

Manor Surgery

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

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	10

Detailed findings from this inspection

Our inspection team	11
Background to Manor Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Manor Surgery on 30 March 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.
- There was a policy and system in place for receiving medicine safety alerts.
- The practice maintained appropriate standards of cleanliness and hygiene in most areas.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and security).
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff demonstrated that they had the skills, knowledge and experience to deliver effective care and treatment.
- Appropriate consent for treatment was sought.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Staff took a large number of measures to preserve confidentiality. However, improvements were required to ensure confidentiality was maintained for one of the consulting rooms. This was planned as part of current building works.
- Information about services and how to complain was available and easy to understand.
- The majority of patients said they found it easy to make an appointment with a GP. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an overarching leadership structure and staff felt supported by management. However, there was limited clinical leadership for nursing staff.
- The practice had proactively sought feedback from patients and had an active patient participation group.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

Summary of findings

- Record fridge temperatures on a daily basis.
- Document risk assessments on all long standing reception staff who do not have a DBS check.
- Take additional measures to preserve confidentiality outside consultation rooms.
- Implement appropriate cleaning schedules for blinds and high level surfaces.

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



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- When there were unintended or unexpected safety incidents, patients received reasonable support, an apology, and truthful information.
- There was a system for receiving, actioning, and monitoring implementation of patient safety alerts.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- The practice maintained appropriate standards of cleanliness and hygiene in most areas.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and security). However, fridge temperatures were not always recorded on a daily basis.
- Appropriate recruitment documentation was retained in the majority of files.

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 mostly comparable to the locality and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice used proactive methods to improve patient outcomes and worked with other local providers to share best practice. For example, they provided an excellent service for patients with diabetes and shared learning with other health care professionals.
- Staff showed that they had the skills, knowledge and experience to deliver effective care and treatment.
- Consent for treatment was sought.
- 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.

Summary of findings

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 many aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect.
- Staff took a number of measures to preserve confidentiality with patient documentation, telephone calls, and in consultations. However, one consultation room was not sufficiently sound proof to fully maintain confidentiality. This was being addressed as part of current building works.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, in extending the building to provide more patient appointments.
- Most patients said they found it easy to make an appointment with a GP or nurse, but some said they experienced difficulty with this. The practice described steps they were taking to resolve this where possible.
- Urgent appointments were available on 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 most staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes 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. However, there was not always clear clinical leadership for nurses.

Summary of findings

- 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 a number of 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 gathered feedback from patients and it had a very active patient participation group which influenced practice development.
- 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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older people were all allocated a named GP to enhance continuity of care.
- A care navigator supported patients to find out about and access relevant services. palliative care needs were identified and supported.
- Longer appointments were available for older people if required.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and ran diabetes and cardiovascular clinics.
- For many indicators performance for diabetes was higher or similar to the national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the past 12 months) was 5 mmol/l or less was 90%, which is higher than the national average of 81%.
- Nurses provided patients with pre-diabetes with lifestyle advice to promote increased health.
- Flexible appointments were provided for people with diabetes including late clinics, home visits, care home visits, and telephone triage. Email was used as an additional method of support and monitoring for people with diabetes. Patient groups were held for people with diabetes to promote self-management.
- Nurses linked in with GPs and consultants, visiting practice nurses, and other community diabetic nurses to promote diabetes care. Nurses told us that as a consequence they made fewer referrals to community and secondary care services. Diabetes education was provided for people with learning disabilities and their carers and nurses had liaised with prison services to promote diabetes care for patients.

Summary of findings

- Nurses were involved with local and national diabetes audits. They were also participating in a local pilot scheme to provide an integrated community diabetes service.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively 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.
- Appropriate measures were taken to seek consent from children and young people.
- The practice's uptake for the cervical screening programme was 78%, which was similar to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were positive examples of joint working with midwives, health visitors and schools.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended opening hours for appointments from Monday to Friday and an additional clinic on Saturday mornings to enable people to attend appointments outside customary working hours.
- Repeat prescriptions could be requested at the surgery or online.
- Appointments could be made in person, by telephone, or online.
- The practice was proactive in offering a full range of health promotion that reflected the needs of working age people.

Good



Summary of findings

- New patient health checks were not provided unless there were particular clinical reasons for these.

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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. 69% of patients with a learning disability had an annual health check-up. We saw evidence that staff spent time building rapport with patients before carrying out check-ups.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients 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.

