

Vicarage Road Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Vicarage Road Surgery on 3 November 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were appropriately assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. All staff had received training and updates which provided them with the skills, current knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system for reporting, recording and responding to significant events and outcomes.
- We saw evidence that lessons were shared to make sure action was taken to improve safety in the practice.
- Patients received reasonable support, clear information, and a written apology when things went wrong. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were appropriately assessed and were well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were slightly below regional and national averages. The most recent published results showed that the practice achieved 91% of the total number of points available. Staff were aware of the 2014/15 QOF rate and had since put in place a number of measures with the aim of improving this, resulting in improvements in the QOF rate.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published during July 2016 showed patients rated the practice higher than others for several aspects of care. For example 98% of patients said the last GP they saw or spoke to was good at listening to them

Good



Summary of findings

compared with the CCG average of 88% and the national average of 89%. Ninety three per cent of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the CCG to secure improvements to services where these were identified.
- 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 and acted upon.

Good



Are services well-led?

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

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

Good



Summary of findings

- 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 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 (PPG) was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients aged 75 and above and those considered frail or with complex needs were allocated a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice considered the needs of older patients when offering appointments, for example considering off-peak public transport times.
- The practice directed older people to appropriate support services.

Good



People with long term conditions

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

- Practice staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes-related indicators was in line with the CCG and national averages. For example, 95% of patients with diabetes on the register received the influenza immunisation in the last 12 months compared with CCG and national averages of 94%.
- The practice recognised the higher than average prevalence of diabetes locally and provided prevention and early intervention services, including signposting to local support services.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of Accident and Emergency (A&E) attendances.
- Immunisation rates were slightly lower than regional averages for all standard childhood immunisations, but there were low numbers of children eligible. The practice was aware of these figures and had proactively encouraged families to attend to increase immunisation rates.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this.
- The practice provided same day appointments for those aged five and under.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- We saw positive examples of engagement and joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Patients could book appointments and request repeat prescriptions online.
- The practice offered text message reminders for patient appointments.
- Appointments were offered to accommodate those unable to attend during normal working hours.

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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 34 patients as carers, which represented 1.5% of the total practice population.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was in line with the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months was 91% compared with CCG and national averages of 91% and 90% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, for example the Birmingham Healthy Minds service.
- The practice had a system to follow up patients who had attended emergency A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published during July 2016. The results showed the practice was performing better than local and national averages in almost all areas, and in line with these averages in the remaining areas.

351 survey forms were distributed and 94 were returned. This represented a 27% completion rate and 4% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by telephone compared with the Clinical Commissioning Group (CCG) average of 70% and the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 81% and the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.

- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 75% and the national average of 78%.

We also asked for CQC patient comment cards to be completed by patients prior to our inspection. We reviewed 39 comment cards and 34 of these were completely positive about the standard of care received. 5 comment cards were positive about the standard of care received but highlighted difficulties in getting appointments. Patients said they felt the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect.

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

The NHS Friends and Family Test data from October 2015 to September 2016 showed that 37 out of 38 patients (97%) were extremely likely or likely to recommend the practice to friends or family.

Vicarage Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Vicarage Road Surgery

Vicarage Road Surgery is a purpose built premises located in the King's Heath area of Birmingham, within the Birmingham South and Central Clinical Commissioning Group (CCG). The practice is served by the local bus network and there is accessible parking available. The practice and facilities are fully accessible to wheelchair users.

The practice provides primary medical services to approximately 2,300 patients in the local community. The practice population is approximately 70% White British, with the majority of the remaining 30% being Asian or Asian British. There are small numbers of patients from African Caribbean and Chinese backgrounds.

The clinical staff team consists of one female and one male GP partners and one advanced nurse practitioner. The practice is currently recruiting to one nurse and one health care assistant posts.

The clinical team is supported by an office manager, a business manager, a data quality lead, a medical secretary and a team of four reception staff.

A new practice manager is due to start in November 2016. Until then the practice management functions are carried out by the GP partners and the business manager, with support from the rest of the staff team when needed.

