raise an alarm in the event of an outbreak of fire within the practice. Staff had undertaken recent refresher or training updates around fire safety awareness.
- The practice had suitable policies and procedures in place for infection prevention and control. We observed the premises to be visibly clean and tidy. The practice had suitable cleaning materials and equipment. The practice nurse was the infection control clinical lead and

they took responsibility for overseeing infection control procedures within the practice. There were cleaning schedules in place infection control audits had been carried out. Staff received infection control training. Clinical staff had access to personal protective equipment such as gloves and aprons and undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections. There were arrangements for storing and disposing of waste including clinical waste matter.

- We checked medicines stored in the dispensary, treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines requiring cold storage were kept at the required temperatures and staff knew what action to take in the event of a potential failure, however there was no record of the action taken when there were incidents where the refrigerators had been recorded out of range.
- There was a process in place within the dispensary to check whether medicines were within their expiry date. An annual stock take of medicines was carried out and dispensing staff checked medicines at the point that they were dispensed. However a system for more regular checks was not in place and we found four boxes of a particular medicine that had expired in October 2014. Expired and unwanted medicines were disposed of in line with waste regulations.
- Regular medication audits were carried out with the support of the local CCG pharmacist to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads and blank prescriptions used in printers were securely stored overnight and there were systems in place to monitor their use.
- The nurses either prescribed vaccines or administered vaccines using directions that had been produced in line with legal requirements and national guidance.
- There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. The practice produced a monthly list of patients receiving these medicines. Anyone who had not received the required monitoring was passed to the GPs for review. The medicine was then removed from the repeat dispensing list to ensure the dispensary team could not issue the medicine without the knowledge of the GP. There were also safe systems in place to ensure that any change of medication on discharge from hospital was reviewed by the GP and the appropriate action taken in a timely manner.
- 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. These were being followed by the practice staff. Controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. All prescriptions were reviewed and signed by a GP before they were given to the patient. Safe systems of dispensing were in operation with a system of second checking in place either by the electronic system or by another member of staff and there were safe systems in place for the dispensing of compliance aids (simple device to help people remember to take their medicines).
- The practice had signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary.
- All members of staff involved in the dispensing process had received appropriate training and their competence was checked annually.
- The practice had established a service for patients to pick up their dispensed prescriptions at one rural location when it was difficult for people to travel to the surgery to collect their medicines. Systems were in place to ensure the safe delivery of those medicines to the correct person.
- The practice had policies and procedures for employing clinical and non-clinical staff. We reviewed four staff files including one for the most recently employed staff and found that these procedures had been followed. We were told that all of the appropriate recruitment checks including proof of identification, references had been

obtained before new staff were employed. Copies of these were not available within some staff files. However they would have been used to obtain smart cards for all staff.

- Evidence of qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service had been undertaken prior to employment. New staff undertook a period of induction which was tailored to their roles and responsibilities. Newly employed staff were provided with a staff handbook and the opportunity to shadow more experienced staff to familiarise themselves with the practice policies and procedures. Staff we spoke with confirmed that they had had training for their roles and that this had included shadowing other staff.
- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Administrative staff we spoke with said that the majority of admin staff could carry out a number of roles which meant they were flexible in the cover they could provide for holiday and sickness absence.

Arrangements to deal with emergencies and major incidents

There were policies in place for dealing with medical emergencies and major incidents. All staff received annual basic life support training and were able to describe how they would act in the event of a medical emergency. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction) and emergency medicines were available and accessible to staff. All the medicines we checked were in date and fit for use. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency equipment was regularly checked to ensure that it was fit for use.

The practice had an arrangement in place for dealing with major incidents such as power failure or building damage which could affect the day to day running of the practice. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice reviewed published guidance including National Institute for Health and Care Excellence (NICE) best practice guidelines and used this in the assessment and treatment of patients. The practice had systems in place to ensure all clinical staff were kept up to date with any changes in this guidance. This was achieved through regular clinical meetings and discussions including daily informal meetings between the GPs, monthly GP partners meetings other staff meetings. The practice monitored that these guidelines were being followed through risk assessments, audits and random sample checks of patient records. GPs within the practice had lead roles and specialist interests including child protection, diabetes, minor surgery and mental health.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2013/14 showed;

Performance for the treatment and management of diabetes was similar to the CCG and national average. For example:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 88% compared to the national average of 78%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 81% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 89% compared to the national average of 81%

These checks help to ensure that patients' diabetes was well managed and that conditions associated with diabetes such as heart disease were identified and minimised where possible.

