

Dr Short & Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Short & Partners	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 Dr Short and Partners on 10 November 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 for reporting and recording significant events and learning from these was discussed and shared at practice meetings.
- Risks to patients were assessed and well managed.
- Infection prevention and control was well managed within the practice, with staff members being identified to take responsibility for specific aspects of the process.
- Some areas of the practice required maintenance attention, for example, carpet in a consulting room and the female toilet area, however, the practice had raised these issues and were waiting for action to be taken.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Wound care was well managed at the practice as was anticoagulation, (anticoagulants are medicines that help thin the blood and prevent blood clots) with two clinics held each week and home visits for patients with reduced mobility or age related concerns.
- The trainee and locum induction pack at the practice was detailed and helped to ensure that new staff were aware of the provision at the practice and in the local area, where to look for support and how to raise concerns.
- Four members of the staff team were trained to manage diabetes; including insulin initiation (insulin initiation is the process for starting patients with diabetes on treatment).
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- Data from the national GP patient survey rated the practice higher than the clinical commissioning group (CCG) and the national average for telephone access.
- The practice had good facilities, had made good use of all available space, and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to focus on securing improvements to the maintenance of the building and the replacement of the fabric chairs in the shared waiting area.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices to help keep patients safe and safeguarded from abuse, including a designated safeguarding lead GP, appropriate training for all staff members and a low threshold for reporting concerns.
- Risks to patients were assessed and well managed including those related to infection prevention and control.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Wound care was well managed at the practice as was anticoagulation.
- Four members of the staff team at the practice were trained to manage diabetes, including insulin initiation.
- There was evidence of appraisals for staff employed at the practice for over a year.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, multi-disciplinary meetings were held on a quarterly basis.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for telephone accessibility.
- Patient's views gathered at inspection showed that they felt they were treated with compassion, dignity and respect and involved in decisions about their care and treatment.
- We observed that staff treated patients with kindness and respect and maintained patient confidentiality.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local patient population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, four members of the staff team had trained in diabetes care to help ensure that this long term condition was well managed.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day, with extended hours being provided at the practice on a Saturday morning.
- There were longer appointments available for patients with a learning disability and for those who required them, including longer times for patients who required an interpreter.
- Children under five and elderly patients of over 70 were secured a same day appointment when required.
- The building was accessible for less mobile patients and there were disabled access toilets and baby change facilities.
- The practice had good facilities and although originally the service was built to house five GPs and now had eleven, they had made good use of all available space and were equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group worked with the practice to identify areas for improvement.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its patient population, for example, end of life care and dementia care management.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older people had a dedicated GP for continuity of care, however, they were also able to see any GP of their choice.
- Quarterly multi-disciplinary meetings were held to discuss the care and treatment needs of patients, including end of life care.
- The practice had responsibility for the care of patients at three residential care homes.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Four members of the staff team at the practice were trained to treat and manage diabetes, including insulin initiation. There were formal diabetes clinics twice each week at the practice.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 85% which was higher than the CCG average of 77% and the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 83% which was higher than the CCG average of 76% and the national average of 78%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 97% which was higher than the CCG average of 87% and the national average of 88%.
- An Anticoagulation clinic was held twice weekly at the practice.

Good



Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Staff members told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 83% which was comparable to the CCG average of 87% and the national average at 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 patient population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were offered weekly on a Saturday morning, which were bookable in advance.

Good



Summary of findings

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 people living with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients 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).

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 82% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% which was higher than the CCG and national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with the national average. 221 survey forms were distributed and 111 were returned. This represented approximately 1% of the practice's patient list.

- 78% of respondents found it easy to get through to this practice by telephone compared to the CCG average of 64% and the national average of 73%.
- 70% of respondents were able to get an appointment to see or speak with someone the last time they tried which is the same as the CCG average and comparable to the national average of 76%.
- 87% of respondents described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.

- 88% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards and all of these were positive about the standard of care received stating, that the care provided was of a high standard and respectful; patients felt listened to, understood and had trust in the advice and treatment received from the GP partners and nursing staff. The comments also stated that reception staff were friendly and helpful and that the service provided was polite and professional.

We spoke with one patient during the inspection who said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Continue to focus on securing improvements to the maintenance of the building and the replacement of the fabric chairs in the shared waiting area.

