

The Witterings Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Witterings Health Centre on 10 May 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 in place for reporting, discussion and analysis of significant events. However the recording and cross referencing of the events were not always easy to follow.
- 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 could 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.
- The practice ran a Patient Information Centre which was staffed regularly by volunteers to provide advice on chronic disease management and healthy living.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

To make the recording of significant events and complaints clearer.

Summary of findings

To increase the number of patients with dementia that had their care reviewed in a face to face meeting.

To assess the reasons for the high rate of exception reporting in the Quality and Outcomes Framework for COPD patients, and for diabetic patients who had had an influenza immunisation in the last year.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting, discussing and disseminating lessons from significant events and the events were recorded. However the recording of significant events and cross referencing with the minutes of the meetings where they were discussed were not always easy to follow.
- 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 in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had robust recruitment processes in place.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice comparable to or better than others for most aspects of care.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example the practice, in conjunction with the patient participation group, lobbied for a retinal screening service to be installed locally. This was subsequently hosted within the health centre.
- Patients said they could 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a clear business strategy for the future.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for housebound patients and those with enhanced needs.
- The practice looked after patients in several care homes and had allocated GP leads for each home so that they had a specific point of contact. GPs carried out weekly ward rounds at the care homes that they looked after.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% (clinical commissioning group 91%, national average 88%).
- 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.
- Monthly meetings were held with district nurses, the proactive care team and the elderly care consultant from secondary care to discuss patients with complex needs.
- There was an effective recall system for annual chronic disease reviews.
- Patients had annual medication reviews to prevent complications from taking a large number of medicines.
- There was an onsite diabetic retinopathy screening service. This was a service where images were taken of the back of the eye to screen for changes in patients with diabetes.

Summary of findings

- There was a Patient Information Centre which was staffed regularly to provide advice on chronic disease management and healthy living.

Families, children and young people

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

- There were systems in place to 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 average for most standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 79% (clinical commissioning group 83%, national 82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children under five were always seen on the same day.
- We saw positive examples of joint working with midwives and health visitors.
- Family planning clinics including implants and coil insertion were held at the practice and the practice were part of the 'Free Condom Scheme'.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours appointments specifically for those in full time employment that were unable to attend the surgery during normal surgery hours. Nurse and health care assistant appointments could be booked outside normal surgery hours as well as appointments with a GP.
- The practice was proactive in offering online services as well as health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- GP telephone consultations were available for medication reviews and minor illnesses.
- Family planning, sexual health and travel clinic appointments were available.
- Minor operations and joint injections were carried out at the practice.
- Patients could have their repeat prescriptions sent electronically to a pharmacy of their choice.
- The practice did not offer 40 to 75 year old health checks as they had reviewed the literature and considered that the practice resources could be better directed to different services.
- Screening services such as abdominal aortic aneurysm screening were available onsite. This was a service that, using ultrasound, screened patients for a widening of the main artery in the abdomen.
- The patient participation group ran newsletter and “flash alerts” to provide up to date medical information via email. They distributed these to over 1000 patients by email and provided hard copies within the practice.
- Private services such as physiotherapy and HGV medicals were available on-site.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living with a learning disability and alerts were put on the medical notes of members of vulnerable families.
- 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.
- There was an open door policy to other healthcare staff including midwives, health visitors and counsellors.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- A voluntary organisation held monthly surgeries in the building offering help with social issues such as debt, housing and benefits.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. There was a named safeguarding lead GP. 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.

Good



Summary of findings

- A local voluntary service based in the health centre offered affordable, accessible and safe transport to the surgery and other hospital appointments.
- Same day emergency appointments were available for the duty doctor to book following telephone triage.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health

- 77% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was worse than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% (clinical commissioning group 90%, national 88%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Counsellors and a mental health liaison practitioner were available on-site.
- Social groups were available on-site for carers and people who may feel socially isolated, for example, “Knit and Knatter”.
- 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 in place 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.
- There was a confidential and private interview room available for distressed patients if required.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 239 survey forms were distributed and 127 were returned. This represented 1.3% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 91% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. The care provided by the practice was described as excellent and of a high standard. Staff were thought to be caring, helpful and kind and patients thought that they were treated with dignity and respect.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Friends and Family Test results showed that 89% of patients would recommend the practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

To make the recording of significant events and complaints clearer.

To increase the number of patients with dementia that had their care reviewed in a face to face meeting.

To assess why exception reporting in the Quality and Outcomes Framework was high for COPD patients, and for diabetic patients who had had an influenza immunisation in the last year.

The Witterings Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Witterings Health Centre

The Witterings Health Centre is run by a partnership of seven GP partners (three male and four female). They are supported by two salaried GPs, one male and one female. The practice is also supported by two nurse practitioners, three practice nurses and three health care assistants, a practice manager, two other senior managers and a team of receptionists and administrative staff.

