

Mersea Island 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	
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Are services safe?	Good	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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Summary of findings

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Overall summary

We carried out an announced comprehensive inspection at Mersea Island Medical Practice on 17 May 2016. Overall the practice is rated as good.

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

- Staff members knew how to raise concerns, and report safety incidents. The policy showed the practice complied with the requirements of the duty of candour. Safety information was recorded and any issues identified were shared with staff members.
- Risks to patients were assessed and documented. The system to assess risks included those associated with; premises, equipment, medicines, and infection control.
- Patient care was planned and provided to reflect best practice using recommended current clinical guidance.

- Patient comments were positive about the practice during the inspection and they told us treatment was with consideration, dignity and respect. Members of the practice patient participation group told us they were involved with practice development.
- Information regarding how to complain was available at the practice and in an easy to read format.
- There were urgent appointments available on the day they were requested.
- The practice had suitable facilities and equipment to treat patients and meet their requirements.
- The leadership structure at the practice was known and understood by all the staff members we spoke with. They told us they were supported in their working roles by the practice management and the GPs.
- The patient participation group was keen to support the practice improve and develop.

We saw one area of outstanding practice including:

- The practice held a list of vulnerable patients that staff members were aware were known to forget to attend

Summary of findings

important review appointments provided to maintain their health. Staffmembers contacted patients prior to their appointments to establish their welfare and check they were able to attend the practice. The practice felt this responsive contact was critical due to being located on an island. The road to the island flooded for up to an hour and a half at high tides twice most days and was not navigable by a car or an ambulance even in an emergency situation. The practice procedures in place ensured vulnerable patients were provided with sufficient input to their welfare to reduce the need for the air ambulance to be

called. The practice told us the caring contact they made was to ensure that vulnerable patients welfare was considered and admission to hospital was reduced.

The area where the provider should make an improvement is:

- Improve the access for patients to get through to the practice by telephone. The January 2016 GP survey showed the practice scored 51%, and the July 2016 score was 44%, both of these scores were well below the national average of 73%.

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



- There was a system in place and staff members knew how to raise concerns, and report safety incidents. Incidents and lessons learned were shared with staff members in practice meetings.
- When things went wrong patients received an explanation or an apology when appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had developed processes to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and managed these included premises, equipment, medicines, and infection control.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were above average compared with local and national practices.
- Patient care was planned and provided in a way that reflected best practice and followed recommended current clinical guidance.
- Staff had the skills, local community knowledge, and experience to deliver effective care and treatment in a primary care environment.
- Clinical audits undertaken at the practice showed the GPs used auditing to improve the practice service quality and patient outcomes.
- There was a system in place to ensure that staff received supervision and appraisals.
- Staff communicated with multidisciplinary teams to understand and meet the varied complexities of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the 'National GP Patient Survey' published January 2016 showed patients rated the practice higher than others for numerous aspects of care.
- Patients said they were treated with compassion, dignity, respect, and were involved in decisions about their care and treatment.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice coded patients who were carers, the number identified was 1.2% of the practice population.
- Vulnerable patients were contacted prior to their appointments to establish their welfare and check they were able to attend the practice.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. These included community services delivered from both sites owned by the practice to reduce patients need to travel from the island to Colchester.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Certain patients welfare was regularly checked over the phone. The practice felt this responsive contact was critical due to being located on an island. The road to the island flooded for up to an hour and a half at high tides twice most days, and was not navigable by a car or an ambulance even in an emergency situation.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff members were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning, development of services, and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with greater needs.
- The practice had a long established named list approach and each patient in this population group had a named GP assigned to them and knew who they were.
- There was an induction loop system at the reception counter, and portable loop systems for use at both sites.
- The practice had developed accessibility locally for the 31% of older people on their list to provide services at the practice to avoid them needing to travel long distances to receive them elsewhere.
- The practice provided physiotherapy and podiatry services, diabetic eye screening, abdominal aortic aneurism screening, community phlebotomy and audiology.
- Current work with the local community provider organisation to increase capacity for the 'Care Closer to Home project'.
- There were end of life care arrangements, with reliable data sharing hosted by the St Helena's Hospice, and a dedicated end of life 'Singlepoint' telephone number in use.
- The practice, hospice, and district nursing colleagues, met on a quarterly basis to discuss palliative care and the patients in the final year of life, or those who were frail. .
- The care and treatment needs of palliative and frail patients were discussed at a weekly clinical meeting.
- The premises were wheelchair accessible, having two clinical rooms that had widened doorways to aid access.
- The consultation and treatment room signs were in braille, and colour contrast strips had been used to enhance direction finding in the waiting room and patient toilet areas.

