Dr Dale S Kinnersley & Partner

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?	Outstanding
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Dale S Kinnersley & Partner on 2 June 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 assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with 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 exceptional 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.

We saw areas of outstanding practice:

- In the most recent national survey 93% of patients who responded said that they saw or spoke to their preferred GP compared to the local and national averages of 65% and 59% respectively.

Summary of findings

- Other surveys and comments made during the inspection consistently rated practice very highly for its caring approach.
- The practice still provided out of hours services to their patients who lived at a care home and a nursing home within the practice area. Staff at these homes and patients at the end of their lives had telephone numbers that enabled the GPs to be contacted at any time.
- There was evidence that the practice staff supported patients who were vulnerable, such as the housebound, with practical and social, as well as medical needs.
- When unplanned admissions were discussed, as they were each month, discussion about the health and welfare of any carers of those patients was a standing agenda item.

We saw one area where the provider should make improvements:

- The practice should consider recording near misses as reviewing helps to reduce the risk of errors in the future.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. 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 assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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.

Summary of findings

- In the most recent national survey 93% of patients who responded said that they saw or spoke to their preferred GP compared to the local and national averages of 65% and 59% respectively.
- The practice provided out of hours services for their patients who lived at a care home and a nursing home within the practice area.
- Staff at these homes and patients at the end of their lives had telephone numbers that enabled the GPs to be contacted at any time.
- Other surveys and comments made during the inspection consistently rated practice very highly for its caring approach.
- There was evidence that the practice staff supported patients who were vulnerable, such as the housebound, with practical and social, as well as medical needs.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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 management. The practice had a number of policies and procedures to govern activity and held regular staff and governance meetings.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for reporting safety incidents and shared this information with staff to help that ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient participation group 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

Outstanding 

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 management. The practice had a number of policies and procedures to govern activity and held regular staff and 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.
- 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 reporting safety incidents and shared this information with staff to help that ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

People with long term conditions

Good 

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and outcomes framework data for diabetes showed that the practice had achieved 85% of the available points which was four percentage points below the national average.
- 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.

Summary of findings

Families, children and young people

Good

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

- 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 A&E attendances. Immunisation rates were comparable to the national results for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice arranged evening clinics when needed for working age patients whose conditions needed monitoring or treatment.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 74% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the 12 months to April 2015. This was less than the national average of 84%. The practice provided evidence from the more recent QOF submission (not validated) that the figure to April 2016 was 90%. Moreover the practice had improved the diagnosis and recording of dementia significantly over the last two years.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was more than the local average of 83%.
- 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.
- The practice had a system to follow up patients who had attended accident and emergency 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.

Summary of findings

What people who use the service say

The national GP patient survey results showed the practice was performing in line with local and national averages. Two hundred and seventy four survey forms were distributed and 119 were returned. This represented 0.7% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 59 comment cards which were all positive about the standard of care received. General themes that ran through the comments included the very caring attitude of all staff. Patients often commented that the care was for their whole family and they valued this, linked to this were comments about the GPs and nurses extensive knowledge of their own and family's conditions. Many cards mentioned the ready availability of appointments

We spoke with two patients during the inspection who said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the NHS friends and family test showed that 100% of those of responded would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- The practice should consider recording near misses as reviewing helps to reduce the risk of errors in the future.

Outstanding practice

- In the most recent national survey 93% of patients who responded said that they saw or spoke to their preferred GP compared to the local and national averages of 65% and 59% respectively.
- Other surveys and comments made during the inspection consistently rated practice very highly for its caring approach.
- The practice still provided out of hours services to their patients who lived at a care home and a nursing home within the practice area. Staff at these homes and patients at the end of their lives had telephone numbers that enabled the GPs to be contacted at any time.
- There was evidence that the practice staff supported patients who were vulnerable, such as the housebound, with practical and social, as well as medical needs.
- When unplanned admissions were discussed, as they were each month, discussion about the health and welfare of any carers of those patients was a standing agenda item.

Dr Dale S Kinnersley & Partner

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector**.** The team included a GP specialist adviser and a CQC pharmacist inspector.

Background to Dr Dale S Kinnersley & Partner

Dr Dale S Kinnersley & Partner, also known as the Old School Surgery is a GP practice located in the village of Chartham Kent. It provides care for approximately 5700 patients. The practice is in a rural area.

There are two partners, one a GP and the other a nurse. The nurse also fulfils the role of practice manager. There is one salaried GP. There is one further practice nurse.

Generally the age of the population the practice serves is close to the national averages. However there are two age groups, 9 – 19 and 40 – 54 years, where the populations are greater than the national average. This is probably due to a large private estate, built in the late 1990s, of family accommodation. The majority of the patients describe themselves as white British. Income deprivation and unemployment are low. Although the practice as a whole is not in an area of deprivation there are pockets of rural deprivation within it.