The practice has been through a period of change with two partners and the practice manager retiring in 2014/2015.

The GPs run shared lists, so patients can see whichever GP they wish, although all patients on the practice list do have a named GP.

The practice has a list size of approximately 10250 patients and operates from one site.

Services are provided at:

Cakeham Road, Chichester, West Sussex. PO20 8BH.

Part of the extensive purpose built premises are owned by the partners and part by a charitable trust. The trust also support the practice by providing the funding for one full time equivalent GP.

The practice runs a number of services for its patients including COPD and asthma management, child immunisations, diabetes management, cervical smears, smoking cessation advice and travel health advice amongst others. Intrauterine Contraceptive Devices (IUCDs or coils) can be fitted at the practice.

Joint injections and minor surgery are carried out at the practice.

The practice is situated in a purpose built building which has been extended. Various other health services operate from the building including district nurses, health visitors, physiotherapists, dermatology clinics, an osteopath and weight loss workshops. There was also a diabetic retinopathy screening service. This was a service where images were taken of the back of the eye to screen for changes in patients with diabetes.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointment bookings are taken between 8.30am and 6pm. Only emergency calls for the duty doctor are taken from 8am to 8.30am and 6pm to 6.30pm.

Morning appointments with a GP are available on Monday 9:00am to 11:50am, Tuesday 8.30am to 11.30am, Wednesday 8.30am to 12.30 pm Thursday and Friday 7.30am to 11.30am. Afternoon appointments are available on Monday 3pm to 5.50pm, Tuesday and Wednesday 2.20pm to 6.50 pm, Thursday 2pm to 4.50pm and Friday 2pm to 5.20pm.

The practice offers extended surgery hours on Thursday and Friday mornings from 7.30am and Tuesday and Wednesday evening until 7pm for patients in full time work.

In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments

Detailed findings

are also available on the day for patients that need them. Telephone consultations are available and can be booked in advance. Appointments can also be booked online through the web site.

When the practice is closed patients are asked to phone the NHS 111 service that will help them access the appropriate out of hours care.

The practice population has a slightly lower number of patients under 18 than the national average. There is also a higher than average number of patients of 65+ years. There is a higher than average number of patients with a long standing health condition and an average number of patients with a caring responsibility. There are a lower than average number of patients in paid work or full time education. The percentage of registered patients suffering deprivation affecting children and adults is lower than average for England.

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. We carried out an announced visit on 10 May 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, health care assistants, administration staff and reception staff as well as the practice manager and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place 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 and we saw evidence of this in minutes of meetings. However the recording of significant events and cross referencing with the minutes of the meetings where they were discussed were not always easy to follow. The practice manager and lead GP for significant events did meet the day after the inspection to discuss this and improve the process.

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, one patient attended for a blood test, but no one knew why. It transpired that there was no record because the wrong patient with the same surname had been called in. The issue was discussed as a significant event and changes were put in place. Staff now checked forenames, surnames and dates of birth when contacting patients.

Overview of safety systems and processes

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

- Arrangements were in place 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always 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. GPs were trained to child protection or child safeguarding level three. All nurses and health care assistants were trained to level two or three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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. We observed the premises to be clean and tidy. The practice had a contract with a cleaning company. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place 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.
- 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). Processes were in place 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 and there were systems in place to monitor their use. The two nurse practitioners had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship

Are services safe?

and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed six personnel files and found appropriate 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.
- We saw that the practice had introduced an innovative recruitment process for the recruitment of their practice manager and were going to continue to employ it for the recruitment of senior clinical and administrative staff where appropriate.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had 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).

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

Arrangements to deal with emergencies and major incidents

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

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

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 in place 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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. Exception reporting of the percentage of patients with COPD who had a review undertaken in the preceding 12 months (22%) was higher than the local (19%) and national (11%) averages. Exception reporting was also higher than the local and national averages for patients with diabetes who had had influenza immunisation (25%). The CCG average was 20% and the national average was 18%. (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 flagged as an outlier for any QOF (or other national) clinical targets. Data from 2015 to 2016 showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 76% (national average 78%).
- Performance for some mental health related indicators was better than the national average. For example the

percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record was 95% (national average 88%).

- One mental health indicator was worse than the national average: The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 77% (national average 84%). However exception reporting was lower than average for the practice and the percentage of patients receiving the intervention was 72% (national average 77%)

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included putting an alert on the computer if a new patient who had had a splenectomy (removal of the spleen) joined the practice. This meant that the practice could ensure that the patient had received the Pneumococcal vaccine as recommended for patients who had had a splenectomy (removal of the spleen).

