

Layer Road Surgery

Quality Report

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Essex,
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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 Layer Road Surgery on 15 March 2016. Overall the practice is rated as good.

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

- Staff knew how to raise concerns, and report safety incidents. Safety information was recorded, monitored, and reviewed to identify trends or recurrent themes. When safety events occurred they were investigated comprehensively. Any issues identified were shared internally with staff members and externally in an honest manner.
- Risks to patients were well managed in an open systematic way. The system for assessing risks included those associated with; premises, equipment, medicines, and infection control.
- Patient care was planned and provided to reflect best practice using recommended current clinical guidance.
- Staff received appropriate on-going training for their roles and further training was encouraged, recognised and planned through learning events.
- Comprehensive information regarding how to complain was available at the practice and on the practice website.
- The practice staff members had received training regarding the safeguarding of children and vulnerable adults, and knew who to contact with any concerns.
- The practice was suitably equipped to treat patients and meet their primary care needs. The equipment was checked and maintained to make sure it was safe to use.
- Patient comments were extremely positive when we spoke with them during the inspection. Members of the practice patient participation group were proactive and involved with practice development.
- The leadership structure at the practice was well-established and all the staff members we spoke with said they were supported in their working roles by both the practice management and the GPs.

Summary of findings

The area where the provider should make improvement is:

Continue to improve systems to identify the number of carers at the practice as the current number identified is lower than the national average.

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



- Safety incidents were well documented and shared internally with staff members and externally in an honest, open manner, to ensure practice safety lessons were learnt from the actions taken. Patients involved in incidents received an explanation or an apology when appropriate.
- Infection control procedures were completed to a satisfactory standard and well documented. The practice had developed processes to keep people safe and safeguarded from abuse.
- Risks to patients were assessed on a daily basis and were well managed. These assessments included premises, equipment, medicines, and infection control.
- The practice had appropriately maintained premises and equipment to keep patients and staff safe.
- Medicines and repeat prescriptions were managed safely and prescriptions held securely.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the 'National GP Patient Survey' published January 2016 showed patients rated the practice higher than others for numerous aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity, respect, and 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.
- Patients told us they often received information about their treatment; this was in a way that was easy to understand and involved patients in decisions about their care and treatment.
- The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available to support them.
- The practice provided support to patients who were carers with guidance recently updated.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Appointment times and availability were flexible to meet the needs of patients. Same and next day appointments were available. Home visits and telephone consultations were provided as needed. The practice offered its patients access to book online appointments with a GP and repeat prescriptions.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs. There were accessible toilets and baby changing facilities available in the premises.
- 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.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes with a responsive service for all its patients. When we spoke to staff members they knew the aims and ethos of the practice.
- Information about the practice was available to staff and patients. There was a clear leadership structure and staff told us they were supported by GPs and management.

Summary of findings

- There was an overarching governance framework which supported the delivery of the practice plan and good quality care and patient outcomes. This included arrangements to monitor and improve patient care and identify risks.
- The provider was aware of and complied with the requirements of the 'Duty of Candour'. The partners encouraged a culture of openness and honesty. We had the systems explained at the practice to monitor notifiable safety incidents and saw this information was shared appropriately with suitable actions taken.
- The practice proactively sought feedback from their staff members and patients, which it acted on. There was a strong focus on continuous learning which was evidenced in the training records, and developments seen at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Although the practice had a low number of people registered in this population group they offered proactive, personalised care to meet the needs of older people.
- All patients over 75 years were informed by letter of their named GP and could change this GP if they wished.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice was responsive to the needs of older people including:
 - The provision of home visits with both GPs and nurses.
 - Hospital admissions avoidance was discussed at monthly multidisciplinary team meetings to reduce unplanned hospital admissions for their frail elderly, and patients who were in receipt of palliative care. There were personalised care plans for patients at high risk of hospital admission to support the reduction of emergency referrals.
 - Each emergency admission was reviewed on discharge to ensure patients and their carers had the clinical input and medicine they needed. Following admissions for a fall patients were referred to specialists who were experienced in falls prevention.
 - Senior health checks and unplanned admission avoidance care plans were provided to patients from this population group. This also included high rates of seasonal flu/pneumonia/shingles vaccinations.
 - Dementia screening was provided opportunistically and also on request. The practice focused on primary prevention wherever possible.
- A carer's policy and recently produced Carer's guide provided details of local and voluntary agencies to provide support. Patients were coded as carer's on the practice computer records system to ensure staff members could support them.