Dr Short & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP Specialist Adviser and an Assistant Inspector.

Background to Dr Short & Partners

Dr Short and Partners is located in a residential area on the outskirts of the urban town centre area of Dartford, Kent and provides primary medical services to approximately 8,700 patients. The practice is based on the ground floor of a purpose built building which it shares with two other GP practices. Other health related services are provided on the first floor of the building. There are limited parking facilities but some road side parking is available at a short walk from the practice. The building is accessible for patients with mobility issues and those with babies/young children.

The practice patient population mostly compares to the England average in terms of age distribution, however, there are slightly more females from the age of 40 to 80. It is in an area where the population are considered to be less deprived. There are some people who live in the area who do not have English as their first language.

There are five GP partners at the practice four male and one female. The practice is registered as a GP training practice for doctors seeking to become fully qualified GP's and currently has two GP trainees. There are three female members of the nursing team; two practice nurses and a health care assistant. GP's and nurses are supported by a practice management team and reception/administration staff.

The practice is open from Monday to Friday between 8am and 6.30pm. Extended hours appointments are available every Saturday morning between 9am and 12.30pm. In addition, appointments that can be booked up to six weeks in advance, urgent on the day appointments are available for people that need them. Appointments can be booked over the telephone, online or in person at the practice. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

The practice runs a number of services for its patients including; formal diabetes clinics twice each week, with one clinic being on a Saturday morning; asthma and chronic obstructive pulmonary disease (COPD) management; minor surgery; twice weekly anticoagulation clinics; family planning; phlebotomy; ante and post-natal care; immunisations, travel vaccines and advice. The practice is a Yellow Fever centre. It also offers ophthalmology services and has the benefit of a slit lamp for eye examination.

Services are provided from: Redwood Practice, Dartford West Health Centre, Dartford, Kent, DA1 2HA.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before 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 10 November 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were cared for within the reception area.
- 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 for reporting and recording significant events.

- Staff told us they would inform the practice manager or GP partners of any incidents and there was a recording form available for them to complete. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw that the practice had recorded nine significant events in a twelve month period, and that these were broken down into type such as clinical or administrative. The records were dated as the event was raised and minutes demonstrated that the items were discussed at practice meetings and that learning was shared.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to help prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events to help ensure learning from them took place.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, where a certificate was issued in the wrong name, the error was corrected, an apology was issued and a flag was put in place to alert prescribers where there were patients with similar names registered at the practice. The practice had a system to help ensure that safety alerts were seen by the appropriate person and where necessary these were discussed at practice meetings. Hard copies of alerts were printed off and signed as read by the staff member.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. There were policies which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. This information was printed and posted on the wall of each consulting and treatment room. It was also available on the desktop of each computer. There was a lead member of staff for safeguarding who had completed child safeguarding at level three. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There was a system for identifying children looked after children and those on the child protection register and this extended to include other family members where necessary. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs had completed level three safeguarding training, nursing staff were trained to child safeguarding level two and non-clinical staff had completed training at level one. All staff spoken with were aware of types of abuse and the action to take if they suspected abuse.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Clinical staff and the practice manager acted as chaperones at the practice. Risk assessments had been carried out to demonstrate why non-clinical staff were not required to have a DBS check. However, the practice had an action plan to ensure all staff had a DBS check applied for within the next four weeks.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and clinical staff had received up to date training. Annual infection control audits were undertaken and these were on-going. Quarterly audits were also carried out to help ensure that action required was taken and

Are services safe?

improvements made where identified. The practice had a comprehensive cleaning schedule for contracted cleaners, which was overseen by the infection control lead; however there were areas of the building that required attention. For example, the flooring in one consulting room was carpet and this was threadbare and marked; the female staff toilet was in need of refurbishment and fabric chairs in a shared waiting area were dirty and stained. Records were seen which demonstrated that these issues had been reported to NHSE Property Services and the practice were waiting for action to be taken. An infection prevention and control guideline file was compiled by the lead practice nurse which was detailed and included designated IPC lead responsibilities. This document specified the members of staff responsible for separate aspects of infection prevention and control within the practice and was a resource to help ensure infection control was understood and well managed.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice had a medicine management guideline file which had been compiled by the lead practice nurse. This detailed the named staff with responsibility for aspects of medicines management; it detailed vaccine management including storage and the maintenance of the cold chain and contained information about emergency drugs and equipment, and prescribing. There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants assisted in minor operations under the direction of the GP leading the process and had received training for this role, as well as carrying out vaccinations under Patient Specific Directions.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, evidence of registration with

