

Portland Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Portland Medical Centre on 18 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise safety concerns and to report incidents and near misses.
- There were systems in place to maintain the health and safety of patients and staff at the practice and any learning identified from incidents was shared with staff.
- Staff assessed patients' needs and had effective procedures in place to ensure care and treatment was delivered in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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 had good facilities and was well equipped to treat patients and meet their needs.
- The practice acted on suggestions received from patients, for example, specific health events and educational evenings and had active support from the Patient Participation Group.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice ran warfarin clinics for both the practice patients and people in the local community.

Summary of findings

- The practice shared bank holiday opening hours with other practices, so patients could access medical care during this time
- The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events which were shared with staff in team meetings and we saw evidence of documented action plans.
- Lessons were shared regularly at staff meetings to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Risks to patients were assessed and well managed and there were enough staff to keep patients safe.
- Equipment required to manage foreseeable emergencies was available and was regularly serviced and maintained. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients.
- Staff referred to guidance from the National Institute for Health and Care Excellence and patients' needs were assessed and care was planned and delivered in line with current legislation.
- The practice provided enhanced services which included advanced care planning.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated some quality improvement, but the practice had not completed full cycle audits.
- The practice was proactive in ensuring staff learning needs were met and encouraged staff to develop their knowledge and skills.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Regular health events were organised by the practice to support patients to lead healthier lives.

Summary of findings

- Systems were in place for regular reviews of patients who had long term conditions.
- The practice offered a warfarin service for their patients and the local community, during October to December 2015 the practice carried out 612 blood tests for this service.
- Staff had received training appropriate to their roles and the practice could demonstrate that appraisals had been completed for all staff.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey results published in January 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients we spoke with told us they were very satisfied with their care and they had confidence in the decisions made by clinical staff. The comment cards patients had completed prior to our inspection provided positive feedback about staff, their approach and the care provided to them. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice offered flexible appointment times based on individual needs and we saw evidence of how the practice had responded to the needs of vulnerable patients with compassion and empathy.
- Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. A community psychiatric nurse held two clinics a week at the practice to assess and review patients and the practice worked closely with the CCG pharmacist who had responsibility for actioning repeat prescriptions and supporting GPs with the review of patient medicines.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice acted on suggestions received from patients, for example, specific health events and targeted educational evenings for a variety of conditions.
- 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 at fortnightly team meetings.
- Patients with long term conditions were regularly reviewed and there were immunisation clinics for babies and children.
- The practice ran clinics for warfarin reviews for their patients and patients in the local community.
- Working with the other practices within the federation, the practice shared bank holiday opening hours, so patients could access medical care during this time.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement and the practice worked closely with other practices and the local Clinical Commissioning Group.
- There were systems in place to monitor and improve quality and identify risk.
- The practice sought feedback from patients, which it acted on. The practice had an active patient participation group who worked closely with the practice to improve outcomes for patients.

Good



Summary of findings

- Staff were involved in the analysis of incidents and complaints during meetings for on-going improvements that benefitted patients.
- There was a 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 practice had vision in relation to in improving services for patients for example, internet consultations
- A pharmacy technician project has been led by the practice and has been reviewed by Keele University for use in the future of pharmaceutical development.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for dementia and end of life care. The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required. The practice undertook weekly ward rounds at two local nursing homes. 69% of patients aged 65 years and over had received their flu vaccination. Patients aged 75 and over had care plans in place and 75% had received a review in the last 12 months. The practice pharmacist carried out medication checks and held regular meetings with the GPs to discuss patients' needs. The practice worked closely with the district nursing team to support older people and others with long term or complex conditions.

Good



People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions. The practice had three nurse practitioners who monitored and reviewed patients with long term conditions. The practice offered a warfarin service for their patients and other patients the local community who were not necessarily registered at the practice. During October to December 2015 the practice carried out 612 blood tests for this service. Flu vaccinations were proactively offered to patients with diabetes and 91% of these patients had received this. All patients with a long-term condition 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. The nurse practitioners initiated insulin for their patients at home if they were unable to attend the surgery. The practice also offered this service to other practices. The practice worked closely with the tissue viability nurses and offered complex wound care. Longer appointments and home visits were available when needed. The practice held regular health events to support patients in the management of their conditions and held targeted educational evenings for a variety of conditions for example, diabetes.

Outstanding



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were policies, procedures and contact numbers to support and guide staff should they have any

Good



Summary of findings

safeguarding concerns about children. The nurse offered immunisations to children in line with the national immunisation programme and the practice had established six week baby and postnatal checks in one appointment. 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw positive examples of joint working with midwives and health visitors and antenatal care was provided by the midwife who held a clinic once a week at the practice.

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. It provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years. The practice was proactive in offering online services such as appointment booking, telephone consultations and repeat prescriptions services and offered a late surgery on a Tuesday evening from 6.30pm to 9pm. There was a full range of health promotion and screening that reflected the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances. It offered longer appointments and annual health checks for people with a learning disability. Home visits were carried out for patients who were housebound and to other patients on the day that had a need. There were 17 patients on the learning disability register and nine had received their annual health checks and the other eight patients had confirmed appointments for their annual reviews. A hearing loop was available and the practice had a system in place which identified patients who required assistance or sign language interpreters. The practice held a register of 69 carers. The practice held meetings with multi-disciplinary teams every two months in the case management of vulnerable people. There was a system in place to identify patients who required additional support and extra time during appointments. Staff had received safeguarding training and knew how to recognise signs of abuse in vulnerable adults and

Good



Summary of findings

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.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had 80 patients diagnosed with dementia on their register and 74% had had their care reviewed in a face to face meeting in the last 12 months. The community psychiatric nurse held two clinics a week at the practice to review and monitor patients experiencing poor mental health. Patients on the dementia and mental health register received annual reviews and patients unable to attend the practice were seen at home. Patients experiencing poor mental health were told how to access various support groups and voluntary organisations. The practice had 57 patients on its mental health register and 78% of the patients on the mental health register had had their care plans reviewed in the last 12 months. 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 published on 7 January 2016 showed the practice was performing in line with local and national averages. There were 247 survey forms distributed and 118 were returned. This represented a 48% completion rate.