People with long term conditions

The practice is rated as good for the care of 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. Diabetic quality data from 2014 to 2015 showed:

Summary of findings

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months, was 89% (local practices 72% and nationally 78%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 89% (local practices 77% and nationally 78%).
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- The named GP of patients with complex needs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice nurses had received specialist training in diabetes, asthma, and chronic obstructive pulmonary disease, to support the GPs manage long term condition patients.
- The practice was part of the North East Essex Diabetes Service (NEEDS) co-commissioned by Suffolk GP federation, which included multi-disciplinary team meetings. The practice told us this had an influence on the high QOF scores for the management of long-term conditions.
- There was a domiciliary blood testing service for patients taking blood thinning medicine, and point of care testing to provide local monitoring and maintenance of safe care.
- We were told repeat prescription processing was generally completed within 24 hours; (though they advised up to 48hrs) to support patients with early access to care.

Families, children and young people

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

- There were systems in place to follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations in comparison with practices locally.
- Parents of children and young people told us they were treated in an age-appropriate manner and recognised as individuals.
- Patients aged 25-64, attending cervical screening within the target period of 3.5 or 5.5 years coverage, was 76% this was no different to other practices in the local area or nationally.
- Appointments were available outside of school hours.

Good



Summary of findings

- The two practice sites were suitable for children and babies with access to baby-changing facilities. We saw the practice was a breast-feeding friendly practice and had baby change facilities on both sites.
- The midwives and health visitors operate from one of the practice sites providing easy access for communication purposes. Due to the practice being on an island they had sought to secure services in easy reach for the families in their community.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Online appointments were available for both advanced and on the day appointments.
- Self check-in and electronic patient information on the call screens made access to the service more convenient for families.
- The practice told us they ensured all patients in this population group that needed to be seen on the day, this included a number of urgent appointments each afternoon.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure they were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services.
- They offered a full range of health promotion and patient screening that reflected the needs of this population group.
- Although the practice did not offer extended hours, they did offer GP telephone consultations to support working age people, and enhanced access to ensure that anyone who needed to be seen on the day was seen.
- The nurses offered long term condition appointments into the evening, and hosted allied services to support patients being seen conveniently in their own community.
- The practice also offered minor surgery and joint injections to support patients return to work.
- Private employment medicals and insurance reports were issued to support patients that require them for their work.
- The utilisation of the electronic prescription service supported patients to receive their medicine from a convenient pharmacy near their work place.

Good



Summary of findings

- The ability to book online appointments and prescription services gave patients access at any-time of the day.

People whose circumstances may make them vulnerable

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

Good



- The practice held a list of vulnerable patients and staff members were aware that these patients were known to forget or attend important review appointments provided to maintain their health. Staff ensured that these vulnerable patients were contacted by phone prior to their appointment to ensure they attended and were also well enough and able to attend the practice.
- The practice GPs worked with other health care professionals in the case management of vulnerable patients. They worked closely with a number of learning disability care homes within their catchment area, and offered a bypass phone line to give greater access to advice, care planning, and the support of the practice services.
- The practice focused their attention on frail and vulnerable patients, including those the subject of safeguarding concerns, so they could respond to their needs. Weekly meetings took place where individual vulnerable patients were discussed to ensure they received the most appropriate care and treatment. These meetings were used to identify ways to reduce the risk of patients deteriorating rapidly and to avoid unnecessary hospital admissions. Care plans were put in place for these patients. Staff told us they were encouraged to mention any concerns they had regarding patients in this population group to ensure they remained safe and well.
- The practice identified patients living in vulnerable circumstances this included those with a learning disability; this also included homeless people or travellers.
- The practice offered longer appointments for patients with a learning disability.
- The practice provided information to vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise the signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding the sharing of information and the documentation of safeguarding concerns. The practice policy set out the details of how to contact the relevant local agencies during normal working hours and out of hours for staff members.

