

Drs Rowe, Johnson, Howes, Reid, Spencer, Thuthiyil & Bhatti

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?	Requires improvement	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Station View Health Centre on 28 April 2016. Overall the practice is rated as good.

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

- Information about safety was recorded, monitored, reviewed and any issues were addressed in a timely way. There was an effective system in place for reporting and recording significant events and complaints.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with kindness, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The majority of appointments were available on the same day but urgent appointments were also offered, for example, for an unwell child.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The premises were clean and well-maintained.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The practice should continue to monitor the effectiveness of its actions to improve access to care and treatment and in particular take pro-active steps to improve telephone access.

Summary of findings

- The practice should consider implementing systems to monitor where vulnerable patients failed to collect prescriptions.

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 an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients and staff were assessed and well managed but systems to monitor uncollected prescriptions, particularly where the patient's circumstances may make them vulnerable could be strengthened.
- When there were unexpected safety incidents, patients received support, information, and a verbal and written apology. They were told about any action taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Medicines, medical device and other safety alerts coming into the practice were monitored by the practice manager and directed for discussion at appropriate meetings. Patient records showed the practice had taken appropriate action to ensure patient safety. Minutes of meetings recorded discussions.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were average for the locality and compared to national averages. For example, the practice scored 92% for the QOF outcome related to blood sugar management compared with the national average of 78%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had been trained to have the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence that the practice had a systematic approach to staff development and training with regular meetings and appraisals to identify training and development needs for all staff.

Summary of findings

- Staff worked with other healthcare professionals to understand the range and complexity of patient's needs and help meet them.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in January 2016 showed patients' ratings for several aspects of care were comparable with local and national averages.
- Patients said they were treated with kindness, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with care and respect used and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible.
- The practice had identified 178 or 1.4% of its patient list as carers. It had also put into place proactive steps to improve the identification and support offered to this group of patients.

Good



Are services responsive to people's needs?

The practice is rated as requiring improvement for providing responsive services.

- 22% said they found it easy to get through to this surgery by phone compared with a national average of 73%.
- 21% of patients said they found it easy to make an appointment with a named GP which was below the national average of 36%. The practice had made the majority of its appointments available on the same day which improved immediate access but not necessarily to a preferred GP. Pre-bookable appointments were available with a named GP and at the PPG's suggestion information was available on the web-site about which days GPs normally worked.
- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group and local Federation of GP practices to secure improvements to services where these were identified. For example, the practice was involved with the local federation with a view to working with a number of other practices to improve weekend access to GP services
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Requires improvement



Summary of findings

- 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.

Are services well-led?

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

- The practice had a vision and strategy to provide the best possible health care and advice to promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a 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 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, reflective practice and improvement at all levels. For example, GPs discussed with colleagues all potential referrals to ensure these were appropriate and in the patient's interests.
- There was a high level of constructive engagement with staff both formally and informally, with low staff turnover and a high level of staff satisfaction
- 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 to monitor any notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of older people in its population.
- The practice had identified patients most at risk of hospital admission. Each patient had a personalised care plan and an alert was put on the patient record. Any admissions were reviewed to identify avoidable factors.
- Patients who had been identified as being at risk of hospital admission, including those living in care homes were provided with a telephone number to provide access to the surgery without using the normal contact line.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those who needed them.
- Nurses visited patients at home to provide immunisations and vaccinations such as for flu and shingles.
- The practice provided care for approximately 80 patients living in local care homes, with weekly ward rounds and home visits when needed. These patients were regularly reviewed and care plans updated.
- The practice was involved in a local scheme called Better Care Together which aimed to improve health and care for vulnerable local residents who needed to access social care.

People with long term conditions

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

Good



- The practice actively reviewed guidance on long-term condition pathways to improve care, reduce unnecessary appointments and adhere to the latest guidelines.
- Data showed the practice were performing in line with the national average in relation to diabetes management for example, 88% of diabetic patients had had a recent foot examination compared to the national average of 88%.
- Nursing staff had lead roles in chronic disease management and worked closely with visiting specialist nurses such as the community diabetes nurse.