Good



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 regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- 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
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A psychological therapist and counsellor offered sessions at the practice, but were not employed directly by the practice.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and fifteen survey forms were distributed and 119 were returned. This represented a 38% return rate and was 0.8% of the practice's patient list.

- 86% found it easy to get through to this surgery by phone compared to a CCG average of 84% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average 89% and national average of 85%.
- 91% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 88% and national average of 85%.
- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 82% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 17 comment cards which were predominantly positive about the standard of care received. Feedback was that staff were kind and helpful, provided good physical and emotional support, and provided good care and treatment. Three of the comment cards stated it could be hard to get an appointment, but also included positive comments about the practice.

We spoke with four patients during the inspection. All patients said they were happy with the care they received and thought that the practice met their needs. The friends and family test showed that 79% of the 104 patients who responded were extremely likely or likely to recommend the practice to friends and family. 18% patients in the survey said that they were unlikely or extremely unlikely to recommend the practice to friends and family. The four patients that we spoke with on the day of the inspection said that they would recommend the practice to other people.

Manor Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Manor Surgery

Manor Surgery is situated in Headington, Oxford. The practice resides in a purpose build premises and is in the middle of extensive building works to expand the premises. There is access for patients and visitors who have difficulty using steps. All patient services are offered on the ground floor. The practice comprises of five consulting rooms, three treatment rooms, one patient waiting area, and administrative and management offices. Staff told us that space was currently reduced at the practice due to the ongoing building works.

The practice has approximately 15000 registered patients. The practice population of patients aged 25 to 44 years is higher than national averages. The practice also reported that there has been an increase in patients from Asia and Europe.

There are six GP partners, five salaried GPs, one academic GP, and two trainee GPs at the practice. Five GPs are male and nine are female. The GPs work 82 sessions in total between them. The practice employs three female practice nurses, three nurse practitioners, and a healthcare assistant. The practice manager is supported by a team of administrative and reception staff. The practice is a training practice and three GPs are trainers.

Services are provided via a Personal Medical Services (PMS) contract (PMS contracts are negotiated locally between GP representatives and the local office of NHS England).

Services are provided from the following location:

The Manor Surgery

Osler Road,

Headington,

Oxford.

OX3 9PB

The practice is open between 8.30am and 6.30pm Monday to Friday for patient appointments. Booked telephone appointments are available until 7.30pm. Pre-bookable appointments are available from 7.30am on Mondays, Thursdays, and Fridays and are available on Saturday mornings, either from 8.30am to 11.00am or 9.00am to 11.30 pm, depending upon which GP provides these. Before 8.30 and when the practice is closed patients can access the Oxford Out of Hours Service via NHS 111 service.

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 30 March 2016. During our visit we:

- Spoke with six GPs, four nurses, one health care assistant, the practice manager, four reception and administrative staff.
- Observed how patients were being cared for and talked with four patients.
- 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.

- Staff told us they would inform the practice manager of any incidents. There was a recording form available on the practice's computer system and there were also paper copies.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records and incident reports and minutes of meetings where these were discussed. Lessons were regularly shared to make sure action was taken to improve safety in the practice. For example, GPs had discussed with staff processes in relation to Deprivation of Liberty Safeguards to improve knowledge of this topic following a significant event. We also saw that the policy for needle stick injuries had been revised following a significant event to contain additional contact details in the event of injury.

When there were safety incidents, patients received reasonable support, an apology, and truthful information.

There was a policy and system in place for receiving patient safety alerts relating to 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 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 and staff were aware of who this was. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and could recognise signs of abuse. Staff had received appropriate safeguarding training. Information was available in the waiting area for patients about what to do if concerned about abuse.
- Notices in the waiting area, treatment rooms, and consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and the practice manager told us that this included training on what an examination should look like. Administrative staff who acted as chaperones told us that they had received a Disclosure and Barring Service check and the practice manager told us that other staff who acted as chaperones had DBS checks (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 in most areas. We observed the premises to be clean and tidy. Privacy curtains in treatment and consultation rooms were disposable, clean, and in date. Window blinds in clinical areas were visibly clean. There were building works taking place at the practice and we saw some high level dust in the practice in some of the treatment rooms. Staff told us that they had held meetings with cleaning contractors to try and resolve this.
- A nurse was the infection control clinical lead. A health care assistant was deputy lead for infection control and had received training for this role. There was an infection control protocol in place and staff had received in house infection control training when they started at the practice. However, clinical and non-clinical staff did not always receive annual updates to infection control training. The infection control leads told us that they had provided recent training to staff on handwashing. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Clinical waste was kept outside in a locked bin.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, and security). The practice carried out regular medicines storage audits and audits to ensure prescribing was in line with best practice guidelines. Fridge temperature checks were not always carried out on Fridays. Daily checks were conducted for four of the previous eight weeks. The fridge was alarmed to alert staff to a loss of fridge temperature. Prescription pads were securely stored and there were systems in