Summary of findings

- The practice prescribed weekly prescriptions, to those that needed this support. The three local pharmacies dispensed medicine into weekly dossett boxes at the request of the practice. This ensured those patients that needed reminding to take their medication were aided in their compliance and reduced the confusion for vulnerable patients.
- Work was undertaken with the local community matron and district nursing services to coordinate care for vulnerable patients, and ensure rapid assessment of patients experiencing poor mental health or dementia.

People experiencing poor mental health (including people with dementia)

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

- 90% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months at the practice, which was above the national and local practice average.
- Mental health quality data from 2014 to 2015 showed, the practice performance was above the national and local practice average.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, and including those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations such as Health in Mind and IAPT services.
- The practice followed up patients who had attended accident and emergency that may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients with mental health issues were identified at new patient checks, or when summarizing medical records and appropriate alerts were placed on their records.
- Same day appointments and the commitment to see patients who need to be seen on the day. The practice told us this was to ensure that patients in mental health crisis can access services at the practice and receive the support that they need.
- They worked with the local community matron and district nursing services to coordinate care ensure rapid assessment of patients with suspected mental health issues or dementia.
- The practice had a confidential area in reception to enable private conversations with patients that may appear distressed.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 235 survey forms were distributed and 112 were returned. This represented a 47% response rate.

- 51% of patients who responded found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which was positive about the standard of care received. Comments on the card confirmed staff were friendly, polite, helpful, and indicated they were supported by the practice services.

We spoke with 11 patients during the inspection. All 11 patients voiced their satisfaction with the care they received and thought staff members were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Improve the access for patients to get through to the practice by telephone. The January 2016 GP survey showed the practice scored 51%, and the July 2016 score was 44%, both of these scores were well below the national average of 73%.

Outstanding practice

- The practice held a list of vulnerable patients that staff members were aware were known to forget to attend important review appointments provided to maintain their health. Staff members contacted patients prior to their appointments to establish their welfare and check they were able to attend the practice. The practice felt this responsive contact was critical due to being located on an island. The road to the island flooded for up to an hour and a

half at high tides twice most days and was not navigable by a car or an ambulance even in an emergency situation. The practice procedures in place ensured vulnerable patients were provided with sufficient input to their welfare to reduce the need for the air ambulance to be called. The practice told us the caring contact they made was to ensure that vulnerable patients welfare was considered and admission to hospital was reduced.

Mersea Island Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Mersea Island Medical Practice

Mersea Island Medical Practice provides primary care services via a General Medical Services (GMS) contract to approximately 7757 patients. There are two practice buildings and both are accessed from the main road coming into Mersea Island. There is car parking at both sites.

There are four GP partners; (two female and two male) and two GP registrars, both female. This practice is a training practice and provides training for GP trainees called registrars and graduate junior doctors. The nursing team comprises of two practice nurses and two healthcare assistants completing the clinical team. Within the administrative team there is; a practice manager, an audit clerk, a records clerk, an administrator, and eight part-time receptionists. Two cleaners complete the team of people employed at the practice.

The practice opening and clinical hours are from 8am to 6.30pm Monday to Friday. Appointments are bookable on the day in the mornings, and pre-bookable appointments,

with some urgent appointments available on the day in the afternoons. There are emergency extra appointments in the morning and telephone call appointments by request are available.

The practice has opted out of providing GP out of hour's services. Patients requiring a GP outside of the normal practice working hours are advised to contact the 111 non-emergency services. Patients requiring emergency treatment are able to contact the out of hour's service which is provided by Care UK.

The practice shared their future plans with us regarding their intention to move into much larger premises by 2017 and had shared these plans with their patients and patient participation group.

Why we carried out this inspection

We carried out a comprehensive inspection of Mersea Island Medical Practice 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 practice 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.

