

Birchwood Medical Practice

Quality Report

Kings Road

Horley

Surrey

RH6 7DG

Tel: 01293 771200

Website: www.birchwoodmedicalpractice.com

Date of inspection visit: 4 February 2016

Date of publication: 26/05/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	13
Background to Birchwood Medical Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Birchwood Medical Practice on the 4 February 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.
- Risks to patients were assessed and well managed.
- The practice has named GPs for the frail elderly and palliative patients.
- The practice has a named GP for their nursing homes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Feedback from patients about their care was consistently positive. 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.
- Patients said that there were urgent appointments available the same day but sometimes was difficult getting through to the surgery by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

Summary of findings

- The practice operated a wraparound service for patients whom the practice became aware of being vulnerable in any way, for example patients who had been diagnosed with a terminal illness. The practice provided a named administrator and GP and continued this wraparound service until the patient or relative felt stronger and could cope.
- Ensure that the process to register to provide maternity and midwifery services with CQC is completed.
- Continue to review the quality of care that patients with asthma, diabetes and hypertension receive and the uptake of cervical cytology.

The areas where the provider should make improvements are:

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 and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the Clinical Commissioning Group (CCG) and national averages for most indicators with the exception of diabetes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated 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 multidisciplinary teams 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 higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- 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 signed up to the locally commissioned services offered by the clinical commissioning group relating to the elderly population. This was for unplanned care and there was a dedicated GP lead for this service.
- Patients said that urgent appointments were 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- 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.

- 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 patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had named patient care co-ordinators that monitored out of hours unplanned care and worked closely with the lead GP.
- Specific appointments were available for those with transport problems and the practice liaised with local community charities that provided volunteer transport to ease access for those patients by working with closely with a local carer's association.

The practice holds monthly multi-disciplinary meetings attended by the community matron, and district nursing staff who are based at the surgery where patient care plans are discussed.

Good



People with long term conditions

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

- The practice had a member of staff whose role was a care co-ordinator for patient with long-term conditions. The care coordinator worked across multi-disciplinary teams and with patients to develop care plans.
- The practice offers extended appointments with the GP for an initial assessment. District nurses and community matrons, attended weekly multi-disciplinary meetings where patient care plans were discussed and minutes recorded.
- The practice had in place chronic disease management clinics for the care of patients with asthma, chronic obstructive pulmonary disease (COPD), and diabetes. The practice employed an advanced nurse practitioner who specialised in diabetes and supported the other practice nurses.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems 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 relatively high for all standard childhood immunisations.
- 66% of patients with asthma, on the register, had an asthma review in the preceding 12 months which was lower than the national average of 75%.
- 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.
- 78% of eligible female patients had a cervical screening test which was lower than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice also hosted a drop in service for young persons.
- We saw positive examples of joint working with health visitors.
- The practice provides regular family planning clinics, post-natal checks, eight week baby checks, and childhood immunisation clinics are held weekly.

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 and flexible.
- Specific appointment slots were available for working people and commuters, and urgent appointments were available during extended hours. Telephone appointments were available with a GP or a nurse.
- The practice was offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

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

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability and flexible appointments for carers and those cared for.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Practice 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 had a wraparound service for vulnerable patients. This service was extended until the patient felt stronger and could cope.
- The practice supports two specialist children's services.
- The practice has an Adult Safeguarding Lead and an IRIS Clinical Lead which is a domestic abuse pilot in East Surrey, where an advocate educator is linked to general practices and based in a local specialist DVA service. The advocate educator works in partnership with the local clinical lead to co-deliver the training to practices.

People experiencing poor mental health (including people with dementia)

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

- The practice considers themselves dementia champions and all the staff have completed a dementia awareness course. This was led by the Principal GP and a member of staff which has led to an increase in diagnosis in house and by carrying out home visits.
- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is lower than the CCG average 83% and national average 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.
- Practice 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 January 2016. The results showed the practice was performing lower than local and national averages. 256 survey forms were distributed and 106 were returned which was a response of 41%. This represented 0.7% of the practice's patient list.

- 66% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 72% and a national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 85% and national average 85%).
- 81% of patients described the overall experience of their GP surgery as good (CCG average 85% and national average 85%).
- 77% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 80% and national average 78%).

The practice had received complaints about their telephone system. The partners were not satisfied with

the result that only 66% of patients found it easy to get through to the surgery. A discussion with the patient participation group led to them identifying and meeting with several telecom suppliers. This resulted in a new telephone system for the practice. This resulted in an increase in patient satisfaction in the national GP patient survey, from 52% in July 2015 to 66% in January 2016, however this is still slightly lower than the CCG average (72%) and national average (73%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards which were all positive about the standard of care received. Patients stated that the staff were helpful and respect was mutual. There were many comments that the practice was excellent in every respect, and the GPs were caring and listened well.

We spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice showed us the results of the family and friends test which showed that 87% of patients would recommend the practice to family and friends, based on 15 responses in the last month.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that the process to register to provide maternity and midwifery services with CQC is completed.
- Continue to review the quality of care that patients with asthma, diabetes and hypertension receive and review cervical cytology to increase uptake.