Are services safe?

place to monitor their use. Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions or Patient Specific Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found records of appropriate recruitment checks prior to employment in most files, such as references and employment history. We were told that all clinical staff had current professional registration and there was a schedule for checking revalidation of professional registrations to ensure these remained up to date.
- We saw evidence that DBS checks had been undertaken for clinicians working at the practice. Risk assessments for DBS checks had not been undertaken for all longstanding reception staff.

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 an up to date health and safety policy available. Health and safety information was available on the computer, in hard copy in the practice manager's office and in the staff handbook. The practice had up to date fire risk assessments and carried out regular fire drills and fire equipment checks. 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 and audits in place to monitor safety of the premises such as control of substances hazardous to health 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 different staffing groups to ensure that enough staff were on duty. Locum staff were not employed and cover was arranged through existing practice staff.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and 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. The practice was aware that contact details for this this would require updating when an existing GP partner retired.
- There was a spillage kit available to clean up bodily fluids with appropriate equipment and instructions. There was a sign in one of the clinical rooms saying that only clinical staff were permitted to use this due to having appropriate immunisations.
- There was information for patients in reception about what to do if there was a fire.

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 peoples' needs. GPs also went on CCG update courses for NICE guidelines
- The practice monitored clinical practice and processes through audits.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 14% 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 not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed;

- For many indicators performance for diabetes was higher or similar to the national average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the past 12 months) was 5 mmol/l or less was 90%, which is higher than the national average of 81%. The percentage of patients with diabetes who had an influenza immunisation was 94% which was the same as the national average.
- The percentage of patients with hypertension having regular blood pressure tests similar to the national average. For example, the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 83%, compared to the national average of 84%.

- Performance for mental health related indicators was variable compared to the national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 93% which was higher than the national average of 84%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 86%, which was slightly lower than the national average of 88%.

The practice had also reviewed more recent QOF data in March 2016. They had identified a number of areas for further development on the basis of this data and had developed ideas for approaches to continue to improve treatment provision and reduce exception reporting where possible. For example, there were written plans to review processes to recall patients for treatment such as altering the timings of letters and clinics to increase access for patients. There were also plans to review processes for liaising with other agencies to obtain and record information about treatment that had taken place elsewhere. The practice provided evidence of the 2015/2016 QOF data, which showed reduced exception reporting.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits undertaken since 2015, a number of these were completed audits where the improvements made were implemented and monitored.
- Audits were discussed in practice meetings to share learning from these.
- The practice participated in local and national audits and research.
- Findings were used by the practice to improve services. For example, a recent repeat audit involved reviewing medicines prescribed to a particular patient group in relation to recent research evidence. The audit resulted in GPs contacting patients to provide information about the risks and benefits of the medicine and about alternative treatments where appropriate. The result was that treatment was changed for a number of patients.

Are services effective?

(for example, treatment is effective)

- One of the nurses was a member of the CCG clinical reference group for diabetes. The nurse was involved with a joint project with external organisations to further develop and review the nature of the provision of diabetes services for patients.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff administering vaccinations and taking samples for the cervical screening programme had received specific training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions and appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training.
- Staff told us that educational meetings were held in addition to mandatory training. These included additional training on areas such as safeguarding, basic life support, the Mental Capacity Act, diabetes, COPD and asthma. The practice showed us this schedule of these recent meetings.

Coordinating patient care and information sharing

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

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

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, such as when they were referred, or after they were discharged from hospital. For example, we saw evidence that meetings took place with other professionals such as the Community Mental Health Team, health visitors, and midwives. Care plans were routinely reviewed and updated and shared with other professionals where appropriate.