Detailed findings

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 17 May 2016. During our visit we:

- Spoke with a range of staff, GPs, nurses, a healthcare assistant, the practice manager, and administrative staff and receptionists. We also spoke with patients who used the service on the day of inspection and healthcare professionals that liaise with the practice to benefit patients and improve outcomes.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?
- We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:
 - Older people
 - People with long-term conditions
 - Families, children and young people
 - Working age people (including those recently retired and students)
 - People whose circumstances may make them vulnerable
 - People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- The practice manager led on recording safety incidents within the practice, and staff members told us they knew who to report incidents to if they became aware of an issue. The incident recording process 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).
- We saw that those patients affected by incidents had received; appropriate communication, in a timely fashion, information, and an apology if applicable.
- We reviewed seven safety incident reports, and the minutes of meetings where these were discussed with staff members to ensure the actions taken to improve safety were embedded in the practice to minimise incident reoccurrence. We were shown annual review meeting. We saw evidence that lessons were shared and actions taken to improve safety in the practice. For example, during a risk assessment at the practice they found a sharps bin had fallen over in the treatment room. The practice staff members realised this could be a safety risk particularly to children. The issue was discussed with the nursing team and a decision to install brackets attached to the wall was made to reduce the risk to patients. This decision was acted on ensuring future risk was avoided.
- The practice carried out investigations of safety incidents and shared any learning with staff members to avoid future risk.

Overview of safety systems and processes

The practice had procedures and policies to safeguard patients from abuse, which included:

- A policy that reflected current relevant legislation and local requirements, that was accessible to all staff members and outlined who to contact about safeguarding concerns.
- There was a GP lead for safeguarding at the practice and all GPs and nurses had achieved level 3 training.

- GPs attended local safeguarding meetings whenever possible. When required they provided reports for other agencies.
- Staff members were able to explain their understanding and responsibility concerning both children and vulnerable adults to ensure patients were safe from abuse. Staff members had received training to the relevant level for their role.
- Chaperones were offered when required, there were notices in the waiting room and clinical areas that advised patients they were available. Staff who acted as a chaperone 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 satisfactory standards of cleanliness and hygiene at the practice. The infection control lead nurse had received specific training. There was an infection control policy in place and regular checks to ensure standards of cleanliness and hygiene were undertaken.
- The practice had performed an audit of the checks and produced an annual statement setting out the work and actions taken to ensure they met the standards stated within their policy.
- We saw that clinical waste was disposed of appropriately and stored securely until it was collected.
- Safety alerts about medicines or patient safety were received by the practice, reviewed, shared with all staff members, and acted upon appropriately. When alerts received required the review of patients' medicine or a change of medicine was indicated we saw evidence this had been undertaken.
- Medicines were stored securely and only accessible to authorised staff members. Medicines seen at the practice were within the expiry date for use. Records showed us that medicines requiring cold storage were kept in refrigerators which were maintained at the required temperatures and monitored daily. Staff members knew what to do in the event of temperature failure.
- A policy was in place for repeat prescribing which included monitoring of patients taking higher risk

Are services safe?

medicines. The practice had implemented work with support from the local medicine management team to ensure prescribing was in line with local guidance and best practice clinical guidelines for safe prescribing.

- The nurses administered vaccines in line with local and national guidance.
- Blank prescription forms; including those used in the printers for computer generated prescriptions, were stored securely and tracked through the practice in accordance with national guidance.
- Arrangements for emergency medicine, medicine management and vaccinations, in the practice were safe (including obtaining, prescribing, recording, handling, storing and security).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were in place to monitor and manage risks to patients and staff safety.
- Within the reception office area there was a current health and safety poster and a policy available which identified local health and safety representatives.
- Electrical equipment seen had been checked to ensure it was safe to use and the practice held a service and maintenance contract to confirm it was working properly. There were a number of other risk assessments in place to monitor the safety of the premises such as the control of substances hazardous to health, infection control, and legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The premises and equipment at the practice were appropriate for patients and adequately maintained to keep patients and staff members safe.

- The practice fire equipment was suitable and had been checked to ensure it was safe. Staff members knew how to act and keep people safe in the event of a fire.
- The practice manager planned and monitored the number of staff and the role mixes of staff needed via a rota system to meet patients' needs. The practice manager told us they factored annual leave and staff sickness into their planning.

