

Wilderness Road Surgery

Quality Report

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Earley
Reading
Berkshire
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Tel: 0118 9261613

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Wilderness Road Surgery on 4 November 2015. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The practice had an effective governance system in place, was well organised and actively sought to learn from performance data, incidents and feedback.

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.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.
- The premises and equipment were clean, hygienic and well maintained.
- The practice had robust arrangements in place to respond to emergencies and other unforeseen situations such as the loss of utilities.

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality. Quality and Outcomes Framework (QOF) data available to us showed that the practice was higher than national average (94.6%) and similar to local Wokingham Clinical Commissioning Group (CCG) average (95.8%) achievement levels. In 2014, the practice scored 95.9%.
- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.
- There was evidence of appraisals and personal development plans for all staff.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We were given many examples of the GPs taking additional time to ensure patients received the care they needed such as making contact with patients outside of normal working hours and contacting secondary medical services to ensure referrals were received.

Data from the national patient survey showed the practice was rated 'among the best' for patients who rated the practice as good or very good. For example:

- 95% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS Area Team, Wokingham Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised

Data from the GP National patient survey reflected excellent access to appointments. For example:

- 99% of patients found it easy to get through to the surgery by telephone which is significantly higher when compared with the CCG average of 80% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried which higher when compared to the CCG average of 89% and a national average of 85%.

Good



Summary of findings

100% of patients said the last appointment they got was convenient which is significantly higher when compared with the CCG average and national average which are both 92%.

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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and involved in decisions. For example, being involved in the consultation to close the branch surgery.
- Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



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 provided person centred care to meet the needs of the older patients in its population and had a range of enhanced services, for example in dementia, end of life care and reducing admissions to hospital.
- Unplanned hospital admissions and re-admissions for this group were regularly reviewed and improvements made.
- It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.
- The practice identified if patients were also carers; information about support groups was available in the waiting room. Support groups information included Wokingham Borough Council "Home Library Service".

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people, for example, data showed the percentage of patients with atrial fibrillation and are currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100%. This was 2% higher than the national average.

Good



People with long term conditions

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

- The GPs and practice nurse had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as asthma and COPD (Chronic obstructive pulmonary disease is the name for the collect of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

- Patients with end of life care needs and their families were well supported by the practice.

Historic quality data demonstrated the monitoring of patients with long term conditions, for example diabetes, compared better than the national average. For example:

- 93.1% of patients with diabetes, on the register, had a blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less. This is higher when compared to the national average of 78.5%.
- 94.3% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months. This is higher when compared to the national average of 88.4%.

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 for standard childhood immunisations were comparable with the local CCG average. Specific data for childhood immunisation rates for the vaccinations given in 2014/15 to under one year olds (meningitis C, pneumococcal conjugate vaccine, diphtheria, tetanus, pertussis, polio and Haemophilus influenza type b.) was 100%. This was significantly higher than the local average, ranging between 93.4%-95.5%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice provided sexual health information and were proactive and opportunistic in screening for chlamydia.
- The practice's performance for the cervical screening programme was 80%, which was higher when compared to the CCG average of 78.3% and the national average of 74.3%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

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 provided a range of appointments between 8am and 6.30pm Monday to Friday with the exception of Wednesdays. The practice closes at 1pm on Wednesday; a GP remains in the practice and manages the emergency telephone line. The practice had extended hours 6.30pm-7.30pm on Mondays and Fridays. These were specifically for patients not able to attend outside normal working hours.
- The practice had re-launched their website and we saw plans to offer online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Health promotion advice including up to date health promotion material was available through the practice.

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 vulnerable patients including those with a learning disability. We saw the practice had carried out annual health checks for people with a learning disability and these patients had a personalised care plan in place.
- We saw longer appointments (20 minutes) were available for patients that needed them.
- Vulnerable patients were told 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).

Good



Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advance care planning including regular face-to-face reviews for these patients. For example:

- 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review; this was 17% higher than the national average.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record; this was 14% higher than the national average.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses have had their alcohol consumption recorded; this was 12% higher than the national average.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Support group information for example Wokingham Borough Council “Home Library Service” included information about reminiscence and “Forget Me Not” boxes (a known supportive mechanism for people with memory loss and dementia).

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local (CCG) and national averages. There were 107 responses and a response rate of 37%.

- 99% of patients found it easy to get through to the surgery by telephone which is significantly higher when compared with the CCG average of 80% and the national average of 73%.
- 93% of patients found the receptionists at this surgery helpful which is higher when compared with the CCG average of 90% and the national average of 87%.
- 85% of patients would recommend this surgery to someone new to the area. This is slightly higher when compared with the CCG average of 83% and the national average of 78%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried which was slightly higher when compared to the CCG average of 89% and a national average of 85%.