The practice building and telephone lines are open from 8.30am to 12.30pm and from 3.30pm to 6.30pm on Mondays, Thursdays and Fridays; until 7.30pm on Tuesdays; and in the morning only (8.30am to 12.30pm) on Wednesdays. Appointments are also available at these times. The practice is not open at weekends.

When the practice is closed (including from 8am to 8.30am on weekdays) out of hours services are provided by Primecare. Further out of hours services are provided by the NHS 111 non-emergency facility.

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included NHS England and the Birmingham South and Central Clinical Commissioning Group (CCG). We carried out an announced inspection on 3 November 2016. During our inspection we:

- Spoke with a range of managerial, clinical and non-clinical staff and spoke with patients who used the service;

Detailed findings

- Observed how patients were treated in the reception area and talked with carers and/or family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients;
- Reviewed a total of 39 patient comment cards where patients 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 for reporting and recording significant events.

- Staff told us they would inform the GP partners of any incidents and we saw there was a dedicated significant event recording book and template forms available. These 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 evidence of discussions relating to significant events and incidents as a dedicated section of formal staff meetings. These were held at least every three months and minutes of these meetings were produced.
- Staff told us they had discussions with one or both of the GP partners on a daily basis, which included consideration of significant events and incidents where needed.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, clear information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and had a dedicated form for logging circumstances, discussions, learning points, actions and outcomes.
- Complaints received were discussed and managed in the same way as significant events.

We reviewed safety records, incident reports, MHRA alerts (Medicines and Healthcare products Regulatory Agency), patient safety alerts and minutes of meetings where these were discussed. We saw evidence that patient and medicines searches were carried out with appropriate actions taken. We saw that guidance and alerts were discussed with staff on a daily basis.

We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, following a patient suicide the practice worked

with the local community mental health team to thoroughly review processes. This resulted in awareness raising sessions with staff, improved information provision for patients and increased working with partner agencies and the Clinical Commissioning Group (CCG).

Overview of safety systems and processes

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

- Arrangements were to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff on the practice's computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received recent training or updates on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The advanced nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken, with the most recent taking place in January 2016. We saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements for safely managing medicines, including emergency medicines and vaccines. This included obtaining, prescribing, recording, handling, storing, security and disposing of medicines.

Are services safe?

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Practice staff carried out regular medicines audits, with the support of the local CCG medicine management team, to ensure prescribing was in line with best practice guidelines for safety. Blank prescriptions were securely stored and there were systems to monitor their use.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had fire risk assessments and policies which had been updated in April 2016 and there was a maintenance plan for fire equipment. We saw evidence of regular fire drills being carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Records showed that all equipment had been tested during the last 12 months. The practice had a variety of other risk assessments to monitor safety of the premises such as

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

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all staff computers which alerted staff to any emergency.
- All staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. This plan had been updated in July 2016 and was scheduled for review in July 2018. The plan included emergency contact numbers for staff and utility companies. Copies of the plan were kept off-site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. (NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.)
- The practice had systems to keep all clinical staff up to date. We observed that staff could access current NICE guidelines by using the practice intranet. We saw evidence that guidance and standards were discussed at daily staff meetings. Staff used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (from 2014/15) were 91% of the total number of points available. This was lower than the Clinical Commissioning Group (CCG) and national averages of 97% and 95% respectively.

Practice staff were aware of the QOF rate during 2014/15 and had since put in place a number of measures with the aim of improving this. This included recruiting new clinical and administrative staff, and changing the practice IT systems and ways of working. Staff told us they had since seen improvements in the QOF rate and we saw evidence of this.

The practice's exception reporting figures were in line with CCG and national averages. (Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.)

This practice was not an outlier for any QOF (or other national) clinical targets. For example, data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example 95% of patients with diabetes on the register received influenza immunisation in the last 12 months compared with CCG and national averages of 94%. The practice's exception reporting rate for this indicator was 17% compared with the CCG average of 17% and the national average of 18%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months was 91% compared with CCG and national averages of 91% and 90% respectively. The practice's exception reporting rate for this indicator was zero compared with the CCG average of 6% and the national average of 10%.