Summary of findings

- Several GPs had expertise in treating patients with long-term conditions. For example, the practice initiated insulin for patients with type 1 and type 2 diabetes and supported all of its adult diabetic patients on insulin.
- The practice followed appropriate guidelines for patients with asthma who were generally asymptomatic which allowed patients to self-assess their condition and avoid or reduce unnecessary appointments.
- Patients were referred to local services for lifestyle advice related to their conditions.
- Patients at risk of hospital admission were identified as a priority and had a personalised care plan. An alert on their record ensured that receptionists were aware that these patients should be offered same-day contact preferably with their usual doctor.
- Where patients had a number of long-term conditions the practice took a holistic approach and offered them an annual review to cover all conditions where possible during one visit to the surgery. This included patients with learning disabilities.
- Home visits were available when needed.

Families, children and young people

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

- The practice made it a priority to see unwell children on the same day.
- There were systems in place to identify 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 or who failed to attend hospital appointments.
- Immunisation rates were comparable to the locality rates for all standard childhood immunisations. For example, the rates for children under 2 were 98-100% compared with 97- 99% in the locality.
- The practice had baby changing facilities, a child friendly play area in the waiting room and a private room which could be used for breastfeeding.
- The practice offered a wide range of contraceptive services.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Chlamydia screening packs were available in different areas of the practice.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice offered 24 hour and six week baby checks.
- Staff told us they had good working relationships with local midwives and health visitors who were based in the centre.

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 offered services that were accessible, flexible and, where possible, offered continuity of care.
- Appointments were available from 8.30am to 5.20pm Monday to Friday with the majority being available on the day. Pre-bookable telephone consultations were available. Urgent same-day appointments and telephone consultations were available.
- Nursing staff offered a travel vaccination service.
- The practice offered a range of online services as well as a full range of health promotion and screening that reflected the needs for this age group. Data showed that 85% of eligible women had received a cervical screening test. (National average 82%)
- There was on-line access to book or cancel appointments and for repeat prescriptions.
- The practice offered minor surgery including eye cysts and a muscular-skeletal clinic on site which meant that patients could access these services locally.

Good



People whose circumstances may make them vulnerable

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

- The practice kept registers of patients living in vulnerable circumstances including those who were homeless, had alcohol or substance misuse problems, those with a learning disability, patients who had caring responsibilities and vulnerable families.
- An administrator ensured all members of a vulnerable family were linked to ensure information was shared to safeguard the family. Alerts were also placed on records where hospital appointments had been missed.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability and staff were aware of individual patient needs such as what time of day a patient might prefer their appointment.
- The practice had identified 46 patients with a learning disability. Nine of these were cared for by specialist services such as a paediatrician or mental health services and were not routinely offered an annual health check or had made it clear they did not wish to attend or be invited for a health check. Patients were written to up to three times offering a health check in the surgery or at home which the practice offered to help reduce any stress the patient might feel. 80% of patients invited had a health check. The practice put alerts on patient records so that practice could offer opportunistic checks when the patient visited the surgery.
- The practice had an 'easy read' version of its practice leaflet to help patients understand the services available.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Some were referred to a community matron to ensure that their health and social care needs were identified.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice worked with the drug and alcohol abuse service counsellor to provide appropriate referrals.
- 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.
- The practice had identified 174 or 1.4% of its patients as having a caring responsibility, it had a protocol in place to ensure that all new patients were asked if they had any caring responsibilities and also where patients had an alert on their record to ensure they were put on the register so they could be offered support.
- There was information on the web-site and in the waiting areas about local support groups, for example, for people caring for people with autism or dementia.
- Systems to monitor uncollected prescriptions, particularly where the patient's circumstances may make them vulnerable could be strengthened.

Summary of findings

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).

- Many patients living with dementia also had other long term conditions and were identified at being of greater risk of hospital admission. 82% had a face to face review in the preceding 12 months which is comparable with the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of the people experiencing poor mental health, including those with dementia.
- Patients living with dementia were also referred to the local memory clinic.
- The practice carried out advance care planning for patients with dementia.
- Counselling services were provided by staff based in the practice building. This helped with smooth and prompt referral of patients who needed access to psychological therapies.
- 90% of patients with serious mental health problems had a comprehensive agreed care plan on their records which was comparable with national figures (88%)
- The practice provided patients experiencing poor mental health with information about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency when they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice offered same day appointments (including telephone consultations) for patients experiencing acute mental health issues.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was generally performing in line with local and national averages but with some low results. 252 survey forms were distributed and 128 were returned, a response rate of 51%.

