

Dr T Crawford & Partners

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 Dr Crawford and partners on 14 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 in place for reporting and recording significant events and staff demonstrated an awareness and involvement in the process.
- 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 continuity of care and patients could access urgent appointments on the same day without difficulty.
- 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.

The areas where the provider should make improvement are:

- To carry out regular formal audits to demonstrate monitoring of infection control.

Summary of findings

- To introduce a formal induction checklist to clearly show all topics undertaken at induction including training.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and staff were aware of this and participated in the process.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support 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. Staff were able to demonstrate how they would recognise signs of abuse and the system in place to deal with it.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and we saw evidence of how this had impacted on patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. GPs and nurses had additional training in specific clinical areas and utilised these skills to provide a comprehensive service and prevent unnecessary attendance to the local hospital.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



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 and patients we spoke with confirmed this.

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. They were working with the CCG to explore development and delivery of services in the practice for all patients in the locality to prevent the need to attend hospital.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day. Patients we spoke with during inspection confirmed they had been provided with an appointment that day.
- Appointments with the GPs were all 15 minutes in duration.
- The practice had good facilities and was well equipped to treat patients and meet their needs which included staff with additional skills in areas such as family planning and contraceptive device fitting.
- 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.
- 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 weekly meetings where governance was discussed.

Good



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 partners were aware of and complied with the requirements of the duty of candour. They encouraged a culture of openness and honesty and staff we spoke with confirmed this. 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 established and engaged well with the practice. They reported that the practice worked well with the group and responded to their views and feedback.
- There was a 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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had identified a specific member of staff to co-ordinate daily liaison with staff involved in delivery of care of older patients and organisation of weekly ward rounds to the local care homes they provided services to.
- The practice see all new patients, including those in care homes, within a month of registering with the practice and develop shared care plans during this process including end of life.
- The practice signpost to a variety of support organisations such as Age UK.

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. The practice monitored these patients closely offering support and had demonstrated a reduction in admissions as a result.
- Diabetes indicators from the QOF were comparable with the national and CCG averages, for example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 79% which was comparable with the national average of 78%.
- Longer appointments were provided for long term condition reviews and home visits were undertaken when needed.
- The practice had an allocated member of staff responsible for ensuring the call and recall system operated efficiently and effectively.

Summary of findings

- All these patients had 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.

Families, children and young people

Good



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 high for all 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.
- Cervical screening rates were at 80% and comparable with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered a range of services for this group including eight week baby medical checks prior to immunisation and family planning services and post-natal depression screening.
- We saw positive examples of joint working with midwives and health visitors.

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 including electronic prescribing as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered NHS health checks and new patient checks and reported a good uptake of this service.

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.

Summary of findings

- 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; such as carers, about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice accommodated the Community Law Service which provided advice and advocacy for financial, housing and social needs.
- The practice had identified 246 patients as carers which represented 3.2% of the practice list
- The First for Well-Being Service also attends the practice, which provides support for patients experiencing social isolation and helps address emotional wellbeing.

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).

- 89% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months which was comparable to the national average of 89%.
- 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

Summary of findings

voluntary organisations and engaged with 'First for Wellbeing', a service that provided social support and addressed social isolation and emotional wellbeing who attended the practice regularly.

- The community mental health lead was based at the practice and they met weekly with them for advice regarding mental health issues.
- 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.

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 above the local and national averages in almost all areas of patient satisfaction. There had been 267 survey forms distributed and 127 returned which represented a 48% response rate and 1.7% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% 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%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 83% 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 ten comment cards which were all positive about the standard of care received. Patients specifically commented on certain GPs and how they had listened and treated them with compassion. Comments also included experience of timely treatment from nurses with good explanations of tests being carried out.

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. They also commented on how they were able to easily access appointments particularly on the day.

Areas for improvement

Action the service SHOULD take to improve

- To carry out regular formal audits to demonstrate monitoring of infection control.
- To introduce a formal induction checklist to clearly show all topics undertaken at induction including training.

Dr T Crawford & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr T Crawford & Partners

Dr Crawford and partners is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 7,430 patients living in Northamptonshire. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from two storey purpose built premises with 11 consulting rooms which are all on the ground floor. The practice population has a higher than average number of patients aged 50 to 60 years and 70 years onwards. National data indicates that the area is one that experiences moderate levels of deprivation. The practice population is made up of predominantly white British patients with pockets of patients of eastern European origin.