The practice performed well for the treatment of patients with hypertension (high blood pressure). We saw that the percentage of patients whose blood pressure was managed within acceptable limits was 88% compared to the national average of 83%. The practice had also performed in line with the national average for treating patients with heart conditions who were at risk of strokes. We saw that the percentage of patients who were treated with appropriate medicines was 97% compared to the national average of 98%.

The practice exception reporting was in line with GP practices nationally and locally. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as patients consistently failing to attend reviews or where treatments may be unsuitable for some patients. This avoids the practice being financially penalised where they have been unable to meet the targets set by QOF.

Clinical audits were carried out to monitor and improve outcomes for patents. We looked at a recent audit which had been carried out to assess whether all patients with atrial fibrillation (a heart condition where the heart beats irregularly) who were at risk of stroke were treated with an appropriate anticoagulant. The audit showed that all patients had been assessed and were being treated appropriately. There were plans to regularly review the audit to maintain outcomes for patients.

A number of other clinical audits had been carried out, reviewed and outcomes form these reflected in practice. These included audits around the use and risks associated with intrauterine devices (IUD), medicine prescribing including antibiotic prescribing, GP referrals to secondary care and reviewing hospital admissions. Clinical audits were reviewed regularly to ensure that patients received effective care and treatment, which reflected current best practice.

Medicine reviews were carried out every six months or more frequently where required. A community pharmacist assisted with these reviews for patients with complex medical needs and those who were prescribed combinations of medicines.

Effective staffing

Staff were trained and supported so that they had the skills, knowledge and experience to deliver effective care and treatment.

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed members of staff. This helped new staff to familiarise themselves with the practice policies and procedures.
- Staff told us that they were supported and that they could access training to enable them to meet the needs of patients.
- Staff had access to appropriate training which included ongoing support, one-to-one meetings, appraisals, coaching and mentoring. Staff training included safeguarding, information governance and confidentiality. However staff had not received training in chaperone duties or fire safety awareness.
- Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening.
- Nursing and GP staff had ongoing clinical supervision. Nurses working at the practice had effective current Nursing and Midwifery Council (NMC) registration. All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).
- GPs attended local peer review meetings and all staff had access to a range of role specific meetings to discuss issues to share information and learning.
- The practice GPs were proactive in using research to make improvements in clinical care and treatment. The practice is an accredited teaching practice and provided placements for medical students from Cambridge University.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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

- Six weekly multidisciplinary meetings with child health professionals
- Monthly multidisciplinary meeting for to discuss frail, elderly patients and those receiving palliative care.
- Quarterly multidisciplinary meetings for patients with learning disabilities and those with mental health conditions.

The practice participated in the local CCG '100 day challenge' initiative to reduce unplanned hospital admission. Data from the local CCG showed that there were low incidents of unplanned hospital admissions and that a high proportion of people who were receiving palliative / end of life care died in their preferred place of care (usually at home).

Consent to care and treatment

The practice had policies and procedures around obtaining patients consent to treatment. Staff we spoke with could demonstrate that they understood and followed these procedures. GPs and nurses we spoke with told us when providing care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear, assessments of capacity to consent were also carried out in line with relevant guidance. We saw that written consent was obtained before GPs carried out minor surgical procedures and other treatments including joint injections. We saw that patients were provided with detailed information about the procedures including intended benefits and potential side effects. We saw that where verbal consent was obtained for procedures including joint injections that this was recorded correctly within the patients' medical record.

Health promotion and prevention

GPs we spoke with told us that the practice was proactive in promoting patients' health and disease prevention. The practice had systems in place for identifying patients who

Good

Are services effective?

(for example, treatment is effective)

may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice participated in national screening programmes such as breast and bowel screening. The practice's uptake for the cervical screening programme for 2013/14 was 85%, compared to the national average of 81%. 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.