Consent to care and treatment

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

- Staff understood some of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- A number of nursing staff were not aware of Lasting Power of Attorney.
- Nurses that we spoke with were aware of the process of seeking consent from children and young people and told us that they used this in practice. The practice policy on confidentiality for teenagers also referred to relevant guidelines.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients with learning disabilities, complex health conditions, patients in need of palliative care, those at risk of developing a long-term condition and those requiring advice on their lifestyle. Patients were then provided with advice or signposted to the relevant service.
- 69% of patients with a learning disability had an annual health check-up. We saw evidence that staff spend time building rapport with patients before carrying out check-ups.

The practice's uptake for the cervical screening programme was 78%, which was similar to the national average of 82%. There was a policy to offer reminders for patients who did

Are services effective?

(for example, treatment is effective)

not attend for their cervical screening test. The practice encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also offered chlamydia screening for patients under the age of 21. Nurses described how they were alerted by the computer if a health screen was outstanding and they would carry out the screen during the appointment if the patient consented or make an additional appointment to do this. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of patients aged 60 to 69 screened for bowel cancer within six months of invitation was 54% which was slightly lower than the CCG average of 57% and national average of 55%. The percentage of female patients aged 50 to 70 screened for breast cancer within six months of invitation was 78% which was slightly higher than the CCG average of 77% and national average of 73%.

Nurses provided patients with pre-diabetes with lifestyle advice to promote increased health. Nurses ran clinics for people with diabetes which included insulin conversion and flexible appointments and patient education groups were provided. Nurses linked in with other professionals and they told us that this helped them to make fewer referrals to community and secondary care services. Diabetes education was provided for people with learning disabilities and their carers and nurses had liaised with

prison services to promote diabetes care for patients. Nurses were involved with local and national diabetes audits. They were also participating in a local pilot scheme to provide an integrated community diabetes service.

Nurses also ran cardiovascular clinics. A service was provided where electrocardiograms are carried out with GPs to monitor the functioning of the heart. Patients are also able to email their blood pressure readings to the nurse and adjustments were made accordingly.

There was information available in the waiting area for patients with long term conditions, neurological conditions, and mental health difficulties.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 99% and five year olds from 88% to 98%.

The practice offered a dermatoscopy service. Doctors used a dermatoscope to examine skin lesions in order to help determine diagnosis and treatment of lesions.

The practice did not currently offer health checks to new patients due to space limitations during building works, unless there were specific concerns relating to patients' health.

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. We noted that conversations could be heard outside one consulting room when sitting on patient chairs in the corridor. The practice told us that new doors were being fitted as part of current refurbishments which would improve confidentiality.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and took steps to ensure confidentiality.

All of the 17 patient Care Quality Commission comment cards we received contained positive feedback about the service experienced. Patients said they felt the practice offered an excellent service. 16 of the comment cards highlighted that staff responded compassionately when patients needed help and provided support when required, for example providing emotional support to patients if needed.

We spoke with three members of the patient participation group. They also told us they were satisfied with the care provided by the practice.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 89%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)

- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 96% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. Staff told us that these services were used and that patients who needed interpreters were flagged on the computer system.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations, for example support for carers and local counselling and emotional support services. Information about support groups was also available on the practice website.

Are services caring?

Written information was available to direct carers to the various avenues of support available to them. There was also a care navigator who helped carers to locate and access support.

Staff told us that if families had suffered bereavement, their usual GP would contact them if appropriate and / or offer

an appointment. Information was also available about support services for people who had experienced bereavement. A counsellor and psychological therapist offered sessions at the practice, but were not directly employed by the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was in the process of having a large extension to the building in order to be able to offer appointments to more patients in line with a growing list size. A number of GPs and nursing staff were CCG members.

- The practice offered early morning, evening, and Saturday appointments for working patients who could not attend during normal opening hours.
- Telephone appointments were available for patients who required these.
- Longer appointments available for patients who require these, such as patients where an interpreter may be required or patients with complex health problems.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patient appointments could be booked in person, via the telephone, or online.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Repeat prescriptions could be requested at the practice or online.
- There were facilities for disabled patients available. For example, there was level access to the practice, a lowered section of the reception desk, all clinic rooms were situated on the ground floor, and accessible toilets.
- A hearing loop was available for patients. This had not been checked recently to ensure that it worked. Reception staff described taking steps to assist people with hearing difficulties and visual problems, such as assisting them to consultation and treatment rooms if required and providing prompts when it was time for their appointment.
- Telephone and face to face interpreting services were available and staff told us that these were used where required. The check in screen was in several different

languages. There were links on the practice website to enable it to be translated into different languages. There were also patient information leaflets on the website in different languages.