There are two GP partners who are both female, who employ five salaried GPs; three male and two female. The practice employ two nurse practitioners, three practice nurses; one of whom specialises in long term conditions, two health care assistants, a practice manager and assistant practice manager, who are supported by a team of administrative and reception staff. The practice accommodate the district nursing and health visiting team and the community midwife attends the practice to carry out two clinics per week. The First for Well-Being Service

also attends the practice, which provides support for patients experiencing social isolation and helps address emotional wellbeing. The Community Law Service attend the practice regularly to provide support, advice and advocacy regarding financial, housing and employment issues.

The practice is accredited as a teaching practice where they support qualified doctors to carry out additional training to become GPs as well as opportunities for medical students to gain experience in general practice.

The practice is open on Mondays and Wednesdays between 7.30am and 6.30pm, Tuesdays from 7am until 6.30pm, Thursdays 8am until 6.30pm and Fridays 7am until 7pm. These times include extended hours appointments.

When the surgery is closed services are provided by Integrated Care 24 out of hours provider who can be contacted via the service via NHS 111.

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.

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 June 2016. During our inspection we:

- Spoke with a range of staff including GPs, nurses, the practice manager and assistant practice manager, reception and administration staff and spoke with patients who attended the practice that day. We also spoke with the chair of the patient participation group prior to our inspection.
- Observed how staff assisted patients and talked with carers and family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed staff files.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system 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 which the practice manager ensured was completed when a significant event was reported. 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, a written apology and were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and staff we spoke with confirmed they had received feedback from this and the outcomes and changes were discussed at team meetings.

We reviewed safety records, incident reports, patient safety alerts including MHRA (Medicines and Healthcare Products Regulatory Agency) alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, we saw that the practice manager had raised awareness and monitored that checking procedures were being carried out appropriately following an omission in replenishing essential medicines.

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. We saw there were laminated posters in clinical rooms informing staff of procedures and telephone numbers of the local safeguarding teams and policies were accessible to all staff which also 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 and 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 and the nurse practitioners were trained to child safeguarding level 3 and the practice nurses to level 2.

- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. Nurses and reception staff undertook chaperone duties. 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 visibly clean and tidy. One of the practice nurses was the infection control clinical lead who had been trained in infection control. There was no formal documentation of an infection control audit but the staff were able to confirm that this had been undertaken informally and we saw that actions had been taken to address areas of concern. For example, they had replaced waste bins and seating had been changed to wipe able in the waiting area. We saw that disposable curtains were in use and were changed regularly. There was personal protective equipment available to staff including aprons, gloves and sterile gloves. Staff told us that the infection control lead had audited their hand washing techniques. There was an infection control protocol in place and we saw from training records that staff had received up to date training.
- 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 had introduced a specific system to allow a robust management of high risk medicines which ensured that patients received blood tests and appropriate monitoring and that GPs were

Are services safe?

aware of the results before prescriptions for high risk medicines were re-issued. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- There was an allocated member of staff responsible for prescriptions who monitored the recording and security of both the computer printed and hand written prescriptions. We saw the log which was kept to demonstrate this. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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. There were also arrangements in place for the destruction of controlled drugs and we saw that these had been disposed of appropriately by a designated officer.
- We reviewed four 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.

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 assessment which was carried out twice a year and we noted it was last completed in June 2016. The practice had up to date fire risk assessments and carried out regular fire drills which we saw had been carried out recently. We saw records of fire alarms and extinguisher testing which had last been completed in January 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical

equipment was checked to ensure it was working properly and we saw a certificate to show that this had been carried out in 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises. We saw that a legionella assessment had been carried out by an external company and actions were undertaken to address areas identified such as water temperature monitoring. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice regularly monitored and reviewed the staff allocation and work patterns to determine if staffing levels were adequate at busy times. The practice had trained at least two staff to carry out every role in relation to reception and administration duties to ensure that staff could provide cover during times of absence such as sickness and annual leave. 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 nurses treatment room.
- The practice had a defibrillator available on the premises and three oxygen cylinders available 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 and the lead GP, practice manager and assistant practice manager kept copies off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They engaged with the local CCG medicines management team and had undertaken work reduced antibiotic prescribing in the practice where this had been identified as an area for improvement.

- 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. All staff had an electronic link to NICE and changes in practice were discussed at clinical meetings.
- 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 showed the practice had achieved 98% of the total number of points available. The practice exception reporting rate was 10% which was comparable to the CCG and national averages of 11% and 9% respectively. (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). The practice had an allocated member of staff trained in data management who monitored QOF reporting and exception reporting and demonstrated adherence to national guidance.