- 22% said they found it easy to get through to this surgery by phone compared with a national average of 73%.
- 65% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 70% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 52% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were positive about the standard of care received. Several patients described the surgery as excellent saying that urgent same day appointments were very helpful and that the practice was patient orientated. Staff were described as sympathetic, caring, and professional. Family and Friends test results for the first 3 months of 2016 showed that 83% of patients would recommend the practice.

All the patients we spoke with on the day told us that reception staff were polite, friendly and helpful to patients when they telephoned or attended the practice. Patients told us that it could be more difficult to see their choice of doctor but sometimes they were able to have a telephone consultation with them. Patients said that that they were treated with dignity and respect and they knew they could request a chaperone to be present during an examination.

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should continue to monitor the effectiveness of its actions to improve access to care and treatment and in particular take pro-active steps to improve telephone access.
- The practice should consider implementing systems to monitor where vulnerable patients failed to collect prescriptions.

Drs Rowe, Johnson, Howes, Reid, Spencer, Thuthiyil & Bhatti

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Drs Rowe, Johnson, Howes, Reid, Spencer, Thuthiyil & Bhatti

Station View Health Centre is located near the railway station in Hinckley in north west Leicestershire. The practice is housed in modern purpose built premises. There is an independent pharmacy on site.

The Practice has a General Medical Services (GMS) contract and is a training practice for trainee GPs. It undertakes minor surgery and joint injections.

- The practice has 12700 patients registered with a relatively high proportion of patients over 60.
- Although Hinckley is a lively market town it does have some pockets of deprivation.
- The practice has eight GP partners, and one salaried GP, equivalent to 6.12 full-time posts. Four of these are

male. There are two advanced nurse practitioners and three practice nurses all of whom are female. There are also administrative staff including a practice manager and reception team.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are generally available from 8.30am to 11.40am and from 3.00pm to 5.20pm Monday to Friday. Some of these are telephone appointments

- Out of hours services are provided by DHU (Derbyshire Health United). Patients are directed to the correct numbers if they phone the surgery when it is closed.

Why we carried out this inspection

We carried out a planned comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider 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.

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 28 April 2016. During our visit we:

- Spoke with a range of staff, including GPs, nurses, reception, and administrative staff and we spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed some aspects of anonymised patient records.

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 that this relates to the most recent information available to the CQC at the time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff received training to help them identify and report any potentially significant event.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. This supported the recording of 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 evidence that when things went wrong with care or treatment patients were informed of the incident, received reasonable support and information and an apology. They were also told about any actions to improve processes to help prevent the same thing happening again.
- The practice carried out an analysis of significant events which included actions or changes to prevent similar events occurring again which was discussed at practice meetings.
- We reviewed safety records, incident reports, and minutes of meetings where these were regularly discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient death review was undertaken and it was realised the patient had not been called back for a test. (The test was completely unrelated to the cause of the patient's death) The practice identified that an administrator had misunderstood an abbreviation used by the GP. Recording on the system was improved to ensure clarity.

Overview of safety systems and processes

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

- There were arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Policies and information were accessible to all staff and included who to contact for further

guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to child safeguarding level 3.

- The practice manager logged all safety alerts received in the practice. Those related to medicines and medical devices were forwarded to clinical teams for discussion at weekly meetings which were minuted. Patient records were searched and care reviewed appropriately.
- Notices in the waiting areas advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. All clinical staff had received a Disclosure and Barring Service 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). Those members of reception staff who were trained to chaperone were not DBS checked. The practice had risk assessed this decision on the basis that such staff would never be left alone with a patient. If an emergency occurred other staff will be summoned to help using the emergency internet button on the computer screen.
- We observed that the premises were clean and tidy and that appropriate standards of cleanliness and hygiene were maintained. A practice nurse was the infection prevention and control lead for the practice. Other staff were trained and updated on a regular basis. There was an infection control policy which included annual infection control audits. We saw evidence that action was taken to address any improvements needed.
- There were arrangements in the practice for managing medicines, including emergency medicines and vaccinations which kept patients safe. This included obtaining, prescribing, recording, storing, security and disposal.
- There were processes for handling repeat prescriptions which included reviews of high risk medicines. Drugs such as warfarin were not prescribed without the patient having regular blood tests. The practice carried out regular audits to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow appropriately trained nurses to administer medicines in line with legislation.
- Staff from eight different pharmacies collected prescriptions from the practice and in the past the wrong batch of prescriptions had been collected. There was no system for monitoring which prescriptions were collected by each pharmacy or to identify where vulnerable patients failed to collect prescriptions.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had a range of policies and procedures to ensure it monitored and managed risks to patients and staff safety. There was a health and safety policy available on the practice's computer system which was regularly reviewed. Any risks identified had action plans with timescales and completion dates. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor the safety of the