Arrangements to deal with emergencies and major incidents

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

- All staff members had received basic life support training and had access to an emergency instant messaging system on the computers to call for help and support if needed.
- Emergency medicines were available in a secure area of the practice and all staff members knew their location. These included medicines for the treatment of cardiac arrest, anaphylaxis, meningitis, seizures, asthma and hypoglycaemia. Processes were in place to check these medicines regularly and all medicines we saw were in date.
- There was a defibrillator and oxygen available on the premises, with adult and child's masks; all staff members knew where this was kept. A first aid kit and accident book was also available.

The practice had a comprehensive business continuity plan to provide information for staff members in the event of a major incident such as power failure or building damage. The plan included staff roles and responsibilities and emergency contact numbers for staff members and the practice connected utility services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out clinical assessments and treatment using; relevant, current, evidence based guidance, and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

There were systems in place to ensure all clinical staff were kept up to date with the most recent clinical guidelines from NICE and used this information to develop patient care and treatment.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. The practice QOF exception reporting for the practice was 8% which was 0.1% below the CCG exception reporting average, and 1% below the national England exception reporting average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was better than the local CCG and national average.
- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 89%, compared with 72% for local CCG practices and 78% nationally.
- Performance for mental health related indicators was higher than the local CCG and national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 93% compared with 88% for local CCG practices and 88% nationally.
- There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, and peer review.
- Audit findings were used by the practice to improve services. For example, a recent two cycle audit showed: The practice audited to understand whether providing the blood testing service for patients that took blood thinning medicine had an impact on the safety of patients. They wanted to compare the service provision at the practice against the hospital had a positive or negative impact for patients in the control of their blood target. The initial audit identified a slight decrease in control, the second audit showed an improvement, although statistically neither results were a significant risk. This confirmed they should continue to provide the service providing patients local access to this care.

Effective staffing

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

- The practice had an induction process for new staff members. We spoke with a recently appointed staff member who told us the practice induction programme had given them confidence, and prepared them for their new role. It covered such topics as safeguarding, infection prevention and control, fire safety, health and maintaining safety and confidentiality.
- Nurses administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence and regular audits to verify. Staff who administered vaccinations could demonstrate their training and understanding of immunisation programmes, for example by access to on-line resources and discussions at practice and nursing team meetings.
- We saw appraisals were used by management to identify staff training needs. We were told staff members had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff members we spoke with had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff members were able to access e-learning training modules and external and in-house training. All staff members had received basic life support training in the last three months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available and accessible to clinical staff members through the practice patient record system and their intranet system.

- This included; care plans, medical records, investigative processes, communications, patient discharge notifications, and test results. A comprehensive library of patient information such as NHS patient information leaflets was available in the waiting room.
- When the clinicians referred patients to other services they shared relevant patient specific information appropriately and in a timely way.
- Staff communicated with multidisciplinary teams to meet the various needs of patients.
- Staff members worked together in the practice and with other health and social care services and service providers to understand, meet, assess, and plan ongoing care and treatment for patients. This included when patients were referred to other services, or discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were discussed, reviewed, and updated.

Consent to care and treatment

Consent to care and treatment was gained by staff in line with legislation and guidance.

- Staff members knew the relevant consent and decision-making processes and had an understanding of the legislation and guidance; this included the Mental Capacity Act 2005. Staff members carried out assessments of capacity to consent in line with relevant guidance prior to providing care and treatment for children and young people.

- When mental capacity to consent for care or treatment was unsure, clinicians assessed patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice recognised patients who may need extra support. For example:

- Patients receiving end of life care, patients that are carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw evidence that patients were signposted or referred to appropriate services.
- The practice uptake in the cervical screening programme was 78%, which was comparable to the CCG average of 83% and the national average of 74%. There was a process for staff members to remind patients who had not attended their cervical screening test. For those patients with a learning disability and they ensured a female cervical sample taker was available. 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.
- The practice demonstrated how they encouraged uptake of the national screening programmes for bowel and breast cancer by using information on their notice board and on the active television screen in the waiting room.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national practice averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 93% to 100%.

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

During the inspection we saw that reception staff members were courteous and helpful to patients; this included treating them with dignity and respect.