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

- Performance for diabetes related indicators was comparable to the national average. For example, the

percentage of patients with diabetes, on the register, in whom the last blood test for IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 83% compared to the national average of 77%.

- Performance for mental health related indicators was similar to 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, in the preceding 12 months was 94% compared to the national average of 89%.

The practice had systems in place to identify the 2% of patients who were most at risk of admission to hospital and had allocated members of staff to ensure any admissions were followed up and these patients were discussed with the multidisciplinary team to ensure the appropriate support was in place to prevent re-admission. The practice reported that there had been a reduction in re-admissions compared to the previous year as a result of this intervention.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of which were two cycle audits with plans to re-audit. These demonstrated that improvements had been implemented and improved outcomes for patients in conditions such as certain heart conditions and fragility fractures.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. They used in house peer review to gain advice from GPs with more specialist knowledge within the practice and ensure that referral to secondary care was necessary. For example, one GP had specialist knowledge in dermatology and one was undergoing further training in minor surgery.

Information about patients' outcomes was used to make improvements, for example, a review of patients to ensure they were taking the optimum medication regime for their condition and patients were educated regarding the need for changes in their medication and importance of compliance.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. We saw that staff had a programme which highlighted areas to cover within their role. However, we noted that the induction programme did not include a checklist to ensure all aspects had been covered or necessary training such as safeguarding, infection prevention and control and fire safety had been carried out, although we saw that staff had received this training. During our discussions, the practice manager informed us that the practice had made a decision to commission the services of an external human resources company to deal with all staff recruitment. Therefore, we were told that a formal process and checklist would be implemented to log that new staff receive formal induction and essential training.
- 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. The nurses received training in diabetes, sexual health, intra-uterine device fitting, diabetes, asthma and tissue viability. Nurses also worked with the diabetes specialist nurse once a month to treat patients with more complex needs. They worked on a rotational basis to ensure all nurses had the opportunity to develop their expertise in this condition.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs. All staff received appraisals annually, some of which were due to be carried out again in the next few months. Staff told us they were able to identify

training needs at any time and were supported to develop their knowledge and skills. For example, one of the nurses was encouraged to undertake a practice nursing degree soon after joining the practice.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. They 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. The practice had ensured good training and understanding of the system and maximised its use to manage care effectively.

- This included care and risk assessments, care plans, medical records and investigation and test results. The GP had a buddy system for managing discharge letters and pathology results which operated when a GP was not in the practice.
- 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 regular 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.

Are services effective?

(for example, treatment is effective)

- 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 practice had written consent for minor surgery and insertion of intrauterine contraceptive devices and implants which was scanned into the patient records. These were accompanied by an full explanation of the procedure and what to expect.

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. Patients were signposted to the First for Well-being team who provided social and emotional wellbeing support who attended the practice and the Community Law service which provided support and advocacy regarding finance, housing, employment and social needs. The practice also signpost to a variety of support organisations such as Age UK.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 80% 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were high and comparable to the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% and five year olds from 95% to 97%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years. The practice had undertaken 922 checks since commencing this service which represented 36% of the eligible population. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- A room was available next to the reception area which allowed reception staff the opportunity to offer patients a private discussion if necessary to discuss their needs.
- The practice had adapted areas of the reception to improve confidentiality and access to the check in procedure. For example, they had a sign indicating a line of demarcation to encourage patients to remain back from the desk and allow more private discussion. They had also lowered the touch screen check in device to provide easier access for patients using wheelchairs.

All of the ten 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. Patients commented on the kindness of staff and how they demonstrated a caring attitude at all times. Patients undergoing long term treatments had commented on how the staff had shown compassion and understanding and given them enough time to talk during their consultations.

We spoke with the chair of the patient participation group (PPG). They told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us they had received positive feedback from new patients who had joined the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey were positive and 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:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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. Some patients commented on the vigilance of the GPs in identifying serious conditions and their prompt referral to specialist care and treatment. They also told us how they had been supported by staff through difficult treatment regimes. 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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.

Are services caring?

- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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. We saw notices in the reception areas informing patients this service was available. The practice also used translation resources on their computers when dealing with immediate language barriers they were presented with and worked with patients to understand during their consultations.
- Information leaflets were available in easy read format and the practice provided pictorial leaflets to assist patients understanding for those with learning difficulties.