- 93% of patients described their overall experience of this surgery as good which was higher when compared to the CCG average of 88% and a national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all highly positive about the standard of care received.

Patients reported that they felt that all the staff treated them with respect, listened to and involved in their care and treatment. Patients told us the GPs and nurse goes above and beyond the call of duty, they were complimentary about the appointments system and its ease of access and the flexibility provided.

The 10 patients we spoke with on the day of inspection confirmed this.

Wilderness Road 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 two specialist advisors (a GP and a Practice Manager).

Background to Wilderness Road Surgery

This inspection was carried out at the Wilderness Road Surgery which is based in a converted residential dwelling. It has been operating from this location since 1981.

The family run practice offers GP services to the local community of Earley and Woodley on the outskirts of Reading, Berkshire.

Wilderness Road Surgery is one of 13 practices within Wokingham Clinical Commissioning Group.

The practice has core opening hours from 8.00am to 6.30pm Monday to Friday to enable patients to contact the practice. The practice remains open every Monday and Friday evening until 7.30pm. Appointments can be booked in advance for the doctors and for the nursing clinics.

There are approximately 2,000 patients registered with the practice. The practice has a transient patient population; patients are often outside of the country for long periods. This has an impact on screening and recall programmes.

According to national data there is minimal deprivation in the area.

The practice comprises of two GP partners (both male GPs) who are supported by one long term locum GP (a female GP). The long term locum also has additional management duties within the practice.

The practice has one nurse with a mix of skills and experience. A long term locum GP and a team of seven administrative staff undertake the day to day management and running of the practice. The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website and over the telephone when the surgery is closed.

Wilderness Road Surgery is registered to provide services from the following location:

Wilderness Road Surgery
Earley
Reading
Berkshire
RG6 7RU

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out the inspection under Section 60 of the Health and Social Care Act as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the

Detailed findings

legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 looks 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)

Before visiting we checked information about the practice such as clinical performance data and patient feedback. This included information from Wokingham Clinical Commissioning Group (CCG), Healthwatch Wokingham, NHS England and Public Health England.

We carried out an announced inspection on 4 November 2015.

During the inspection we spoke with two GPs, one practice nurse and two members of the administration/reception team. We also spoke with two members of the patient participation group.

We reviewed how GPs made clinical decisions. We reviewed a variety of policies and procedures used by the practice to run the service. We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted on and responded to.

We looked at the premises to check the practice was a safe and accessible environment. We looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

We obtained patient feedback from speaking with patients, CQC patient comment cards, the practice's surveys and the GP national survey.

We observed interaction between staff and patients in the waiting room.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- We saw there was an open, transparent approach and a system in place for reporting and recording significant events. Staff were able to report incidents and learning outcomes from significant events, these were shared with appropriate staff.
- 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. For example, we saw an analysis of a significant event with a positive outcome which reflected the wishes of the patient. This event had been reviewed and outcomes highlighted excellent communication between primary care, out of hour's service and secondary care. Learning was shared at a practice meeting which was recorded and staff we spoke with demonstrated their understanding of the importance of clear concise communication.

Safety alerts (including medicine and equipment alerts) were monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled the practice to communicate and act on risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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. GPs were trained to Safeguarding specific to their role.

- A notice in the waiting room advised patients that the nurse would act as chaperones, if required. The nurse was trained for the role and had received a disclosure and barring 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 nurse and senior GP were the joint infection control clinical leads who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, 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 CCG pharmacy teams, 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 the nurse to administer medicines in line with legislation.

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. The practice had up to date fire risk assessments completed in November 2015. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (July 2015).

Are services safe?

- 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.
- 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. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a 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 peoples' needs. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.
- 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

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews and medicines management. The information staff collected was then collated to support the practice to carry out clinical audits.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The QOF incentive scheme rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

The most recent published results were 95.9% of the total number of points available, with 4% exception reporting.

Exception reporting is the percentage of patients who would normally be monitored. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

The practice described and provided evidence of a transient patient population; patients are often outside of the country for long periods. This has an impact on screening and recall programmes.