- Patients' privacy and dignity during examinations, investigations and treatments were respected and maintained by the provision and use of curtains that surrounded the examination couches.
- Patients told us they were treated well, with consideration, dignity and respect and involved in the decisions made about their care and treatment. All the patients we spoke with told us it was a very caring and, community orientated practice and all the staff members were extremely helpful.
- Consultation and treatment room doors were closed during consultations to ensure conversations taking place could not be overheard.
- Staff members at the reception desk told us they could recognise when patients appeared distressed or needed to speak about a sensitive issue. There was a private room in the waiting area that patients could be offered to discuss their issues or problems. On the day of inspection we saw two patients that were offered a room to speak privately with the practice manager.
- Vulnerable patients were contacted prior to their appointments to establish their welfare and check they were able to attend the practice.

The one Care Quality Commission comment card that had been completed was positive about the standard of care received. Results from the national GP patient survey published in January 2016 showed their percentage results were comparable to other practices in the local CCG area and nationally for satisfaction scores on consultations with GPs and nurses.

For example:

- 90% of respondents said the GP was good at listening to them compared to the clinical commissioning group compared to the CCG average of 87% and the national average of 89%.
- 89% of respondents said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 94% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 84% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We spoke with three members of the patient participation group (PPG). They also told us they were more than satisfied with the care and treatment provided by the practice. They also told us their dignity, privacy, and confidentiality was respected. The comment card mentioned how helpful and polite the staff members were when they needed help and support.

Care planning and involvement in decisions about care and treatment

During the inspection, eleven patients told us they felt involved in the decision making process for their treatment. They also told us they felt listened to and supported by staff and were given sufficient time during consultations to make decisions about the choice of treatments available to them. Patient feedback on the comment card we received reflected these views. Results from the national GP patient survey showed patient responses were comparatively similar to local area and national GP practice averages regarding questions involving planning and making decisions about their care and treatment.

For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- The practice provided facilities to help patients be involved in decisions about their care:

Are services caring?

- Staff told us they had access to translation services for patients who were did not have English as a first language.
- Information leaflets were available in easy read formats.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room and on the active television screen, told patients how to access support groups and organisations if they were a carer. The practice computer system alerted practice staff if a patient was also

a carer; this was to ensure that carer's could be given extra consideration when being given appointments to meet their caring responsibilities and healthcare. The practice had identified 1.2% of their population as carers.

The practice bereavement process offered families that had suffered bereavement contact from their usual GP, and an invitation for them to meet with the GP. Information for bereaved families was available within the reception area and on the practice website giving them self-help guides and benefits advice for support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. The practice manager and GPs were active members in the steering group for the local GP federation. (Practices that join local GP federations remain independent organisations, whilst collaborating in the further development of local area primary care).

- The practice focused their attention on frail and vulnerable patients, including those the subject of safeguarding concerns, so they could respond to their needs. Weekly meetings were held to discuss individual vulnerable patients to ensure they were receiving the most appropriate care and treatment and to reduce the risk of them having to attend A&E. Care plans were put in place for these patients.
- The practice offered access to their practice population from 8am through to 6.30pm with face to face and telephone consultations.
- The practice provided longer appointments to patients living with a learning disability.
- Home visits were available for older patients and patients for who would benefit from them.
- Appointments were available on the same day requested for children and those patients with serious or urgent medical conditions.
- Patients were able to access travel vaccinations when they needed them.
- The facilities were accessible, and translation services to aid patients were available.
- The practice had 45 patients on their register of people living with a learning disability. These patients had been offered an annual health check.
- Other reasonable adjustments had been made and action was taken to remove barriers when patients had found it hard to use or access services, for example:
- The consultation and treatment room signs were in braille, and colour contrast strips had been used to support those with reduced vision.

- There was an induction loop system at the reception desk and portable loop systems for use at both sites for those with reduced hearing ability.

Access to the service

The practice was open and the clinical hours were from 8am to 6.30pm Monday to Friday. Appointments were bookable on the day in the mornings, and pre-bookable appointments, with some urgent on the day appointments available in the afternoons. There were emergency extras appointments available in the morning and there were telephone call appointments available by request.

Results from the national GP patient survey showed that patient's satisfaction with their access to care and treatment was comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 51% of patients said they could get through easily to the practice by phone compared to the national average of 73%). The practice was aware access via the telephone system was not easy at times. We were assured this would be addressed when they moved to their new practice site next year.