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, for example, an Alzheimer's memory café, prostate cancer support and breast feeding.

The practice registration form provided an opportunity for patients to inform the practice if they were a carer. The practice coded carers status and recorded on the practice's computer system to alert them to offer flu vaccination and health checks and facilitate flexible appointments. The practice had identified 246 patients as carers which represented 3.2% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and determine whether additional support or input may be necessary. They also sent a sympathy card after three months to maintain a level of contact and ensure that patients were aware that support was still available after a period of time.

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. The practice was proactive in working with the locality to develop and offer services closer to home and remove the need for attendance to local hospitals, such as for dermatology and minor surgery.

- The practice offered extended hours appointments Mondays from 7.30 am, Tuesday and Friday from 7am with appointments available until 7pm on Fridays to provide easier access for patients who worked and those who could not attend during normal opening hours.
- GP appointments were all 15 minutes in duration.
- There were longer appointments available for vulnerable patients, for example those 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.
- The practice had two nurse practitioners who offered minor illness clinics.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, and baby changing facilities, a hearing loop and translation services available.
- The practice accommodated several additional health professional services on the premises, such as the mental health practitioner, district nurses, health visitors and the First Well Being service and Community Law making these services more easily accessible.
- The practice provided a phlebotomy service for patients.

Access to the service

The practice was open on Mondays and Wednesdays between 7.30am and 6.30pm, Tuesdays from 7am until 6.30pm, Thursdays 8am until 6.30pm and Fridays 7am until

7pm. Extended hours appointments were offered within those times. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them and several patients reported they had called that morning and been able to get an appointment.

The reception staff were all aware of how to deal with requests for home visits and if they were in any doubt would refer to the GP. The reception area also had posters prompting staff what to do in the event of specific urgent situations such as suspected heart attack.

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.
- We saw there was a poster in the waiting area that informed patients of the complaints procedure. There was also information on the practice website.
- We noted there was a suggestions and comments box in the foyer of the practice.

We looked at ten complaints received in the last 12 months and found that these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, the introduction of a more robust system for dealing with prescription requests.

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. There were laminated posters in the practice reminding staff of the vision and staff we spoke with were aware of this and demonstrated a commitment to this vision. They told us the practice was very patient focused and partners encouraged and re-enforced this vision and ethos at all times. The practice had a strategy and which reflected the vision and values and regularly monitored their progress towards this during partners meetings.

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. All GPs had specific roles and areas for which they were responsible and staff were aware of this. They had administrative and data support aligned to specific areas to assist in the management of these areas.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and we saw that the data management administrator had robust systems in place to monitor performance and reported regularly to the GPs and other staff areas for focus and those where improvements had been made.
- 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

During our 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 and we saw evidence of planning and involvement with all levels of staff to achieve this.

Staff told us the partners were approachable and always took the time to listen to all members of staff. They told us they were supportive and encouraged development in all areas that would assist to improve patient services and promote job satisfaction. The practice manager told us they had introduced a system to ensure that at least two members of reception and administrative staff could perform each role, to enable staff to operate during times of sickness or annual leave and also to promote job satisfaction for staff. There was clear evidence of effective succession planning, for example, there were active plans in place to recruit three more partners.

- 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 and 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 and a verbal and written apology and we saw evidence of this from complaints and significant event investigations.

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

- Staff told us the practice held regular team meetings and we saw minutes of these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to 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'

Are services well-led?

Good 

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

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, although they had experienced difficulties in the last year due to health issues. However, discussions with a member of the PPG confirmed that they were to resume meetings shortly. The PPG had carried out patient surveys and undertaken significant fund raising which had resulted in the purchase of equipment to benefit patients. For example, they had provided blood pressure monitoring machines for self-monitoring.

The PPG representative told us that the practice were responsive to the views of the group and meetings were always attended by the practice manager and sometimes a GP. The practice invited the PPG to contribute entries into the practice newsletter and the group also received feedback from complaints. The practice had worked with the PPG in reducing the DNA rate and introduced text messaging patients to remind them of their appointment. The practice had also responded to PPG suggestions regarding booking of appointments. The practice had

gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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 part of local pilot schemes to improve outcomes for patients in the area when suggested. They had purchased specific computer and administration systems to optimise efficiency and had readily become involved in innovative services to improve care.

The practice demonstrated a commitment to the development of services to help patients in the locality and reduce the necessity to attend secondary care by engaging with the GP Alliance to explore multi-specialty care providers.