- There were baby changing facilities available.
- Patients with no fixed address or who were temporary residents could register at the practice. There was also information available about this on the practice website.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday for patient appointments. Pre-bookable telephone appointments were available until 7.30pm. Pre-bookable appointments are available from 7.30am on Mondays, Thursdays, and Fridays and were available on Saturday mornings, either from 8.30am to 11.00am or 9.00am to 11.30 pm, depending upon which GP provides these. Urgent same day appointments were also available for people that needed them. Before 8.30 and at other times when the practice was closed patients could access NHS 111 services.

There was not information about the practice opening hours in reception or outside the practice. There was information about out of hours services in the waiting area but not outside the practice.

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

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone (CCG average 84%, national average 73%).
- 71% patients said they always or almost always see or speak to the GP they prefer (CCG average 67%, national average 59%).

The four patients we spoke with on the day of the inspection said that they were able to get appointments when they needed them. Two said that they could get through to the surgery on the telephone and others said they sometimes experienced difficulty. Feedback from the comments cards was that three of the 17 patients who responded found it difficult to get appointments with GPs or nurses when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

The practice told us that they aimed to offer more patient appointments once the extension was completed as this would afford more clinical space in which patients could be seen. They said that while the building works were taking place they were offering an increased number of telephone appointments to increase patient access to GP advice. They also said that they had introduced an additional telephone line to help patients to get through to the surgery more easily. GPs told us that they were considering whether it would be possible to offer more appointments on Saturdays.

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 that information was available to help patients understand the complaints system. There was an information leaflet and complaints form available from the reception desk. There was also information available on the practice website.

We looked at six complaints received in 2015 and 2016 and found that these were handled in a satisfactory and timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about a delayed referral by the practice, a GP took steps to ensure that the required appointment with the external service took place in a timely manner. As a result of this complaint, additional checks were also made to ensure that there were no more delayed or missed referrals for the practice. Nursing staff told us that the learning from complaints was not always shared with them. Particularly when they were not able to attend the complaints meetings.

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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

The partners in the practice prioritised high quality and compassionate care. The partners were visible in the practice and clinical and administrative 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 safety incidents:

- The practice gave affected people reasonable support, truthful information and an 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. However, there was not a clear clinical leadership structure for nurses.

- Staff told us the practice held regular meetings. These included partners meetings, business meetings, educational sessions, significant events and complaints meetings, and for different staff groups.
- Reception staff told us that reception meetings had not been held recently. However, they told us how they had discussions verbally and via email about ways to improve the practice. These were then discussed with the partners and practice manager.
- 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 team away days were held and these focused on team building and the development of the practice. The last away day was held on 18 November 2015.
- Staff said they felt respected, valued and supported by the partners in the practice. Staff were involved in discussions about how to run and develop the practice, and the partners and practice manager encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice did not have a lead member of the nursing team to provide clinical leadership to the nursing team. Nurses told us that they supported each other and attended a number of continued professional development events to ensure that their knowledge was kept up to date. They said that they felt less connected with the practice because of ad hoc attendance at meetings, meaning that they felt less aware of overall feedback from complaints and practice issues. The practice told us that discussions had, and were being held with the nurses about how to resolve this.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- There was a suggestion box with feedback questionnaires in reception.
- The practice had gathered feedback from patients through the patient participation group (PPG) and

Are services well-led?

Good 

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

through surveys and complaints received. There was a very proactive PPG which met regularly and submitted proposals to the practice management team. The PPG had been proactive in trying to recruit new members who reflected the demographics of the practice population. They had also encouraged patients to take part in the practice survey and been instrumental in arranging a wellbeing day for patients in collaboration with the practice and another local practice. PPG members told us that the practice would listen to feedback from PPG members and try to resolve issues and make developments where possible. For example, reported difficulties with getting through to the practice on the telephone resulted in the telephone system being adapted to try and improve this.

- The practice had gathered feedback from staff through staff away days and generally 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. For example, reception staff told us that they had discussed the need for more reception staff and the practice had listened. 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 and national audits to improve outcomes for patients in the area. For example, the practice had liaised with local psychiatry services to explore and implement ways to improve GP services and collaborative working for patients with medically unexplained symptoms. One GP was also participating in a three year minor surgery audit with the Royal College of GPs.