The practice has a general medical services contract with NHS England for delivering primary care services to local communities. The practice offers a full range of primary medical services and is able to provide, at the branch surgery, pharmaceutical services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. The practice is not a training practice.

The practice is staffed between 8am and 6.30pm Monday to Friday. Between the two branches the practice open between 8.30am and 4pm on Mondays and Wednesdays, 8.30am and 6.30pm Tuesdays and Fridays, 8.30am and 5pm on Thursdays. There is an extended hours surgery every Saturday from 8.30am to 11.30am. There are frequent evening GP and nurse clinics, with appointments arranged to meet the needs of patients with long term conditions. The surgery building is a converted school house with consulting, treatment rooms and administration rooms on the ground floor.

Services are provided from

Old School Surgery,

Bolts Hill

Chartham

Canterbury,

Kent,

CT4 7JY

There is a branch surgery at

The Surgery,

Branch Road,

Chilham ,

Canterbury Kent,

Detailed findings

CT4 8DR

We visited both surgeries as part of our inspection

The practice has opted out of providing out-of-hours services to their own patients. This is provided by Integrated Care 24**.** There is information, on the practice building and website, for patients on how to access the out of hours service when the practice is closed. The practice still provides out of hours services to their patients who live at a care home and a nursing home within their practice area.

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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 June 2016. During our visit we:

- Spoke with a range of staff including the principal GP, a member of the nursing staff, dispensing staff, the practice manager and patients.
- Observed how patients were being cared in the reception area.
- Reviewed comment cards where patients 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.

Good

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 practice manager of any incidents and there was a recording form available on the practice's computer system. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful 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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a blood test result had been notified to a patient, through a breakdown in communication, in a way that could cause unnecessary alarm. The practice contacted the patient and provided reassurance. The practice manager investigated the circumstances. The issue was discussed with the other providers concerned and the communication method changed to try and reduce the possibility of the same error occurring.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, to keep patients safe and safeguarded from abuse, which included:

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. Both GPs were trained to the appropriate standard (Child safeguarding level three). The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Staff told us of an occasion when they contacted the safeguarding authority about their concerns though on that occasion the matter had already been reported.
- A notice in the waiting room advised patients that chaperones were available if required. There were similar notices in all of the consulting rooms. All staff who acted as chaperones were trained for the role. They had been risk assessed to see if a Disclosure and Barring Service (DBS) check was necessary. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. The premises were clean and tidy. We spoke with the lead for infection control. They 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 and we saw evidence that action was taken to address any improvements identified as a result. There was an annual waste audit. The actions identified in the waste audit, for example replacing plastic pedal bins which might pose a fire hazard with metal bins, had been completed
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes were for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored however the practice had not monitored their use. On the day of the inspection the practice instigated a system for the safe storage and monitoring of prescriptions.

Good

Are services safe?

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. There were systems for recording medicines incidents and for learning from them. There was no formal recording of near misses (dispensing errors which do not impact directly on patient care) was not undertaken. The practice should consider recording near misses as reviewing these assists in reducing the risk of errors in the future. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. The arrangements for the destruction of controlled drugs were satisfactory.
- The practice had not employed any new staff since the date of registration so was not required to evidence that appropriate recruitment checks had been undertaken prior to employment. However the practice was in the process of recruiting a new staff member and we saw that the recruitment process did provide for the appropriate checks. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available to staff. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor 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).
- The arrangements for planning and monitoring the number and skill mix of staff helped to ensure that there were sufficient staff to meet patients' needs.

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 the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received regular basic life support training.
- The practice had defibrillators available at both premises. The practice had a first aid kit and an accident book. Although there was oxygen available at the practice's Chartham site, there was no oxygen available at the Chilham site. We discussed this with the practice who decided that oxygen would be provided at both sites. We received documentary evidence to show that this was being done.
- 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. The plan included emergency contact numbers for staff.

Good

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.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. For example by using ambulatory blood pressure monitoring for the diagnosis of patients where hypertension (raised blood pressure) was suspected.
- The practice monitored that these guidelines were followed through risk assessments, audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. This is two percent points above the national average. The clinical exception reporting rate was four percent which is approximately half 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 the QOF year ending March 2015 showed:

- Performance for an aggregate of eleven diabetes related indicators was 85% which was below the local clinical commissioning group (CCG) average (93%) below the national average (89%)
- Performance for an aggregate of seven mental health related indicators was 100% which was above the local clinical commissioning group (CCG) average (91%) and above the national average (93%)
- Performance for an aggregate of three dementia related indicators was 100% which was above the local clinical commissioning group (CCG) average (97%) and above the national average (93%). The practice had worked hard to improve their coding and formal diagnosis of dementia. As a result between 2012 and 2015 the prevalence of dementia in the practice population had gone from the bottom fifth in England to the top fifth.