Data from QOF showed;

- Overall performance for diabetes related indicators was slightly lower (86%) than both the CCG (88.4%) and national average (89.2%). However, the practice was performing better than the CCG and national average in six of the 11 diabetes related indicators. The GPs told us they were aware of where and how they would improve to increase performance within this area.
- Performance for hypertension related indicators was higher (100%) than both the CCG (98.5%) and national average (97.8%). For example, 92.1% of patients with hypertension were having regular blood pressure tests. This was better than the CCG (85%) and national average (83.6%). The practice's exception reporting for hypertension was lower (0.6%) than the CCG (3%) and national average (3.8%).
- Performance for mental health related indicators was higher (100%) than both the CCG (98.8%) and national average (92.8%).
- Performance for dementia related indicators was higher (100%) than both the CCG (98.8%) and national average (94.5%). Notably, 100% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months. This was 22.3% higher than the CCG average and 16% higher than the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. We were told that GPs carried out two clinical audits every five years for their professional revalidation and other audits were generated by the clinical commissioning group as a result of medicines management.

We were shown examples of three clinical audits carried out in the last two years; two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, the practice provided information relating to a current audit on Acute Kidney Injury (AKI). Acute Kidney Injury is an emerging global healthcare issue. Long term medical conditions, medication and co-morbidities are often complicated by acute kidney injury. Recent action (October 2015) taken as a result of this audit included telephone consultations and medication reviews resulting in the cessation of medication (omeprazole) due to the increased risk of AKI.

Are services effective?

(for example, treatment is effective)

Other audits were carried out that affected very small numbers of patients (practice patient population list of approximately 2000) and did not, due to patient's individual circumstances, demonstrate any change in practice.

Effective staffing

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. We spoke to the nurse who provided evidence of a recent immunisation update for MenB (meningococcal group B).
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- 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 known in the practice as "the W". Staff we spoke with knew how to use the system and said that it worked well.

- 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 people to other services.

- We saw that all staff had completed information governance training which outlines the responsibilities to comply with the requirements of Data Protection Act 1998.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. For example, a clear understanding of the Gillick competency test. (These were used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- The practice offered health checks to all new patients registering with the practice, these were completed by the nurse. The GPs were informed of all health concerns detected and these were followed up in a timely way.
- The practice had many ways of identifying patients who needed support, and it was pro-active in offering additional help. A nurse we spoke with told us there were a number of services available for health

Are services effective?

(for example, treatment is effective)

promotion and prevention. These included clinics for the management of diabetes, chronic obstructive pulmonary disease (COPD), asthma and cervical screening.

- The practice population has a low prevalence of current and ex-smokers. The practice had identified the smoking status of 95.2% of patients over the age of 16 (similar to the CCG average 94.6%) and worked in conjunction with local smoking cessation clinics.

The practice has a transient patient population; patients are often outside of the country for long periods. This has an impact on screening and recall programmes. Despite this we saw the practice encouraged its patients to attend national screening programmes for bowel, breast and cervical cancer screening, this was reflected in some of data from Public Health England:

- The practice's performance for the cervical screening programme was 80%, which was higher when compared to the CCG average of 78.3% and the national average of 74.3%.
- 56% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was lower than the CCG average of 65.3% and whilst similar to the national average which was 58.3%.

- 78.8% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was higher when compared to both the CCG average which was 73.7% and the national average which was 72.2%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example:

- Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 84.6% to 100%, these were above the CCG and national averages.
- Childhood immunisation rates for the vaccinations given in 2014/15 to five year olds ranged from 98% to 100%, these were higher than the CCG average which ranged from 89.7% to 95.8%.

Flu vaccination rates for the over 65s were 79%, and at risk groups 65.5%. These were significantly higher when compared to the national averages, over 65s 73% and at risk groups 52%.

Flu vaccination rates for patients with diabetes (on the register) was 95.4% which was slightly higher than the National average of 93.5%.

So far in the flu season for 2015/16, over 72% of flu vaccines had been administered by the start of November 2015.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- There was piped music playing in the waiting room which reduced the risk of confidential information being heard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the July 2015 national patient survey results (107 respondents), NHS Choices website (nine reviews) and 29 comment cards completed by patients. The evidence from all these sources showed patients were highly satisfied with how they were treated, and this was with compassion, dignity and respect.

Results from the national GP patient survey showed patients rated the practice as good or very good. For example:

- 94% said they had confidence and trust in the last GP which was similar when compared to the CCG average (97%) and national average (95%).
- 95% said the GP gave them enough time compared to the CCG average (89%) and national average (87%).

Further data from the national patient survey showed the practice was rated 'among the best' for patients who rated the practice as good or very good particularly from the nursing team. For example:

- 100% said they had confidence and trust in the last nurse they saw or spoke to which was higher when compared to the CCG average (97%) and national average (95%).

- 96% said the last nurse they saw or spoke to was good at treating them with care and concern which was higher when compared to the CCG average (91%) and national average (90%).
- 93% said they found the receptionists at the practice helpful which was higher when compared to both the CCG average (90%) and national average (87%).