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice manager was in the process of reviewing and revising the systems for recording and reviewing training needs at the time of the inspection. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. We saw that a new cycle of appraisals for administrative and reception staff had been commenced and was due to be completed by the end of June 2016.
- 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 as well as regular external training with staff from other local practices.

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. Out of hours services and ambulance services had access to shared care records.

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 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.

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. If patients required further advice or specialist help that the practice could not offer, then patients were signposted to the relevant service.
- Weight loss workshops were available on the premises and smoking cessation advice was available from the health care assistants.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages for some vaccinations and a little lower than the CCG average for others. For example, childhood immunisation rates for the

Are services effective?

(for example, treatment is effective)

vaccinations given to under two year olds was 93% (CCG average 94%) and five year olds from 91% to 95% (CCG average 89% to 96%). The rates for 24 month olds were 85% to 96% (CCG average 93% to 97%).

The practice did not offer health checks as they had reviewed the literature and considered that the practice resources could be better directed to different services.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 12 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.

We spoke with two members of the 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 average or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the 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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 82% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the 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.
- Information leaflets were available in easy read format.

Are services caring?

- There was a patient information centre which contained a lot of easily accessible information for patients and was staffed in the morning by volunteers.

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. There was a television screen in the waiting room which also provided health promotion advice and information.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 305 patients as carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. There were also carer groups such as 'Knit and Knatter' available on-site.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation or by giving them advice on how to find a support service if appropriate.

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 diabetic patients had to travel a long way to have a retinal scan carried out. The practice patient participation group and also the practice petitioned the clinical commissioning group for the provision of the service locally. This was agreed and a retinal scan service was now available within the practice.

- The practice offered extended surgery hours on Thursday and Friday mornings from 7.30am and Tuesday and Wednesday evening until 7pm for patients in full time work who could not attend during normal opening hours.
- 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 vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, automatic sliding entrance doors, a hearing loop, baby changing facilities, two disabled parking places and translation services available.
- The practice had a lift.

Access to the service

The practice was open between 8.00am to 6.30pm Monday to Friday. Appointment bookings were taken between 8.30am and 6pm. Only emergency calls for the duty doctor were taken from 8am to 8.30am and 6pm to 6.30pm.

Morning appointments with a GP were available on Monday 9:00am to 11:50am, Tuesday 8.30am to 11.30am, Wednesday 8.30am to 12.30 pm Thursday and Friday

7.30am to 11.30am. Afternoon appointments were available on Monday 3pm to 5.50pm, Tuesday and Wednesday 2.20pm to 6.50 pm, Thursday 2pm to 4.50pm and Friday 2pm to 5.20pm.

The practice offered extended surgery hours on Thursday and Friday mornings from 7.30am and Tuesday and Wednesday evening until 7pm for patients in full time work.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. Telephone consultations were available and could be booked in advance. Appointments could also be booked online through the web site.

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

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

All home visit requests were triaged by the duty doctor. 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 and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system. This included posters and leaflets in the waiting room and at the patient information centre in the main lobby.

We looked at 14 complaints received in the last 12 months and found that they were satisfactorily handled and dealt with in a timely way with openness and transparency. We saw examples of complaints that had been discussed at partners' meetings and learning points were recorded.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice received a complaint from a temporary resident. The matter was discussed with staff at a training afternoon and a response formulated. A letter of apology was sent with some advice leaflets and temporary resident leaflets were also distributed to local pharmacies.

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, holistic, care and promote good outcomes for patients.

- The practice had a clear ethos and staff knew and understood the values and their role in upholding them.
- 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 in place 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 clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying and managing risks, issues and implementing mitigating actions.
- Although significant events and complaints were well managed, the system for recording of the events, although completed, were not always entirely robust.

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.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place 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 in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- 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. We noted that the practice held regular staff social events, recognised significant staff birthdays and arranged a discount for staff at a local health club.
- 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, produced a regular practice newsletter, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had asked the practice to change the practice telephone number to a local number to reduce costs to the patients, which the practice did. Members of the PPG also ran a comprehensive Patient Information

Are services well-led?

Good 

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

Centre. It occupied a prominent position in the entrance to the practice and was manned by a voluntary team from 9.30am to 11.30am Monday to Friday. The PPG had also been instrumental in lobbying successfully for a retinopathy clinic which was now housed in the building.

- The practice had gathered feedback from staff through staff meetings, appraisals, a staff feedback box and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example there had been some problems with communication with local pharmacies, so at the suggestion of staff a log was started so that pharmacies could sign when they picked up prescriptions. 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 helped promote schemes to improve outcomes for patients in the area. For example the provision of a retinal scan service within the practice. The practice were a training practice and trained FY2 doctors. These were trained doctors who were spending four months in general practice as part of their training. They also trained doctors who were on a specialist training scheme to become GPs. The practice was also involved in two research projects at the time of the inspection.