premises such as infection control, the control of substances hazardous to health, and Legionella (Legionella is a bacteria which can contaminate water systems in buildings)

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all the computers in the premises which alerted staff to any emergency.
- All staff had received basic life support training with annual updates. The practice had a defibrillator (used in cardiac arrest) and oxygen was available with adult and children's masks.
- Emergency medicines were accessible to staff in secure areas of the practice and staff knew of their location. All the medicines we checked were in date and fit for use. There was also a first aid kit and an accident book.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and could be accessed securely outside of the premises.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with 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 kept up-to-date. Staff had access to guidelines from NICE and also used local guidelines to develop how care and treatment were delivered to meet patients' needs.
- The practice monitored that these guidelines were followed using audits, discussion and checks of patient records.
- The practice manager received and disseminated patient safety alerts.
- Several of the GPs had specific interests and expertise, for example, in diabetes and in musculoskeletal problems. Other GPs would often seek their advice/ second opinions for patients helping the practice to provide safe care and treatment.
- Before making a referral, a GP discussed with two colleagues they normally worked with to ensure that this was appropriate. All the GPs we spoke with described this process as helpful and supportive.

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 99.6% of the points available. There were no clinical domains where exception reporting was significantly higher than local or national averages. (Exception reporting is removal of patients from QOF calculations where, for example, the patients are unable to attend review meetings or certain medicines cannot be prescribed because of side-effects).

- Performance for diabetes related indicators was similar or higher than the national average.

- The practice scored 92% for the QOF indicator relating to blood sugar control management for diabetic patients, compared with a national average of 78%
- The practice scored 83% for the QOF indicator relating to blood pressure management in diabetic patients (national average 78%)
- The percentage of patients with diabetes, who had influenza immunisation from 1 August 2014 to 31 March 2015, was 97% (national average 94%).
- The practice scored 88% for the QOF indicator related to cholesterol management in diabetic patients (national average 81%)
- Performance for mental health related indicators, for example, relating to agreed care plans documented in the patient record was 90% (national average, 88%)
- The percentage of patients with chronic obstructive pulmonary disease (COPD) whose annual review included an assessment of breathlessness was 92% (national average 90%)

The practice could evidence quality improvement with a number of clinical audits across a range of areas.

- The practice had undertaken a number of clinical audits and reviews. We looked at two of these which were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit of joint injections to ascertain the effectiveness of the treatment over a period of time. This helped the practice to identify patients whose conditions were most likely to benefit from this treatment and also emphasised the need for patients to be advised to undertake suitable exercise after the treatment.
- The practice also participated in local audits, (such as for antibiotic prescribing) national benchmarking, accreditation, and peer review.

Effective staffing

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

- The practice had induction procedures for all newly appointed staff which related to their role and involved

Are services effective?

(for example, treatment is effective)

appropriate mentoring by a more experienced member of staff. Staff were briefed in topics such as health and safety, safeguarding, infection prevention and control, fire safety, and confidentiality.

- The practice could demonstrate how staff received role specific training and updating. For example, nurses involved in caring for patients with long-term conditions attended regular training such as in anticoagulant management and worked closely with specialist nurses and with GPs within the practice.
- Staff who administered vaccines and took samples for the cervical screening programme had received training which included an assessment of competence. They were able to demonstrate how they kept up to date with any changes, for example, by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidating GPs.
- There was ongoing training to ensure staff kept up-to-date. This included safeguarding, fire safety procedures, and basic life support and information governance awareness. Staff made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The practice's patient record and intranet system ensured information needed to plan and deliver care and treatment was available to all staff.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients were referred to other services or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were regularly reviewed and updated for patients with complex needs.