People with long term conditions

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

Good



Summary of findings

conditions was higher than other GP practices nationally. GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD).

The practice responded to the needs of people with long-term conditions providing:

- Set chronic disease clinics were less popular to patients; consequently appointments were booked into normal surgery sessions with flexible longer appointment times.
- Home management and more urgent visits were available when needed.
- The “year of care” model for diabetes as part of the enhanced service provision was adopted by the practice with the aim of increasing patient to take ownership of their condition which has been shown to improve care.
- Patients had a named GP and a structured annual review to check that their health and medicine needs were being met.
- The long term condition patients named GP worked with relevant health and care professionals in the practice and the local community to deliver a multidisciplinary package of care.
- Shared care with Colchester General Hospital was delivered for the monitoring of various disease-modifying medicines where the practice arranged and reviewed blood results.
- Patients with diabetes, asthma, and COPD were recalled for review by a GP or nurse with specialist training to ensure consistent care. Patients were seen and monitored according to their clinical need and sent a reminder when their review was due.

Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice responded to the needs of families, children and young people by providing:

- The practice had a large proportion of young military families registered; this meant a high demand for acute illnesses especially in children.
- They found that their military families relocated frequently, and this reflected in their high patient turnover. Social isolation was found to be an issue for this group of patients, and contributed to high consultation rates.
- An effective working relationship with health visitors and school nurses had been established, with multi-disciplinary safeguarding meetings being undertaken bi-monthly.

Good



Summary of findings

- Children living in disadvantaged circumstances and those who were at risk, for example, children and young people with a high number of A&E attendances were monitored closely by the practice.
- Consistently higher Immunisation rates were achieved for all standard childhood immunisations in comparison to national averages.
- Cervical screening data showed the practice had 84% of women aged 25-64 held a record in their notes that a cervical screening test has been performed in the preceding 5 years. This was higher than the national reported average of 81%. The practice explained this had been the result of a considerable amount of work due to the cultural wishes of many of the military patients and their families registered at the practice to achieve.
- Appointments were available outside of core school hours, the premises had been adapted for children and baby changing facilities were available.
- GPs attended child protection conferences when appropriate.
- Safeguarding information was coded onto patients' computer medical records.
- The staff used 'Gillick' competency testing for children under 16 years of age.
- Staff members were familiar with and had access to local advice/safeguarding/support services for families and health promotion services to young people and families (e.g. weight management).
- Family planning services were available as were appointments to monitor the development of babies and the health of new mothers.
- Family planning clinics including the fitting of contraceptive devices were offered. Patient's high satisfaction rates in the survey carried out by the practice.

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 working age people, those recently retired and students had been recognised and the practice had modified services to ensure they were accessible, adaptable, and could offer continuity of care. For example:

- Offering online services to book appointments, and order repeat prescriptions.

Good



Summary of findings

- Telephone consultations were available on a daily basis with both doctors and nurses.
- A full range of health promotional services such as smoking cessation, weight management, health checks, and flu vaccination clinics on occasional Saturdays.
- The practice tried to be as flexible and accommodating with regards to appointments for this population group where possible.