There was evidence of quality improvement including clinical audit.

- The practice had undertaken clinical audits over the last two years. These included completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. There had been an audit of patients taking methotrexate, a medicine with known adverse side effects. The practice had found that these patients were having the required blood test to monitor the impact of the medicine and were taking the supplementary vitamin which as recommended by current guidance.
- There had been an audit of patients using medicines that prevent the loss of bone mass. As a result the practice had contacted a number of patients and discussed the treatment with them, some patients changed their treatment, some were referred for further investigation and some decided not to change their medicine.
- The practice provided minor surgery as an enhanced service. This was regularly audited. This showed that all samples (sent for analysis) were labelled correctly and that the post-operative infection rate was well within the expected norms.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. Although they had not had to use this they had reviewed the programme and refreshed it as there were plans to recruit a new staff member.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for patients with long-term conditions, there were staff trained to monitor the use of anti-coagulants and clinics were arranged to carry this out.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Good

Are services effective?

(for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to immunisation programmes, for example by access to on line resources and training.

- 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. For example staff training included: diploma in diabetes management, women's health management, primary care heart disease prevention and asthma management. There were staff qualified to initiate insulin treatment in general practice. Learning and training 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 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of 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 staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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 monthly basis and as needed when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Podiatry, physiotherapy and counselling services were available on the premises.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to telephone patients who failed to attend their cervical screening test to remind them of its importance. 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. Female sample takers were available.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example the percentage of patients (aged 60-69 years) taking up the offer of bowel cancer screening was 61% which was better than the national uptake of 57%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83 % to 95% (national average 81% to 97%), five year olds ranged from 80% to 97% (national average 79% to 96%).

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Patients had access to appropriate health assessments and checks.

Good

Are services effective?

(for example, treatment is effective)

- There were monthly NHS check clinics (for patients aged 40-74 without a pre-existing condition). We were told of examples where these had identified conditions which might otherwise have gone undiagnosed. Patients were signposted to the relevant service.
- The practice routinely offered Well Man and Well Woman consultations. A Well Woman consultation would, for example be a consultation with a female doctor or female practice nurse offering advice on matters such as gynaecological problems, family planning and breast disease.

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw that 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 consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. Staff always knocked on consulting and treatment room doors before seeking admission.
- Patient confidentiality was respected. There was a private area where patients could talk with staff if they wished and there were notices telling patients about this facility.
- The waiting room and reception desk area was open plan and welcoming but this did make it difficult for staff to maintain confidential discussions with patients. However only one comment cards mentioned that confidentiality at the front counter could be an issue. Staff were aware of this and took account of it their dealings with patients.

All of the 59 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Twenty nine of the 59 comments cards specifically used the words care or caring. In many other cases it was implied such as by the use on the word support.

We spoke with the chair patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey 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 of those patients who responded:

- 96% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%. When asked the same question about nursing staff the response was 87% compared to the CCG average of 94% and national average of 91%.
- 96% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%. When asked the same question about nursing staff 91% said the nurses were good at listening to them compared to the CCG average of 94% and national average of 92%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%. When asked the same question about nursing staff 96% said they had confidence and trust in the last nurse they saw were good at listening to them compared to the CCG average of 98% and national average of 97%.
- 96% said they were treated with care and concern by the last GP they saw compared to the CCG average of 88% and national average of 85%. When asked the same question about nursing staff 87% said they were treated with care and concern compared to the CCG average of 93% and national average of 91%.
- 87% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example of those patients who responded:

Are services caring?

- 91% said the GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%. When asked the same question about nursing staff 91% were positive about the nursing staff compared to the CCG average of 92% and national average of 90%.
- 90% said the GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.When asked the same question about nursing staff 85% were positive about the nursing staff compared to the CCG average of 87% and national average of 85%.

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. Though these were rarely needed. There was hearing loop.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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 support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had formally identified 24 patients as carers, this was fairly small practice and it was clear on speaking to the staff that many other patients, such as those with mental health or depression, dementia and stroke, had informal carers who were known to the practice. This made the numbers of carers, formal and informal, in the region of 160 (three per cent of the practice list).

Carers were supported by ensuring that they were offered influenza vaccinations. When unplanned admissions were discussed, as they were each month, discussion about the health and welfare of any carers of those patients was a standing agenda item. The practice opportunistically offered carers various investigations and referrals, such as blood tests or referrals to caring agencies. The practice evidenced several examples where this had had a direct positive impact on carers' wellbeing. Written information was available to direct carers to the various avenues of support available to them.