QOF performance was closely monitored at all times. Where QOF targets were not met individual cases were reviewed by a GP. The practice had a documented approach to exception reporting which was followed consistently.

There was evidence of quality improvement including clinical audit.

- The practice had carried out five clinical audits in the last 12 months, and four of these were completed audits where the improvements made were implemented and monitored. This included, for example, an investigation into whether patient medicine reviews had been taking place, which resulted in improved record keeping and an increase in the six monthly patient medicine reviews.
- Findings were used by the practice to improve services. For example, a review of appointments where patients did not attend resulted in improved information provision to patients and direct patient contact. This led to a reduction in appointments where patients did not attend.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We reviewed staff files and saw that this training had been completed and recorded appropriately.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinical staff could evidence a range of specialist training in the last two years such as diabetes, respiratory conditions and asthma.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last three months. Staff told us they received a formal appraisal every quarter and that their performance management was a priority.
- All staff had received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training as well as external training events, seminars and conferences.

Coordinating patient care and information sharing

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

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

- The practice shared relevant information with other services in a timely way, for example when making referrals.

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

Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We saw evidence of practice staff working closely with a district nurse, a midwife, a counsellor, a domestic violence safety advisor and staff from a local residential home.

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 clinical staff assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through audits of patient records.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support. This included patients receiving end of life care, carers, those at risk of developing a long-term condition, and those requiring advice on their lifestyle. Patients were signposted to relevant services locally.
- A range of advice including type 2 diabetes prevention, dementia, mental health, substance use and counselling was available from practice staff and from local support groups.

The practice's uptake for the cervical screening programme was 80%, which was in line with the CCG average of 80%

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

and the national average of 82%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice ensured a female sample taker was available. There were systems 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 had rates of breast and bowel cancer screening that were in line with the CCG and national averages. For example, 66% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and national averages of 67% and 72% respectively.

Childhood immunisation rates for the vaccinations given were slightly lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 71% to 97% and for five year olds from 68% to 96%. The CCG averages ranged from 91% to 95% for under two year olds and from 82% to 96% for five year olds. There were low numbers of children eligible (31 for both age groups) and where numbers are low statistical comparisons become unreliable. The practice was aware of these figures and had proactively encouraged families to attend to increase immunisation rates.

Patients had access to appropriate health assessments and checks including health checks for new patients, and NHS health checks for patients aged 40–74 and over 75. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

34 of the 39 patient comment cards we reviewed were completely positive about the practice and patients' experiences. Patients said they felt the practice offered an excellent service and all staff were helpful, caring and treated them with dignity and respect. In particular practice staff were described as being helpful, considerate and polite. The remaining five cards were positive about the standard of care but highlighted difficulties in getting appointments.

We spoke with the chair of the Patient Participation Group (PPG). The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us they felt the practice staff were very understanding and that they felt supported as carers.

Patient comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published during July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said the last GP they saw or spoke to was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 88% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared with the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared with the CCG and national averages of 95%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey published during July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or higher than CCG and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in an easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 34 patients as carers (1.5% of the practice list) and had kept a register of these. Written information was available to direct carers to the various avenues of support available to them which

included a noticeboard section in the reception area. Patients who were carers told us that they were signposted to local support services. The practice offered an annual flu vaccination for all carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly and a member of the practice team would send a sympathy card. This was followed by a family consultation at a flexible time and location to meet the family's needs and by signposting to an appropriate support service. Information and guidance for bereaved families was available on the practice's website.

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

- The practice held evening appointments until 7.30pm on Tuesdays for working patients who could not attend during normal opening hours.
- There were extended appointments (up to 40 minutes) offered for patients who needed them, for example patients with a learning disability or with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for those patients with medical problems that required same day consultation.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation services available, and staff could demonstrate awareness of the difficulties and issues faced by patients with hearing impairments.
- The practice and all facilities were fully accessible for wheelchair users.
- There was adequate onsite parking available.