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 had tailored services to meet the needs of people within this population group for example:

- The practice had a register of 30 patients living with a learning disability. They also recognised other people living in vulnerable circumstances for example homeless people and held a 'priority list' of patients that was accessible to all receptionists making appointments to ensure they were able to offer the most suitable appointments.
- Homeless people were allowed to use the practice address to enable them to access health services.
- Longer appointments for patients with a learning disability were available. Annual learning disability checks were provided. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients were shown how to access various support groups and voluntary organisations.
- Staff knew how to recognise the signs of abuse in vulnerable adults and children, they were also aware of their responsibilities. This included information sharing, documentation of safeguarding concerns and who to contact. Practice staff knew they could ask the safeguarding lead at the practice for advice should there be any concerns.
- Home visits were offered to those patients unable to attend for routine or emergency care, including vaccination.
- The practice had flexibility regarding missed appointments and made their services as easy to access as possible for this population group.

Good



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). The practice had adapted their services to meet the needs of people within this population group for example:

- Annual reviews took place for patients experiencing poor mental health, including a mental health plan review. These annual reviews were used as an opportunity for the screening of other underlying health conditions.
- Regular telephone and face to face reviews to monitor people during periods of poor mental health were available.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had provided people experiencing poor mental health information about how to access support groups and voluntary organisations.
- The practice followed up patients who had attended accident and emergency from this population group.
- For those patients prescribed with potentially addictive medicines the practice issued limited supplies and kept them under close supervision.
- Patients within this population group were referred for specialist mental health input when required.
- In view of the population demographics they had a small number (16) patients living with dementia. They were provided an annual review to monitor their general health and placed on a priority care register to allow them easier access to their GP on the same day if this was required.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published on January 2016 showed the practice was performing in the majority in-line with national averages. 306 survey forms were distributed and 100 were returned, this represented a 32.7% response rate.

- 63% of respondents found it easy to get through to this surgery by phone compared to a national average of 73%.
- 73% of respondents were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 84% of respondents described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 78% of respondents 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 13 comment cards these were positive about the standard of care received, although one card did mention as a new patient they had found it difficult to get through on the phone. Comments referred to helpful reception staff, and patients that spoke with us on the day of inspection said the practice provided a marvellous service.

We spoke with four patients during the inspection. Patients commented positively about the practice saying that they were very happy with the treatment that they received. Patients also spoke positively about the support and attitude of the GPs and nurses. They told us that staff members were compassionate, listened to their needs, and spent time to explain treatments in a way they could understand.

Layer Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Layer Road Surgery

Layer Road Surgery provides primary care services via a General Medical Services (GMS) contract to approximately 6200 patients from premises with patient parking to the front of the building.

The practice provides its services to patients from South West Colchester encompassing the military accommodation area of the Town. Its patient population mainly comprises of military families with young children, however recently their patient numbers have increased and become more diverse amongst other patient population groups. The area has low numbers of ethnic minority groups in comparison with the national average however there is a significant population of people with Nepalese origin within the military living locally.

There are two GP partners; female, three salaried GPs one male two female, two practice nurses and two healthcare assistants in the clinical team. In the non-clinical team there is; a practice manager, a finance manager, and seven members of reception and administrative staff.

The practice opening hours and clinical sessions are; Monday to Friday 8am to 6.30pm, consultation sessions run throughout the day including lunch time sessions to give patients additional access.

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

Why we carried out this inspection

We inspected Layer Road Surgery as part of our comprehensive inspection programme.

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

How we carried out this inspection

Before visiting Layer Road Surgery, 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 15 March 2016. During our visit we:

- Spoke with a range of practice staff members and four patients who used the service.
- We saw the way staff members talked with patients, carers and/or family members.

Detailed findings

- Reviewed 13 comment cards where patients and members of the public had 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

Safety within the practice was monitored using information from a range of systems including the reporting and recording of safety incidents.

- The practice manager was the lead person for the recording of safety incidents and staff members told us they knew who they should report to if they became aware of an issue.
- The practice carried out thorough investigations of safety incidents and shared any learning with all staff members. This was to ensure that the actions taken to improve safety were embedded in the practice to minimise reoccurrence. We reviewed minutes of meetings held each month where incidents were discussed. We saw that those patients affected by the incident had received an explanation with an apology from the practice when appropriate. One example was an error in a repeat prescription for chronic obstructive pulmonary disease (COPD). As a result of this incident a review of all COPD prescriptions was undertaken. These incidents had been reviewed on a regular basis, and shared both internally and externally with partner healthcare providers. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Safety alerts about medicines or patient safety were received by the practice, reviewed, shared with the staff team, and acted upon appropriately. These alerts sometimes required the practice to review patients' medicine and change it when indicated and when this applied we found evidence that it had been undertaken.