Outstanding practice

The practice operated a wraparound service for patients whom the practice become aware of being vulnerable in anyway, for example patients who had been diagnosed with a terminal illness. The practice provided a named receptionist and a named doctor, and introduced a backup contact to the patient in the event that the first named receptionist or doctor was not available. The named receptionist provided non clinical support and

coordinated clinical support as required, this avoided the need for the patient or their relatives to repeat their history or circumstances to different people. The named receptionist liaised with the named doctor to ensure the appropriate response for the patient was delivered in a timely manner. This wraparound service continued until

Summary of findings

the patient or relative felt stronger and could cope. The practice told us that patients who have experienced this service have frequently told them that it has made the difference between them being able to cope or not.

Birchwood Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Birchwood Medical Practice

Birchwood Medical Practice is located in Horley. The practice is located in the Health Centre which is a purpose built building. At the time of our inspection there were approximately 15,500 patients on the practice list. The practice population has a slightly higher number than average of patients aged from birth to four year, 30 to 34 years and female patients over 85 years. The practice has a lower than average number of patients aged 5 to 24 years. It also has a slightly lower than average number of patients with long standing health conditions.

The practice has four GP partners (three male and one female), seven salaried GPs (one male and six female), one nurse practitioner, three practice nurses, a health care assistant and a phlebotomist. They are supported by a practice manager, operations manager, administration and reception staff. The practice is a training practice and at the time of our inspection had two GP registrars. (Training practices have GP trainees and F2 doctors; these are qualified doctors who are specialising as GPs). The practice has a General Medical Services (GMS) contract and offers enhanced services for example; various immunisation and unplanned admission schemes.

The practice is open from 8.00am to 6.30pm Monday to Friday. Extended hours surgeries are offered from 6.30pm to 8.30pm Monday evenings and 8.00am to 12.00pm every

Saturday morning. Patients requiring a GP outside of normal hours are advised to call NHS111 where they will be given advice or referred to an appropriate out of hours service.

The service is provided from the following location:

Birchwood Medical Practice

The Health Centre

Kings Road

Horley

Surrey

RH6 7DG

The service was previously inspected by the Care Quality Commission 17 September 2013 and found to be compliant with the regulations. However the practice is not registered with CQC for the regulated activity maternity and midwifery but is providing this service. The practice will need to register for this activity with CQC.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 January 2016.

During our visit we:

- Spoke with a range of staff (GPs, an advanced nurse practitioner, practice nurse, health care assistant, practice manager, receptionists and administrators) and spoke with nine patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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 an effective system in place for reporting and recording significant events.

- Practice 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there had been an incident where a patient with a similar name and date of birth had been booked an appointment in error. The practice carried out an audit of all patients with similar names and put an alert on the system to warn staff to check the name and date of birth before booking an appointment and updating medical records.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and 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 relevant to their role. All of the GPs were trained to Safeguarding level three and two salaried GPs were the joint Child Safeguarding lead.
- 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 check (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 senior healthcare assistant 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. Infection control audits were undertaken every six months 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 and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a GP or nurse was on the premises.
- We reviewed three 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.
- There were 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.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and practice staff safety. There was a health and safety policy available with a poster in the staff room 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 that 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, as well as panic buttons on all telephones.
- All staff received annual basic life support training and there were emergency medicines available in the nurse storage 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 was available.
- Emergency medicines were 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 fit for use.
- 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 87% of the total number of points available, with 9% exception reporting. (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 an outlier for diabetes QOF results. Data from 2014/15 showed;

- Overall practice performance for diabetes indicators was 67% which was below clinical commissioning group (CCG) average 93% and national average 90%. For example 83% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months compared to the national average 88%. 78% of patients with diabetes, on the register, who have had influenza immunisation in the preceding 12 months, was lower than national average 94%.
- 74% of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less which was lower than the CCG average 81% and national average 84%.
- Performance for mental health related indicators was comparable to the national average, for example 90% 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, compared to CCG average 93% and national average 88%.

- 66% of patients with asthma, on the register, had an asthma review in the preceding 12 months which was slightly lower than CCG average 72% and national average of 75%.

Clinical audits demonstrated quality improvement.

- There had been two 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 and peer review.
- Findings were used by the practice to improve services. For example, recent action taken included an audit and review of staff hand washing. Results showed that all the clinicians followed the correct steps in hand washing and commonly missed areas sited were identified when washing hands. Two of the clinicians were given feedback to improve the outcome and recommended a further re-test in 3 months.
- The practice carried out a Vitamin D audit to ascertain if patients with a deficiency should be treated with a high dose. When this was re-audited there had been a significant change with 69% of patients identified as being appropriately treated compared to 58% in the first audit cycle.

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 staff reviewing patients with long-term conditions.
- Practice staff administering vaccines and taking samples for the cervical screening programme had received

Are services effective?