The practice provided out of hours services to their patients who lived at a care home and a nursing home within their practice area. Staff at the home had telephone numbers that enabled the GPs to be contacted at any time. All patients over 74 years were contacted and if necessary visited on discharge from hospital. This particular attention to the care of older patients had resulted in the practice having the lowest number of patients, from this cohort, having an unplanned admission to Accident and Emergency, from with the clinical commissioning group (CCG). For example the highest in the CCG was approximately patients 360/1000 per year and this practice was approximately 190/1000 per year.

Clinicians went the extra mile for patients. We were told of instances when staff delivered medicines (and food shopping) to the home address of housebound patients. We were told of occasions, not by the practice, where a GPs home visiting of those receiving end of life care, including on bank holidays and unsocial hours, had made their passing markedly less traumatic for the patients and for their families.

If families suffered bereavement, the GP contacted them and provided support by offering a family consultation at a time and place to meet the family's needs and by giving them advice on how to find support services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice carried out minor surgery, there were physiotherapy and counselling services hosted at the premises.

- The practice held frequent evening clinics for patients with long term conditions, such as asthma or diabetes. These were arranged when there were sufficient numbers of patients needing the service to make the clinics viable.
- There were longer appointments available for patients with a learning disability.
- 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 children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Patients needing those only available privately were referred to other clinics.
- There were disabled facilities, a hearing loop and translation services thought the practice said that these were rarely needed.
- The practice nurse visited patients, who were unable to get to the surgery, who needed flu vaccinations, blood tests and wound/ulcer dressings.

Access to the service

The practice was staffed between 8am and 6.30pm Monday to Friday. Between the two branches the practice opened between 8.30am and 4pm on Mondays and Wednesdays, 8.30am and 6.30pm Tuesdays and Fridays, 8.30am and 5pm on Thursdays. There was an extended hours surgery every Saturday from 8.30am to 11.30am. Appointments could be booked up to three months in advance. Urgent appointments were available on the day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages, sometimes exceptionally so. For example

- 89% were able to get an appointment to see or speak to someone the last time they tried compared to the local and national averages of 88% and 85% respectively.
- 83% of patients were satisfied with the practice's opening hours compared to the local and national averages of 79% and 75% respectively.
- 94% of patients said they could get through easily to the practice by phone compared to the local and national averages of 80% and 73% respectively.
- 93% of usually said that they get to see or speak to their preferred GP compared to the local and national averages of 65% and 59% respectively.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

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 from the patient and pass the matter on to a GP or nurse so that, in any cases of doubt, the decision was clinically based. 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, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example in leaflets, posters and on the practice website.

We looked at all the complaints received in the last 12 months and found that they had been dealt with in accordance with the practice's policy. The practice was open in its dealings with complainants, took complaints seriously and communicated honestly. Lessons were learnt from individual concerns and complaints for example we

Good

Are services responsive to people's needs?

(for example, to feedback?)

saw from a complaint about poor communication that all the staff were spoken with and the complaint discussed to try to ensure that a similar incident would not happen in the future.

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 high quality care and promote good outcomes for patients.

- The practice had a mission statement which was to work in partnership with patients and staff to provide the best quality primary care services possible within the constraints of local and national guidelines and, regulation. Staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 all members of staff.

There were systems to help 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). 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, truthful 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 felt supported by management.

- The practice held team quarterly meetings. We looked at the minutes of the last meeting. The issues discussed included keeping up to date with training and how the practice might better manage space in the dispensing area
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. There were regular social events usually to celebrate staffs' birthdays
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. 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) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and discussed ways that services to patients could be improved For example, the group had discussed the fact that, changes to the way district nurse services were configured made in difficult for some patients to get blood tests in the community and how the practice might help to alleviate this. For example the practice provided a home visiting anti-coagulate testing service for these patients. The patient survey had shown there were problems with telephone access so the practice had installed an additional telephone line and made staff changes to ensure that it was adequately serviced. The most recent

Are services well-led?

Good

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

national GP survey of the practice showed that 94% of patients surveyed found it easy to get through to the practice by telephone compared with 80% locally and 73% nationally.

- The practice had gathered feedback from staff through meetings, appraisals and discussion. Staff told us they often gave feedback and discussed any concerns or issues with colleagues and management. Examples included; different coloured “in trays” for certain categories of correspondence, changes to the systems for monitoring warfarin use and how on line services were run. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and considered local initiatives to improve outcomes for patients in the area. For example one of the practice nurses was trained nurse mentor and led the local group supervision for practice nurses in the area. Nursing staff had completed training which allowed them to initiate insulin treatment for diabetes so that patients did not have to go to the local hospital for this.