Overview of safety systems and processes

The practice had procedures and process in place to safeguard patients from abuse, which included:

- The measures in place to safeguard children and vulnerable adults reflected the relevant legislation and local requirements. The policies were accessible to all staff members and outlined who to contact about concerns in relation to patient's welfare. There was a GP

lead for safeguarding and GPs attended local safeguarding meetings whenever possible. When required they provided reports for other agencies. Staff members were able to show us their understanding and responsibility concerning both children and vulnerable adults to ensure patients were safe from abuse. Staff members had received training to the relevant level for their role for and GPs responsible for the oversight of training had been appropriately trained.

- Chaperones were offered when required, there were notices in the waiting room and clinical areas that advised patients they were available. Staff who acted as a chaperone were trained for the role and had received a 'Disclosure and Barring Service' (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were seen and the practice lead nurse was the infection control lead. There was an infection control policy in place and staff had received role specific training. Infection control audits were carried out bi-annually and we saw evidence that actions had been taken to deal with any changes that had been identified as a result.
- We checked and saw medicines were stored securely, in a clean and tidy manner and were only accessible to authorised staff. Medicines were purchased from approved suppliers and seen to be within their expiry date. Expired and unwanted medicines were disposed of in line with the practice medicines management policy and confidential waste was appropriately handled. We also saw the practice had a system to action any medicine recalls.
- Documentation showed us that medicines requiring cold storage were kept in refrigerators which were maintained at the required temperatures and checked monitored daily. Staff members knew what to do in the event of temperature failure.
- There was a safe system in place to ensure that any change of medicine on discharge from hospital or following a review from other services, was reviewed by a GP and the appropriate action taken in a timely manner.

Are services safe?

- The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance.
- Blank prescription forms; including those used in the printers for computer generated prescriptions, were kept securely and only accessible to authorised staff, were tracked through the practice in accordance with national guidance for blank prescription forms for use in printers.
- The arrangements for emergency medicines, medicine management and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The practice carried out regular medicine audits, with the support of local medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed four personnel files and found recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The results for cervical screening were checked, and all the samples sent for cervical screening were followed up to check they had received a result. The practice also followed-up women who were referred as a result of abnormal results.

Monitoring risks to patients

- Procedures were in place to monitor and manage risks to patient and staff safety. Within the reception office there was a current health and safety poster and a policy available which identified local health and safety representatives. Electrical equipment seen had been checked to ensure it was safe to use and the practice held a service and maintenance contract to confirm it was working properly. There were a number of other risk assessments in place to monitor the safety of the premises such as the control of substances hazardous to health, infection control, and legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The premises and equipment at the practice were appropriate for patients and adequately maintained to keep patients and staff safe.
- The practice fire equipment was suitable and had been checked to ensure it was safe. Fire drills were carried out regularly to ensure staff knew how to act and keep people safe in the event of a fire.
- The practice manager planned and monitored the number of staff and the role mixes of staff needed via a rota system to meet patients' needs. The practice manager told us they factored annual and staff sickness into their planning.