We were given many examples of the GPs taking additional time to ensure patients received the care they needed such as making contact with patients outside of normal working hours and contacting secondary medical services to ensure referrals were received. One patient told us one of the GPs visited the family, without request following a family bereavement to check on the families' welfare. Other patients told us the GPs take additional time to ensure patients received the care they needed such as making contact with patients outside of normal working hours and contacting secondary medical services to ensure referrals were received.

Care planning and involvement in decisions about care and treatment

The national patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 84% said the last GP they saw was good at explaining tests and treatments which was slightly lower when comparing to the CCG average of 87% and national average of 86%.
- 95% said the last nurse they saw was good at explaining tests and treatments which was higher when compared to the CCG average of 91% and national average of 90%.
- 84% said the GP was good at involving them in decisions about their care which was slightly higher when compared to the CCG average of 82% and national average of 81%.
- 95% said the nurse was good at involving them in decisions about their care which was significantly higher when compared to the CCG average and national average both of which were 85%.

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language but a number of staff spoke English, Urdu, Hindi or Punjabi which met many patients' language needs.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 89% said the last GP they spoke with was good at treating them with care and concern which was slightly higher when compared to the CCG average of 86% and the national average of 85%.
- 96% said the last nurse they spoke with was good at treating them with care and concern which when compared was higher than both the CCG average of 91% and the national average of 90%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. These highlighted that staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was also a carer. In November 2015, the practice patient population list was 2,093. The practice had identified 15 patients who were also a carer, this amounts to 0.72% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

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

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location 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

We found the service was responsive to patient's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, patients with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered an evening clinic on a Monday and Friday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for all patients.
- There were disabled facilities and all patient services were located on the ground floor. The practice had clear, obstacle free access. We saw that practice had a hearing loop and the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with the exception of Wednesdays. The practice closes at 1pm every Wednesday, if patients called during this time, a recorded voice message explained what to do in the event of an emergency or if the call required the urgent attention of a GP. During this time telephones were monitored and answered by the designated GP.

Extended hours surgeries were offered 6.30pm-7.30pm on Monday and Friday. Same day urgent appointments were available in addition to pre-bookable appointments that could be booked up to six weeks in advance.

We saw data from GP National Patient Survey and in house patient surveys had been reviewed as patients responded positively to questions about access to appointments. For example:

- 99% of respondents found it easy to get through to the practice by phone. This was significantly higher than CCG average 80% and national average 73%.
- 91% of respondents were able to get an appointment to see or speak to someone the last time they tried; this was higher than the CCG average 89% and national average 85%.
- 100% of patients who say the last appointment they got was convenient: this was higher when compared to the CCG average and national average which were both 92%.
- 97% of respondents described their experience of making an appointment as good, this was significantly higher when compared to the CCG average of 77% and national average of 73%.
- 92% of respondents were satisfied with the surgery opening hours; this was significantly higher than the CCG and national average both of 75%.

Listening and learning from concerns and complaints

The practice had a 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.

No complaints had been received within the last 12 months; all members of staff we spoke with confirmed this. The GP with additional management duties explained how they would investigate and respond to any complaint received.

We saw that information leaflets were available at the practice and on the website to help patients understand the complaints system. Contact details were provided for the Health Service Ombudsman and independent advice and advocacy.

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 with a family orientated approach whilst promoting good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had identified the challenges it faced as a small practice.
- The practice had a business plan which reflected the vision and values of the practice and addressed business needs, staff training needs and staff succession planning.

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 and arrangements in place to improve patient outcomes. For example, increasing the immunisation rate for children aged five and below
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partner GPs and long term locum GP were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us there was a relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the senior partner and locum GP in the practice.

Staff told us that regular team meetings were held. 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, public and staff

We found the practice to be involved with their patients, the Patient Participation Group (PPG) and other stakeholders. We spoke with two members of the PPG and they were very positive about the role they played and told us they felt engaged with the practice.

We also saw evidence that the practice had involved and consulted with patients and the PPG in shaping the service delivered at the practice. For example, the recent (October 2015) closure of the branch surgery.

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 in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at two staff files and saw that regular appraisals took place which included personal development plans. We also saw plans for 360 degree appraisals for the forthcoming year (360 degree appraisals include direct feedback from an employee's colleagues and supervisors, as well as a self-evaluation).

We reviewed staff training records and saw that staff were up to date with attending mandatory courses such as annual basic life support, infection control and safeguarding of children and vulnerable adults.

Clinical and non-clinical staff told us they worked well as a team and had good access to support from each other. There were processes in place for reporting and investigating safety incidents.