the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. All clinical staff files had evidence of DBS checks and there were written risk assessments for non-clinical staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the administration area which identified local health and safety representatives. The practice building was maintained by NHS Property Services and the facilities team and care taker had responsibility for risk assessments and checks. The building had an up to date fire risk assessment and carried out regular fire equipment checks and fire drills. Appropriate records were kept which demonstrated this. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The building had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The fire risk assessment and legionella risk assessment both had a number of recommendations, and documents demonstrated that these had been actioned.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure enough staff were on duty. Staff told us that during periods of annual leave or sickness the staff team covered for one another.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 and panic buttons were also located in consulting and treatment rooms.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available. These were checked daily and records were maintained detailing expiry dates.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Staff spoken with told us that the defibrillator had been used successfully at the practice.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. 'Shock packs' had been prepared and were placed in each consulting and treatment room containing medicine required to treat anaphylaxis. The expiry date of the medicine and equipment was recorded on the front of the container.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for all staff members.

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 to help keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through discussions at meetings, risk assessments and audits. NICE guidelines were referenced in both two cycle audits completed at the practice.

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 100% of the total number of points available.

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

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 100% compared to 94% at CCG and national average.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 96% compared to 86% at CCG level and 88% at national average.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits undertaken in the last two years; two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice completed an audit of the management of a heart condition against NICE guidelines checking that patients had the correct diagnostic procedure documented, that they received the correct treatment and that they were referred to secondary care as appropriate. A re-audit had been carried out, with a proposed further audit to help ensure patients were screened, diagnosed and treated appropriately.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The trainee and locum induction pack at the practice was detailed and helped to ensure that new staff were aware of the provision at the practice and in the area, where to look for support and how to raise concerns.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, four members of staff had completed diabetes training and were able to initiate insulin.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings. The medicines management guidelines document also contained comprehensive up to date vaccine information.

Are services effective?

(for example, treatment is effective)

- Wound care at the practice was well-managed, with a register of patients being kept, as well as a register of patients who had a Doppler scan. (An ultrasound scan used to measure blood flow in certain parts of the body).
- Anticoagulation was well-managed at the practice, with two clinics held each week and home visits for patients with reduced mobility or age related concerns. Appointments were made available before and after the working day to accommodate employed patients. An audit was carried out regarding the satisfaction of patients using the anticoagulation service in June 2016. Twenty-seven patients took part in the audit and all of the results were positive. Patients comments included, preferring the convenience of the surgery clinic to a hospital visit; the service was very efficient, nurses answered any questions and were helpful always explaining the treatment. (Anticoagulants are medicines that help thin the blood and prevent blood clots).
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All long standing staff had received an annual appraisal and this included a learning assessment.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house and external training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. There were no patients at the practice with Deprivation of Liberty Safeguards (DoLs) however; staff told us that they were aware of these and the circumstances where a safeguard would need to be put in place.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance and all staff spoken with were aware of implied and written consent.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. Written consent forms were signed and scanned into the patient record.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice had systems to refer patients for smoking cessation, counselling, initial support for drug and alcohol misuse and diet and weight advice. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 87% and the national average of 82%. The practice had a low inadequate cervical screening taking score of 1%. The

Are services effective? (for example, treatment is effective)

practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to children of twelve months ranged from 99% to 100%, the CCG average ranged from 87% to

93% and the national average ranged from 73% to 93%; for children of 24 months the range was from 46% to 97% compared to the CCG average of 51% to 94% and the national average of 73% to 95% and for five year olds the range was from 91% to 98% at the practice, from 85% to 94% at CCG level and from 81% to 95% at national average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The patient participation group (PPG) at the practice was active and a report displayed on the practice website showed how areas for improvement had been identified and acted upon. For example, there was a PPG specific board displayed in the waiting room with information for patients; and a new telephone system had been introduced.

Comment cards highlighted that staff at the practice responded with compassion to requests for help and provided support to patients when required; they also told us that patients were satisfied with the care provided by the practice and that their dignity and privacy was respected.