Childhood immunisation rates for the vaccinations given and flu vaccination rates for patients over 65 years were comparable to national averages in 2013/14. For example,

- The percentage of childhood Meningitis C immunisation vaccinations given to under two year olds was 92% compared to the CCG percentage of 96%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 92% compared to the CCG percentage of 94%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 93% compared to the CCG percentage of 96%.
- Flu vaccination rates for the over 65s were 77%, and at risk groups 54%. These were also comparable to national averages (73% and 53% respectively).

The practice had reviewed and discussed these results and attributed the lower than CCG averages to parent choice and their concerns about childhood vaccinations. Information was made available to parents to help them in making decisions about childhood vaccinations and immunisations.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. The practice acknowledged that there were issues regarding the reception area and the risk of conversations between staff and patients being overheard. Two patients who completed CQC comment cards said that they felt there was an issue in maintaining confidentiality due to the location and layout of the reception area. There were notices displayed requesting that staff waiting to speak with receptionists stand a distance back from the reception area to help minimise the risk of overheard conversations. The patient waiting room was situated separately away from the reception area, which helped to promote confidentiality. We observed that reception staff were mindful when speaking on the telephone not to repeat any personal information. They also told us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 29 patient CQC comment cards we received were positive about the service they received. Patients said they felt the practice offered an individualised service with a strong focus on the needs of the community. Patients we spoke with and those who completed comment cards told us that the GPs and nurses was particularly caring. They told us that staff explained their care and treatments clearly and that they were provided with ample time to discuss any issues or concerns that they had.

Results from the national GP patient survey, which was published on 02 June 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice performed better than or comparable to GP practices both locally and nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 88% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG of 94% and national average of 95%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 90%.
- 89% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

These results were aligned with the views of patients we spoke with during our inspection and those who completed CQC comment cards. Patients commented that staff were caring, helpful and efficient. A number of patients gave examples of when staff had taken extra time or care to assist them when they had particular difficulties.

The practice participated in the NHS Friends and Family Test and 97% of patients who responded said that they were extremely likely or likely to recommend the practice to their friends and family or to someone new to the area.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us the GPs and nurses explained their health conditions and treatments clearly. They told us that were involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the 29 comment cards we received was also positive and aligned with these views.

Results from the national 2015 GP patient survey, which was published on 02 July 2015 showed that patients

Good

Are services caring?

responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above the local and national averages. For example:

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 81%

Patients we spoke with during the inspection said that they had confidence in the GPs and nurses at the practice. They told us that they were treated as individuals. Two patients we spoke with gave us specific examples of how their treatment for their medical condition and the choice of suitable treatment options available had been explained to them.

Staff told us that if translation services were needed that they would refer to the practice policy and procedure to obtain these services. Staff we spoke with could not recall any times where these services had been required.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There were notices in the patient waiting room advising how they could access a number of support groups and organisations including counselling, cancer support and bereavement services.

19% of the practice population had caring responsibilities which was similar to the national average of 18.2%. The practice identified patients who were also a carer at the point of their registration and during consultations. There was a practice register of all people who were carers. This information was used on the practice's computer system to alert GPs when the patient attended appointments. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us the practice had a protocol for supporting families who had suffered bereavement. The GP told us that they would contact bereaved families and arrange an appointment or a home visit as needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. This included participation in the local pilot '100 day challenge' to provide support to frail and elderly patients so as to minimise unplanned hospital admissions.

Services were planned and delivered to take into account the needs of different patient groups and the increase in demand for services to help provide ensure flexibility, choice and continuity of care. For example;

- Pre-booked and same day appointments were available. Patients who required urgent appointments were seen on the same day and emergency appointments were available between 11.50am and 5.30pm to facilitate this.
- Pre-booked GP, nurse and health care assistant appointments were available on alternate Saturday mornings.
- There were longer appointments available for patients including for initial childhood immunisations and patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these. Weekly visits were made to review patients who lived in local care homes to monitor their healthcare needs.
- There were disabled accessible facilities and translation services were available.
- Electronic prescribing services were available so that patients could pick up their medicines at their local pharmacy.
- The practice provided medicine dispensing services for up to 4000 patients and there were arrangements to deliver medicines to some patients in their own homes where they were unable to attend the practice.
- People with complex needs, for example those living with dementia or those with a learning disability were identified and seen as a matter of priority where needed.