Access to the service

The practice building and telephone lines were open from 8.30am to 12.30pm and from 3.30pm to 6.30pm on Mondays, Thursdays and Fridays; until 7.30pm on Tuesdays; and in the morning only (8.30am to 12.30pm) on Wednesdays. Appointments were also available at these times. The practice was not open at weekends.

When the practice was closed (including from 8am to 8.30am on weekdays) out of hours services were provided by Primecare. Further out of hours services were provided by the NHS 111 non-emergency facility.

Appointments could be booked up to 12 weeks in advance and there were urgent appointments available on the day.

Results from the National GP Patient Survey published during July 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 87% of patients were satisfied with the practice's opening hours compared with the CCG average of 74% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by telephone compared with the CCG average of 70% and the national average of 73%.
- 98% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice offered text message reminders for patient appointments, and patients told us this system worked well.

The practice had a system to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention. Reception staff would take details to pass to a GP, who would consider and evaluate the information before telephoning the patient to discuss their needs and gather further information. Staff told us that this would allow for an informed decision to be made on prioritisation according to clinical need.

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

Listening and learning from concerns and complaints

We saw that the practice had an effective system for handling complaints and concerns.

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

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (one of the GPs) who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including information in reception and on the practice website.
- A dedicated complaints and comments form was available to patients in the reception area.

We looked at all three complaints received by the practice within the last 12 months and found that each of these were handled in a satisfactory and timely way. Complainants were responded to in each case and apologies had been given where appropriate.

Patients told us that they knew how to make complaints if they wished to.

We saw evidence that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had carried out increased medicine review audits following a complaint.

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 a wide range of quality health services to patients in a sympathetic and professional manner, and to develop services as required by the needs of the local population.

- The practice had clear values and staff knew and understood these. This included demonstrating respect to others, displaying a positive attitude and knowing the patient.
- Staff told us they were encouraged to make every contact with patients count, and tried to achieve this to help deliver a high quality service.
- The practice had a comprehensive strategy and supporting business plans which reflected the values and these had been regularly monitored, reviewed and updated.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own and others' roles and responsibilities.
- Practice specific policies and procedures were implemented and were easily accessible to all staff in electronic form. Staff demonstrated they were aware of their content and where to access them. These were subject to version control and had been reviewed and updated regularly.
- A comprehensive understanding of the performance of the practice was maintained including discussion at meetings and the sharing of information with staff and the Clinical Commissioning Group (CCG).
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were comprehensive arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- The practice had systems for ensuring that oversight and monitoring of all staff training was in place.
- The practice had systems for ensuring that oversight and monitoring of the full range of risk assessments and risk management was available in one place.

Leadership and culture

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

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

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

There was a clear leadership structure and staff told us that they felt supported.

- Staff told us the practice held regular team meetings. This included monthly formal full practice meetings, weekly clinical meetings, weekly one-to-one meetings with a GP and daily full staff debriefing meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any of these meetings and felt confident, supported and encouraged to do so.
- Staff said they felt respected, valued and supported by the GP partners. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG). We saw evidence of where the PPG had made recommendations and where these had been implemented, for example improvements to the waiting area, changes to the information provided for patients and the provision of a quiet room for waiting patients.
- The chair of the PPG and staff told us there were plans in place for the PPG to further engage with the practice and patients. This included, for example, setting up education sessions for patients to be facilitated by practice staff and other healthcare professionals.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues. Staff told us they felt involved and engaged to improve how the practice was run in the best interests of the patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The GPs told us they prioritised performance management of staff, and that this was reflected in the appraisal arrangements.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the GPs were engaging with the concept of adverse childhood experiences (ACE) and their impact on patients' wellbeing and attitude to care and treatment. (ACE is a recent concept in the UK which considers how negative childhood experiences such as abuse and neglect can be associated with harmful behaviours such as drug use, alcohol use and risky sexual behaviour. There are also possible links with long-term conditions such as diabetes, mental illness and cardiovascular disease.)