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:

- 90% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 90% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 97% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 89% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the national average of 91%.
- 92% of respondents said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We reviewed a sample of patients care plans and found these were detailed and personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 90% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 86% of respondents said the last nurse they saw was good at involving them in decisions about their care which was the same as the CCG average and comparable to the national average of 85%

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that there was an interpreter service available for patients who did not have English as their first language.
- Information leaflets were available in easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The new patient registration form included a question regarding whether the patient was a carer. The

practice had identified 77 patients as carers (approximately 1% of the practice list) and these patients were supported by being offered an influenza vaccination. The practice had a carer's protocol which detailed the procedure for identifying carers and contacting them by letter to outline various avenues of support available to them. The website also directed patients to carer organisations.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone to offer condolences and support.

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 patient population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Saturday morning from 9am until 12.30pm for working patients who could not attend during normal opening hours.
- The practice offered two diabetes clinics each week, with one being on a Saturday morning to accommodate working age patients.
- There were longer appointments available for patients with a learning disability and for those who required them, including longer times for patients who required an interpreter.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a portable hearing loop had been ordered and translation services were available.
- The practice offered a phlebotomy service.
- The practice had responsibility for the care of patients at three residential care homes.

Access to the service

The practice was open from Monday to Friday between 8am and 6.30pm. Extended hours appointments were available every Saturday morning between 9am and 12.30pm. In addition appointments that could be booked up to six weeks in advance, urgent on the day appointments were available for people that needed them. Appointments could be booked over the telephone, online or in person at the practice. There were arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

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

- 84% of respondents were satisfied with the practice's opening hours compared to 75% at the CCG average and the national average of 79%.
- 78% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 64% and the national average of 73%.

CQC comment cards received during the inspection confirmed that patients were able to get appointments when they needed them.

The practice had a system to assess:

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

Staff told us that a GP would make the decision regarding a home visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities in an emergency situation and when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system 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, for example, there was a poster in the waiting area, and the information was available as a leaflet, in the practice booklet and on-line.

We looked at seven complaints received in the last 12 months and found that they had been recorded, investigated and responded to within the specified timeframes. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. The learning from complaints was shared and practice meetings. Patients we spoke with were aware of the process to follow if they wanted to make a

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

complaint. For example, where issues were raised regarding a referral timeframe, an apology and explanation were offered to the patient concerned and the GPs

identified areas of administrative typing they could undertake themselves and sought voice activated software to introduce at the practice, to help ensure referrals were made in a timely way.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and the staff we spoke with were all aware of the aim to provide good quality patient centred care.
- The practice had succession planning for the future strategy and a supporting business plan which reflected the vision and values and was regularly monitored. Partners meetings were held on a weekly basis where business and values were regularly discussed.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The governance framework had been established and embedded over the last year and systems were apparent and observed to be working in practice. This outlined the structures and procedures and helped to ensure 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. These were reviewed and updated annually and as required.
- There was a clear system for reporting incidents and for sharing these and learning from them.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- All staff were encouraged to attend training that supported their role and professional development, and this was on-going
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to help ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included sharing information with all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to help ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. The partners and management held a weekly clinical partners meeting. Quarterly complaints, audit and significant event meetings were held for the purposes of analysis and learning. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or at any time and they felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had previously gathered feedback from patients through the patient participation group (PPG) and through patient surveys and complaints received. The PPG at the practice met quarterly and the meetings were minuted. The PPG were active and helped to

Are services well-led?

Good 

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

identify areas for improvement, for example, they had tidied and laminated the information for patients on the notice boards in the waiting room and had contributed to the implementation of a new telephone system at the practice to help calls be answered more effectively.

- The practice had gathered feedback from staff through informal discussion, team meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Staff told us that there was low staff turnover at the practice and that many of the team had been in post for twenty years or more.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Dr Short and Partners was a training practice who hosted trainee GPs, paramedic practitioners and an induction and refresher scheme for GPs. There was one GP trainer, one clinical supervisor on the GP Educator Pathway and one GP due to start on this. There were two GP trainee's at the practice. Feedback received from previous trainees at the practice was positive about the level of support and learning offered. The practice co-ordinated learning events within the health centre and secured in-house and visiting speakers as well as participating in local protected learning time.