Arrangements to deal with emergencies and major incidents

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

- The practice computer system in the consultation and treatment rooms had an instant messaging system which could alert all staff members within the practice to any emergency. This had recently been checked when a member of staff used the emergency button by mistake and all staff rushed to check the staff member was safe.
- All staff members had received basic life support training on an annual basis.
- Emergency medicines were available in a secure area of the practice and all staff members knew their location. These included medicines for the treatment of cardiac arrest, anaphylaxis, meningitis, seizures, asthma and hypoglycaemia. Processes were in place to check these medicines regularly and all medicines we saw were in date.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks; all staff members knew where they were kept. A first aid kit and accident book was also available.
- The practice had a business continuity plan in place to provide information for staff members in the event of a major incident such as power failure or building damage. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff members and connected utility services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The 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 recently published data showed the practice had gained 96% of the total number of points available and this was 5% above other practices in the local area and 2% above the national average of the total number of points available. The practice exception reporting was 5% which was 3% below the local CCG practices and 4% below the England average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators were either inline or better than the national average. The percentage of patients with diabetes, on the practice register, who had received the appropriate blood checks in the preceding 12 months, was 72% in comparison to 77% for the national average.
- Performance for diabetes related indicators were either inline or higher than the national average. The percentage of patients with diabetes, on the practice register, who had received the appropriate blood checks in the preceding 12 months, was 72% in comparison to 77% for the national average.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading

(measured in the preceding 12 months) was 140/80 mmHg or less was 60% which was lower than the national average of 78%. The practice had recognised this as an area for improvement and had taken action accordingly. We were shown that as a result of improvements they had achieved 81% during the current year on the day of inspection which was a considerable improvement. This data was un-validated taken directly from the practice system and was yet to be verified nationally; the data used in this report was the most current validated data we could access.

- Performance for mental health related indicators were better than the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93% which was better than the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been 16 clinical audits completed in the last two years, three of these were completed audits, where we saw improvements had been implemented monitored and patient outcomes had been improved. For example, the practice reviewed patient referrals on a monthly basis and had implemented changes in their procedures to ensure referrals were not missed.
- We also saw that the practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction process for new staff. We spoke with a recently appointed staff member who told us the practice induction programme had given them confidence and prepared them for their new role. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could show they provided role-specific training and updates for staff members. Nurses administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

competence and regular audits to verify. Staff who administered vaccinations could demonstrate their training and understanding of immunisation programmes, for example by access to on-line resources and discussions at practice and team meetings.

- We saw appraisals were used by management to identify staff training needs. We were told how staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff members we spoke with had received an appraisal within the last 12 months.
- Training received included: safeguarding, basic life support skills and confidentiality. Staff members were able to access e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records, investigative processes, communications, patient discharge notifications, and test results. A comprehensive library of patient information such as NHS patient information leaflets was available in the waiting room.
- When the clinicians referred patients to other services they shared relevant information appropriately and in a timely way.
- Staff communicated with multidisciplinary teams to meet the range and their various patient needs. For example we reviewed meeting minutes that showed all clinical staff members were involved in patient care and had access to the information being discussed.

Staff worked together in the practice and with other health and social care services to understand, meet, assess, and plan ongoing care and treatment for patients. This included when patients were referred to other services, or discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were discussed, reviewed, and updated.

Consent to care and treatment

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

- < > members knew the relevant consent and decision-making processes and had an understanding of the legislation and guidance; this included the Mental Capacity Act 2005. Staff members carried out assessments of capacity to consent in line with relevant guidance prior to providing care and treatment for children and young people.
- When mental capacity to consent to care or treatment was unclear clinicians assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice held a register of patients who may need extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition or those requiring advice regarding their diet, smoking and/or alcohol cessation. We saw evidence that patients were signposted or referred to the appropriate and relevant services.

The practice's uptake for the cervical screening programme was 84% which was above the national average of 81%. There was a procedure in place to send reminder letters to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend other national screening programmes for example bowel and breast cancer screening was above the average compared with other CCG practices and national practice average data.

Childhood immunisation rates for the vaccinations given were higher compared to CCG 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 99% to 96%.

Patients had access to appropriate health assessments and clinical checks. These included new patient health checks, NHS health checks for people aged 40 – 74 and senior health checks. Appropriate follow-up appointments were made for any issues raised during health assessments and long term condition reviews.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we observed members of the reception staff to be courteous and helpful to patients; this included treating them with dignity and respect.