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who were potentially 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 such as diabetes, and those requiring advice on their diet, alcohol and smoking cessation. Patients were offered appropriate checks or signposted to relevant local services.
- The practice's uptake for the cervical screening programme was 80% which was comparable to the local average of 78% and national average of 74%. The practice wrote to patients who had not attended for screening and where there was no response an alert was put on the patient record so that the patient could be encouraged to arrange this if they contacted the practice.
- The practice also encouraged patients to attend national screening programs for bowel and breast cancer. For example, 61% were screened within 6 months of invitation which was similar to the locality average of 60% and national average of 55%. It planned to put alerts on the computer system where patients had failed to attend screening so that they could be encouraged to do so. There was also information in the waiting area to promote these programs.

Are services effective?

(for example, treatment is effective)

- Childhood immunisation rates for the vaccinations given were comparable to CCG/ national 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 94% to 97%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Where risk factors or abnormalities were identified there was appropriate follow-up.
- The practice had set up a room off the reception area as a health support area. There was a blood pressure measuring machine, and a range of leaflets and posters about various medical conditions and support services available for patients, for example, for carers. Chlamydia testing kits were also available in this room and elsewhere in the practice.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we observed that members of staff were polite and helpful to patients and treated them with dignity and respect.

- There were curtains in treatment and consulting rooms to ensure a patient's privacy and dignity during examinations, investigations and treatments.
- When patients wished to discuss sensitive issues or appeared distressed, receptionists could take them to a private room near the reception area to talk privately.

13 of the 15 Care Quality Commission patient comment cards we received were positive about the service. Patients said they felt the practice offered an excellent service and staff were sympathetic, caring and professional. One noted that the practice was interested in helping patients have a good quality of life and not just treating a symptom. The two negative responses related to clinical matters.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The comment cards highlighted that staff responded sympathetically when patients needed help and provided support when required.

Results from the national GP patient survey from January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice's satisfaction scores on consultations with GPs and nurses were variable with some being similar to local and national averages and others being below. For example:

- 86% said the GP was good at listening to them compared to the CCG average of 88% and national average of 87%.
- 75% said the GP gave them enough time (CCG average 86%, national average 87%).
- 95% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 83% said the last GP they spoke to was good at treating them with care and concern (national average 85%).

- 82 % said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 81% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive.

GP patient survey published in January 2016 showed that the percentages of patients responding positively to questions about their involvement in planning and making decisions about their care and treatment were below national averages. For example,

80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.

63% said the last GP they saw was good at involving them in decisions about their care (national average 82%)

70% said the last nurse they saw was good at involving them in decisions about their care (national average 85%)

The practice told us they had looked carefully at the survey results and realised the survey had taken place not long after two long serving GPs had retired and two popular nurses had left the practice which may have affected patient satisfaction ratings. The practice reviewed timings for nurse appointments to ensure there was enough time available for any procedures and that reception staff understood the length of appointments needed. They also monitored their Family and Friends tests results and found that all nurses were being commented on very positively, with at least 90% of respondents happy to recommend them. As part of appraisal processes and mentoring they discussed with nursing staff whether there were any areas of work where further training or mentoring was needed to ensure staff felt happy and confident about their work. The concerns were also discussed with the Patient Participation Group, none of whom had experienced any issues with

Are services caring?

nurses in the practice. The practice planned to continue monitoring Family and Friends results and planned to work with the PPG to survey patients to see how patients' satisfaction could be improved.

Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There were also alerts on patient records to remind staff to arrange interpretation usually via Language Line.

Patient and carer support to cope emotionally with care and treatment

There were posters and leaflets in the waiting area and health support room which gave information about support groups and organisations.

The practice had identified 1.4% (174) of its patients who had a caring responsibility. It had put into place a protocol when it realised that carers' records had an alert but were not coded so that they could be identified and offered support. When carers contacted the practice they were coded and put on the practice register. All new patients were asked if they had caring responsibilities. The practice offered them health checks if they were not already offered these because of long term conditions and also information about local support available. There was also a notice board in the waiting area with a wide range of useful information for carers, for example for people who cared for people living with dementia or who were autistic.

Staff told us that if families were bereaved, their usual GP contacted them or sent them a sympathy card. Advice was offered about how to access appropriate support services such as Cruse if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to ensure the needs of its patients were met wherever possible.