(for example, treatment is effective)

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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Practice staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place regularly and that care plans were routinely reviewed and updated.

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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A counsellor was available on the premises and smoking cessation advice was available from the practice.

The practice's uptake for the cervical screening programme was 78%, which was lower than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. In order to try to increase uptake the practice had recently started to offer appointments with the practice nurse for cervical screening tests in the Monday evening extended hours clinic. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake was comparable to CCG and national averages. For example uptake for breast cancer screening was 76% (CCG average 74%, national average 72%) and uptake for bowel cancer screening within 6 months of invitation was 56% (CCG average 54%, national average 55%).

Childhood immunisation rates were better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 88% (CCG average 71% to 79%) and five year olds from 82% to 91% (CCG average 69% to 88%).

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks which included health checks for new patients. 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; 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.
- When not in use the practice could offer a room for breast feeding mothers.

All of the 10 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.

The patient participation group told us they were very 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 comparable to other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and national average of 89%.
- 82% of patients said the GP gave them enough time (CCG average 88% and national average 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG average 96% and national average 95%).

- 86% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88% and national average 85%).
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91% and national average 91%).
- 86% of patients said they found the receptionists at the practice helpful (CCG average 88% and national average 87%).

Care planning and involvement in decisions about care and treatment

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 83% and national average 82%).
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% and national average 85%).

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.

Patients who were on the unplanned admission register were contacted within 48 hours of discharge from hospital or A&E to check if they needed any support from the practice.

Patient and carer support to cope emotionally with care and treatment

The practice operated a wraparound service for patients whom the practice became aware of being vulnerable in anyway, for example patients who had been diagnosed with a terminal illness. The practice provided a named receptionist and a named doctor, and introduced a backup contact to the patient in the event that the first named receptionist or doctor was not available. The named receptionist provided non clinical support and coordinated clinical support as required, this avoided the need for the patient or their relatives to repeat their history or circumstances to different people. The named receptionist liaised with the named doctor to ensure the appropriate

Are services caring?

response for the patient was delivered in a timely manner. This wraparound service continued until the patient or relative felt stronger and could cope. The practice told us that patients who have experienced this service have frequently told them that it has made the difference between them being able to cope or not.

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice

list as carers. The practice had a care coordinator and provided carer's packs to direct carers to the various avenues of support available to them. Reception staff were trained to identify carers and flag them on their patient record.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation to meet the family's needs and/or by giving them advice on how to find a support service.

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 offered extended hours clinics from 6.30pm to 8.30pm Monday evenings and 8.00am to 12.00pm Saturday mornings for patients 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 difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had named patient care co-ordinators that monitored out of hours unplanned care and worked closely with the patients and lead GP.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- A care coordinator rang patients after they had been discharged from hospital to ensure they had the medicines and support they needed. Patients gave very positive feedback about this service.
- The practice had responded to the long waiting list for counselling services by securing the services of fully trained counsellors who are undergoing additional training. This service was available two days a week and was well used and seen to be of great benefit to patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.10pm every morning and 3pm to 5.20pm daily. Extended surgery hours were offered on Monday evenings from 6.30pm until 8.30pm and every Saturday morning from 8.00am to 12.00pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients 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.

- 70% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 75%.
- 66% of patients said they could get through easily to the surgery by phone (CCG average 72% and national average 73%). To improve patient access the partnership asked the patient participation group to identify a preferred supplier for a new telephone system which was approved by the partnership, and installed. The partners are confident that this new telephone system will improve telephone access for patients this year.
- 51% of patients said they usually get to see or speak to the GP they prefer (CCG average 59% and national average 59%).

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

Listening and learning from concerns and complaints

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

- The complaint 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 that information was available to help patients understand the complaints system. There was a poster in the waiting room, a complaints form at reception and information in the practice leaflet and on the practice website.

We looked at eight complaints received in the last 12 months and found these were dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint about the long wait before being called into an appointment was investigated and found to be that the GP had ran late as the patient at the time needed more time, this was explained to the complainant and accepted.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had recently gone through a major change in partners and was going through a period of consolidation. The practice values had remained consistent during this time of change.

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
- 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.
- The practice has gained Paper Light Accreditation which means it has been assessed and found to meet the quality and security criteria for running fully computerised patient records without requirement to update paper records.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They 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 daily clinical meetings and 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 in doing so and felt supported if they did. We noted staff meetings were held every month.
- 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. The practice 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. There was an active PPG which met regularly and had a broad cross section of the patient community enabling many ideas to be discussed. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had received a number of patient complaints about their telephone system. The PPG were tasked to identify several telephony suppliers, which they did. They

Are services well-led?

Good 

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

arranged for presentations from them all and finally narrowed this down to the preferred supplier which the Partners also approved resulting in an upgrade to their current practice telephone system.

- The practice had gathered feedback from staff through staff meetings and discussions. 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 held daily meetings and regularly discussed ideas for improvement such as changes to the appointment system to improve patient access, and staff training to offer a greater range of services to patients, for example weight management.