- Patients' privacy and dignity during examinations, investigations and treatments was respected and maintained by the provision and use of disposable curtains that were changed regularly.
- Patients told us they were treated well, with consideration, dignity and respect and involved in the decisions made about their care and treatment. All the patients we spoke with on the day told us it was a very caring and, family orientated practice and all the staff members were extremely helpful.
- Consultation and treatment room doors were closed during consultations to ensure conversations taking place could not be overheard.
- Staff members at the reception desk recognised when patients appeared distressed or needed to speak about a sensitive issue. We were told these patients could be offered a private room to discuss their issues or problems.

The 13 Care Quality Commission comment cards collected were positive about the standard of care received patients received. Comments made referred to helpful reception staff and four patients that spoke with us on the day of inspection said they were more than satisfied with the services the practice provided and that they met their needs.

Results from the national GP patient survey showed their percentage results were above or comparable to other practices in the local CCG area and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of respondents said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 94% of respondents said the GP gave them enough time (CCG average 86%, national average 86%).

- 95% of respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 85% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 89% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 87% of respondents said they found the receptionists at the practice helpful (CCG average 85%, national average 86%).

Care planning and involvement in decisions about care and treatment

During the inspection the four patients that we spoke with told us they felt involved in the decision making process during the care and treatment they received. They also told us they felt listened to and supported by staff and were given sufficient time during consultations to make decisions about the choice of treatments available to them. Patient feedback on the comment cards we received was positive and reflected these views.

Results from the national GP patient survey showed patient's responses were comparatively similar to local area and national averages about questions involving planning and making decisions about their care and treatment. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Staff told us they had access to translation services for patients who were did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations if

Are services caring?

they were a carer. The practice computer system alerted practice staff if a patient was also a carer so that carer's could be given extra consideration when being given appointments to ensure they could meet their caring responsibilities. The practice had recently received support from their patient participation group (PPG) to re-write and improve their carer's information and patient support. Other written information for carer's was available within the practice and on the practice website to direct carers to the various avenues of support available for them. The patient participation group (PPG) were also keen to support the carer's in the practice and had produced further information to support this work.

The current number of patients identified at the practice as carer's was lower than the national average although the practice told us they had been trying since 2013 to build their register. They asked their patients to tell them if they

were carer's via the electronic notice boards in the reception and waiting room. They also asked on their website, in correspondence to patients, and on new patient registration forms. Carer's identification and support was within the training that the practice clinicians had received when they attended the 'Going for Gold training' last year.

The practice had developed a bereavement protocol with a flow chart to ensure staff members knew how to support bereaved families and meet their needs. Staff members told us that when families had suffered bereavement, their usual GP contacted them, and a condolence letter was sent which included an invitation for them to meet with the GP. At the discretion of the GP the practice also sent out their bespoke bereavement advice leaflet. The practice detailed bereavement protocol supported staff members when speaking and dealing with bereaved families enabling them to be precise, accurate and calm.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice assessed the needs of its local population and engaged with the NHS England Area Team. GPs at the practice attended meetings with the local area Clinical Commissioning Group (CCG) to ensure improvements to local services when they were identified. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

- The practice offered access to their practice population from 8am through to 6.30pm with face to face and telephone consultations including during the lunch time period.
- The practice provided longer appointments to patients living with a learning disability.
- Home visits were available for older patients and patients for who would benefit from them.
- Appointments were available on the same day requested for children and those with serious and urgent medical conditions.
- Patients were able to receive travel vaccinations available on the NHS
- There were accessible facilities, and translation, services available at the practice.
- The practice had 30 patients on their register of people living with a learning disability. They had asked a local provider organisation to deliver their learning disability annual health checks. We were told that all those patients on their register that wanted an annual check received one each year.

Access to the service

The practice opening hours and clinical sessions were Mondays to Fridays 8am to 6.30pm.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than national averages.