The practice knew the score was low however due to an imminent move of location within the next year the practice had not responded to the data. Patients told us on the day of the inspection that they were able to get appointments when they needed them although not necessarily on the phone.

Listening and learning from concerns and complaints

The practice had a system to manage complaints and concerns.

- Their complaints policy recognised guidelines for GPs in England and local CCG requirements.

The practice manager was the named designated staff member within the practice to lead on and manage all complaints. This information was available in the practice and on the website. We looked at five complaints received in the last 12 months and found they had been dealt with in a timely and honest manner as described in their policy. Experiences learnt by the practice from these concerns or complaints had been appropriately acted on and carried out to improve patient care. The minutes from meetings

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

showed the findings and actions from complaints were shared with all staff members to ensure practice wide

learning. We were also shown the minutes of the annual review meeting held to check whether there were any trends or repeat issues identified from the complaints received.

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 mission statement outlined their vision and strategy, which they shared with staff members and patients:

- To improve the health, well-being, and lives of those they cared for.
- To work in partnerships with patients and staff to provide improved patient outcomes using local and national governance, guidance and regulations.

The practice told us their aims and objectives were:

- To provide General Practice medical service healthcare in a safe and timely manner.
- To diagnose and treat the patients presenting conditions.
- To co-operate with other providers for the care of our patients.
- To respect patients and work with them to involve them in their care.
- To safeguard vulnerable patients.
- To provide General Practice medical services in a safe environment which is fit for purpose.
- To provide high quality, safe community focussed healthcare services to patients.
- To be a training practice that continually improves services offered to patients.

Governance arrangements

The practice used policies procedures and processes to support their delivery of good quality care. These outlined the practice structures and systems in place to ensure that:

- The practice staff structure was understood by the all the staff members, who were also aware of their colleague's roles and responsibilities to ensure the team was supported.
- Practice specific policies were in the process of being reviewed when we visited. Staff members told us they knew how to access practice policies and that they were easy to understand.
- The practice management team had a comprehensive understanding of the practice performance which supported them to maintain and improve patient care

where needed. For example they used the feedback from the 'NHS Friends and Family' responses to make changes. These changes had been focussed around access to appointments for patients.

- Risks were well managed, and we saw actions had been taken to improve patient care. These were well documented, had been rated and prioritised for their seriousness, and followed up.

Leadership and culture

The partners in the practice demonstrated that they had plenty of local experience, capacity and capability to lead the practice and ensure high quality care was provided. They prioritised safe, community based, and compassionate care. The GP partners were visible in the practice and staff members told us they took time to listen to them and supported their views on any improvement or suggestions. The GPs encouraged a culture of openness and honesty and were aware of and complied with the requirements of the 'Duty of Candour'.

- The practice had arrangements to deal with notifiable safety incidents when they arose.
- Developments were recorded in the practice future development action plans and were seen to improve practice processes and prevent future incidents.
- Those patients that had been affected by an incident received an honest explanation with an apology when it was appropriate.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff members told us they were involved in the regular practice team meetings and that they appreciated the open culture within the practice. We were told by staff members that they felt confident to raise any topics and felt supported when they did.
- Staff members told us they felt respected, valued and supported, particularly by the management and GPs in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. They used the feedback gathered from their patient participation group when the practice wanted to gather their patient's opinion or suggestions.

Are services well-led?

Good 

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

- The practice monitored feedback from patients through the national GP survey and the 'Friends and Family' comments cards. The feedback gathered had led to improvements in access to services provided at the practice sites. Although the practice was aware that access via the telephone system was not easy at times we were assured this would be addressed when they moved to their new practice site next year.
- The practice had gathered feedback from staff via staff meetings, appraisals and ad-hoc discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or management. Staff told us they felt involved and encouraged to improve the running of the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. They worked well with their patient participation group (PPG) opinions with regards to the access of services. The PPG was planning to help raise funds for new equipment for the new practice building that was also in the planning stage. The practice shared with us their future plans to move into much larger premises. Their future planning also included further work with the local federation, and for additional teaching and research at the practice.