- The practice was trying different ways of meeting patient demand and at the time of inspection the majority of appointments could be booked only on the same day. This was being kept under review.
- Telephone consultations were available for patients.
- There were longer appointments available for patients with complex needs, for example, with a learning disability.
- Home visits were available for patients whose clinical needs made it difficult to attend the surgery.
- Same day appointments were available for those who needed to see a doctor urgently, especially small children.
- There were disabled facilities including a hearing loop, lowered reception desk and toilets.
- The surgery's treatment rooms were on the same floor and wheelchair accessible.
- Interpretation services were available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were generally available from 8.30am to 11.40am and from 3.00pm to 5.20pm Monday to Friday. Some of these were telephone appointments.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was significantly lower when compared with local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 22% of patients said they could get through easily to the surgery by phone (national average 73%).

- 20% of patients said they always or almost always see or speak to the GP they prefer (national average 36%).
- 65% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 70% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

(results published since the inspection show only slight improvements with these figures)

The practice was concerned about these results but knew that with several GPs working part-time it was more difficult for patients to see a preferred doctor. At the PPG's suggestion they had put information on their website about when each GP normally worked.

The practice had introduced a new telephone system which gave callers options and information about where they were in a queue. Six receptionists answered the phones and dealt with people wishing to make appointments at reception. Patients were encouraged to check in via the check-in screen to avoid delay

The number of on the day and pre-bookable appointments available was regularly monitored and discussed with the CCG. The practice recognised that by making the majority of its appointments available only on the day this had increased the pressure on reception and the phone system but it enabled patients who needed to see a clinician to do so. It also recognised that some patients would continue to be dissatisfied if they were not able to see the GP of their choice without waiting for an appointment. The practice planned to work with the PPG and survey patients about these matters.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that leaflets were available in the waiting area and information was available on the practice website to help patients understand the complaints system.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at a summary of complaints and at two complaints in detail. We found they were handled in accordance with the policy. They were acknowledged and dealt with in a timely way. There was evidence of a full investigation and the patient was given a full explanation and apology. Lessons were learnt from concerns and complaints and action was taken to as a result to improve

the quality of care. For example, a patient had complained that they had been refused their regular medication. The practice explained that a review and blood test were needed in order for them to prescribe safely. The importance of safe prescribing was discussed at a clinicians meeting. Reception staff also discussed this to help them communicate clearly with patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver safe, high-quality care for patients with appropriate staff and team development to provide a supportive and enjoyable work environment but evidence from the inspection showed they were sometimes struggling to deliver this vision to the satisfaction of their patients. It was committed to a team approach with well-trained staff.

- The practice communicated these aims through its website and patient information leaflet.
- The practice had a strategy and supporting business plans which reflected the vision and values.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and safe high-quality care but this needed strengthening to ensure the providers had full oversight of areas where developments were needed.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- The practice had its own policies which were implemented and kept up to date. They were available to all staff on the practice intranet.
- There was an understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, risks, issues and implementing mitigating actions in most cases but the arrangements for monitoring prescription collection could be strengthened.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice. They were committed to

providing the best possible health care for patients that ensured their safety and well-being. Staff told us partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements the providers of services must follow when things go wrong with care treatment). The partners encouraged a culture of openness and honesty. Complaints and significant events were investigated and explanations and apologies given to patients.

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

- Staff told us the practice held regular team meetings and we saw minutes of these meetings.
- Staff told us there was an open culture within the practice. They felt able to raise issues at team meetings or directly with management and felt confident in doing so. They felt their suggestions and input were welcomed.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice.

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

The practice encouraged feedback from patients especially through the Family and Friends test as this related to patients actually visiting the surgery. Feedback from national patient survey results were monitored and compared with the Family and friends test detailed results to identify what needed to be worked on in the staff team.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was involved with locality and Federation meetings with a view to improve outcomes for patients in the area. The practice was involved in a local pilot scheme with other practices to increase access to a GP at weekends.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an

Are services well-led?

Good 

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

active PPG which met regularly, carried out patient surveys and made suggestions for improvements to the practice management team. For example, the PPG had encouraged the practice to ensure that information provided in the waiting area and on notice boards was kept up-to-date and uncluttered.

- The practice had gathered feedback from staff through team meetings, discussion and appraisals. Staff told us they felt comfortable making suggestions for improvement or change.