- 69% of patients that responded were satisfied with the practice's opening hours compared to the national average of 78%.
- 63% patients that responded said they could get through easily to the surgery by phone (national average 73%).
- 72% of patients that responded said they always or almost always see or speak to the GP they prefer (national average 76%).

When we questioned the practice about these results they showed us their improvement plan to improve patient telephone access. A new phone system was in the process of being sourced and a bypass telephone had been added to their existing system for the end of life multi-disciplinary team calls and for consultants who need to contact the practice.

All those patients we spoke with on the day of inspection told us they were able to obtain an appointment when they needed one, and knew how to contact the surgery through the various routes.

Listening and learning from concerns and complaints

The practice had an effective system to manage complaints and concerns.

- Their complaints policy was in line with recognised guidelines for GPs in England.
- There was a named designated staff member within the practice to manage all complaints.
- We saw that information was available to help patients understand the complaints system. For example; notices displayed a complaints leaflet available and information on the practice website.

We looked at three complaints received in the last 12 months and found these had been dealt with in a timely way with the openness and transparency described in their policy. Lessons that were learnt from the concerns or complaints had been acted on and actions had been undertaken from the findings to improve patient care. We saw in meeting minutes that the findings and actions from complaints were shared with all staff members to ensure practice wide learning.

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 told us their aims and ethos were:

- Patient before profit.
- Excellent clinical care and outcomes.
- Friendly and approachable.
- Continuity of care.
- Openness, transparency.
- Collaborative approach.
- Adaptable, willing to change.

Staff members told us the GPs and management team reminded them of the practice vision during meetings. They also told us that the management and GPs shared their development plans with them and encouraged them to be a part of them.

Governance arrangements

The practice had an overarching governance framework of practice specific policies and procedures which supported the delivery of their strategy and good quality care. This defined the staff members responsibilities, structures and procedures that were in place to ensure:

- The staff structure was understood by all staff members, who were also aware of their colleague's roles and responsibilities.
- Practice specific policies were reviewed and regularly updated to ensure they met current guidelines and legislation. Staff members told us they were easy to access and understand.
- The practice management team had a comprehensive understanding of the practice performance which supported them to maintain and improve patient care where needed. For example they used the feedback in the national GP survey from patients to make changes and provide clinical sessions during the lunch time period.
- The practice used the internal audits they produced to monitor both clinical and non-clinical data to improve patient outcomes.

- Risks were well managed, and actions were taken to improve patient care were well documented and followed up.

Leadership and culture

The partners in the practice had local experience, capacity and capability to lead the practice and ensure high quality care was provided. They prioritised safe, high quality and compassionate care. The GP partners were visible in the practice and staff members told us they took time to listen to them and supported their views on any improvement suggestions.

The GPs encouraged a culture of openness and honesty and were aware of and complied with the requirements of the 'Duty of Candour'. The practice had arrangements and knew how to deal with notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- Actions were taken to improve practice processes and prevent future incidents. Those patients affected received a truthful and honest explanation with an apology when it was appropriate.

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

- Staff members told us they were involved in the regular practice team meetings. They told us they appreciated the open culture within the practice and were given the opportunity to raise any issues at team meetings. We were told by staff member that they felt confident to raise topics and felt supported when they did.
- Staff members told us they felt respected, valued and supported, particularly by the management and GPs in the practice. Within the minutes of staff meetings we saw that staff members were involved in discussions about how to run and develop the practice. The management and GPs encouraged staff members in attendance to identify opportunities at the practice to improve the service they delivered.

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

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

Are services well-led?

Good 

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

- The practice monitored feedback from patients through the national GP survey. The feedback gathered had led to new procedures and improvements to the telephone system.
- The practice had gathered feedback from staff via staff meetings, appraisals and ad-hoc discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or management. Staff told us they felt involved and encouraged to improve the running of the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. They worked well with their patient participation group who for example they supported the practice recently by re-arranged the patient information within the waiting room to make it easier for patients to understand. The practice shared with us their improvement plan which revealed elements of improvement already undertaken over the last two years and future work that they intended to progress.