Access to the service

The practice was open between 8am and 6.30pm on weekdays and receptionists were available during this time. Morning GP and nurse appointments were available between 8.30am and 11.30am, and afternoon appointments were available between 3.30pm to 5.30pm. The practice offered emergency same day appointments between 11,50am and 5.30pm each weekday. The practice was also open on alternate Saturday mornings between 8.30am and 12pm and provides a range of pre-booked GP, nurse and health care assistant appointments.

Results from the 2015 national GP patient survey, which was published on 02 July 2015 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke with on the day were able to get appointments when they needed them. For example:

- 85% of patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 68% and national average of 75%.
- 75% patients said they could get through easily to the surgery by phone compared to the CCG average of 63% and national average of 73%.

There was one area where the practice performed similar to the local CCG average but lower than the national average:

- 57% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 58% and national average of 65%.

28 of the 29 patients who completed CQC comment cards said that they were happy with the appointments system and access to the practice. One patient commented that they were rarely able to get an appointment that suited their needs.

We reviewed the results of the NHS Friends and Family Test and found that responses were positive and that 97% of patients who responded were either extremely likely or likely to recommend the practice.

Listening and learning from concerns and complaints

The practice had a 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system. This information was included in the patient leaflet. Information clearly described how patients could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied. Each of the seven patients we spoke with were aware of the process to follow if they wished to make a complaint.

We saw that all complaints and concerns were logged, investigated and an appropriate apology and response was made to the complainant. Learning from complaints and concerns was widely shared with staff to make improvements. Complaints were reviewed to help identify trends and to ensure that learning was imbedded into staff practice.

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 and ethos, which was described in their Statement of Purpose. The practice values were displayed throughout the premises and available on the practice website. The practice values centred around providing a full range of services focused on and to meet the needs of the local population and to achieve clinical excellence through continuous monitoring and improvement of the service.

The practice GP partners had ongoing plans in place to monitor and prepare for changes in the local population demographics and the increase in population (2% each year) and demand for GP services. There were plans in place to extend and refurbish the practice premises so as to meet these demands.

Governance arrangements

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

- There was a clear staffing structure and accountability. Staff were supported and trained to fulfil their roles and responsibilities within the practice team.
- The GPs and nurses had lead roles and special interests which covered the treatment and management long term conditions, health improvement and promotion including child health, family planning, diabetes and respiratory conditions.
- Practice specific policies and procedures were available to all staff including procedures for safe medicines management, safeguarding patients and infection control. These policies were regularly reviewed and amended to ensure that they reflected any changes in legislation and guidance. Staff we spoke with told us that all policies and procedures, and forms that were needed were available on the practice's intranet site.
- The quality of services provided was monitored and improved where required through a system of clinical audits, reviews and benchmarking against local CCG performance criteria.
- Risks to patients and staff were identified and managed through systems of monitoring and learning from when things went wrong.

Leadership, openness and transparency

GP partners and the practice staff encouraged a culture of transparency and honesty. There were clear lines of responsibility and accountability and staff were aware of these. Staff said that they were well supported and they felt able to speak openly and raise issues as needed. We spoke with the local community matron and members of the practice Patient Participation Group and they both confirmed that they found practice staff were open and approachable.

A variety of practice staff meetings were held on a regular basis. These included daily GP meetings which were held following the morning surgery, monthly evening GP partner meetings, monthly nurse meetings and quarterly dispensing and reception meetings. These were used to review and discuss ways in which the service could be improved. Complaints and any other issues arising were discussed and actions planned to address these during the practice meetings.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and informal comments and received. Staff we spoke with told us that the management were approachable and they felt able to raise concerns or make suggestions as to how the practice could be improved.

There was an active PPG which met on a regular basis. We spoke with representatives from this group and they told us that they met with practice staff on a regular basis and that the practice staff were approachable and proactive in listening to suggestions for change. The practice shared information with patients through a quarterly newsletter which was available in the practice and on the website.

We saw that the practice had an open culture where patients could make comments and suggestions and hat these were acted upon to improve their experiences of using the service. The practice actively encouraged patients

Are services well-led?

Good

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

to participate in the NHS Friends and Family Test and monitored these results. We saw that over 97% of patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.