- 73% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 90% described the overall experience of their GP surgery as good (CCG average 85%, national average 85%).
- 84% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards, and 21 comments were positive about the standard of care received. Patients

commented on how the staff always did their best. Patients said they received excellent care and staff acted in a professional and courteous manner. Patients commented on how satisfied they were with the reception staff and the quality of care provided by the doctors and nurses.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable and caring. The patients commented on how supportive the Patient Participation Group was in organising items for the practice to use, for example a water cooler was purchased for the patients and also a blood pressure monitor for patients to use before seeing the GP. The practice had received 96 responses during the last 12 months for the NHS Friends and Family Test (FFT). The FFT asks people if they would recommend the services they have used and offers a range of responses. At the time of our inspection results showed that all patients who had responded were either 'extremely likely' or likely to recommend the practice.

Outstanding practice

The practice is rated as outstanding for patients with long term conditions. The practice offered a warfarin service for their patients and the local community and during October to December 2015 the practice carried out 612 blood tests for this service. The practice has held a variety of education events for their patients and the local

community. For example, in April and May 2015 the practice had a Healthy Heart Awareness Evening. The evening covered healthy cooking techniques and presentation by the senior GP partner. 77 patients attended the April session and 49 patients attended the May session.

Portland Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Portland Medical Practice

Portland Medical Practice originally started in 1904 in the Village of Aldridge. The practice provides primary medical services and has approximately 8900 patients and holds a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people who are unwell as well as for example, chronic disease management and end of life care. The practice also provides some directed enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The practice runs an anti-coagulation clinic for both the practice patients and people in the local community. The practice is situated in a multipurpose building with other community services and another GP practice.

The practice serves a higher than average population for those aged 65 years and above. The population is 94.7% white British (2011 Census data). The area served is ranked a low deprived area compared to England as a whole and ranked at eight out of ten, with ten being the least deprived.

The practice team consists of four GP Partners (3 male and 1 female) and one salaried GP (female). There are three nurse practitioners, two practice nurses, phlebotomist and a health care assistant. There is a practice manager, and a

team of administration staff who share the responsibilities of reception and administrative tasks. The practice is a teaching practice for the University of Birmingham Medical School and a Nurse Training Practice for the University of Wolverhampton. The practice offers training for medical undergraduates and trainee GPs.

The practice is open to patients between 8am to 6pm Monday to Friday and extended hours are offered until 9pm on Tuesday evening. Home visits are available to those patients who are unable to attend the surgery. The out of hours service is provided by NHS 111 service.

The practice is part of a federation and works with another practice during bank holidays to offer a GP service for their patients.

The practice is part of NHS Walsall Clinical Commissioning Group (CCG) which has 63 member practices. The CCG serve communities across the borough, covering a population of approximately 274,000 people. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we held about the practice and asked other organisations and health care professionals what they knew about the service. We carried out an announced inspection on 18 February 2016. During our inspection we:

- Spoke with two GPs, nurse prescriber, practice nurse, the practice manager and two receptionists.
- Spoke with three patients and observed how staff interacted with patients.
- Reviewed 22 comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from three members of the patient participation group (this was a group of volunteer patients who worked with practice staff on how improvements could be made for the benefit of patients and the practice).

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

The practice prioritised safety and reported and recorded significant events. Staff used incident forms on the practice intranet and sent completed forms to the practice manager. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Incidents were discussed at quarterly practice meetings. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

During the inspection we reviewed six significant events and minutes of meetings where these were discussed and saw evidence of action being taken. For example appropriate action and learning following the failure of the practice IT system for three days.

When there were unintended or unexpected safety incidents, patients received support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, following a medication error the pharmacy reported the incident and an investigation was carried out. The patient was contacted and the error was discussed at a practice meeting in order to identify learning.

Overview of safety systems and processes

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

- The practice had systems to manage and review risks to vulnerable children, young people and adults which reflected relevant legislation and local requirements. Policies were accessible to all staff. Staff had received training relevant to their role. GPs were trained to the appropriate level and the latest update had been completed in November and December 2015. Staff demonstrated they understood their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. There was a system to highlight vulnerable patients on the practice's electronic records. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings on a quarterly basis and provided reports where necessary for other agencies. We saw evidence of multi-agency working in order to keep patients safe.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and there was a completed cleaning schedule and a log of spot checks that were carried out. One of the nurse prescribers 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 policy in place and staff had received up to date training. An annual infection control audits had been completed in June 2015 and we saw evidence that action was taken to address issues identified. We saw evidence of the action plan and the practice had acted promptly in rectifying the areas identified, for example, new chair covers and sharps injury notices in all nurses' rooms.
- All single use items were stored appropriately and were within their expiry date. Specific equipment was cleaned and logs were completed. Spillage kits were available and clinical waste was stored appropriately and securely.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and security of medicines. The practice had visit boxes set up with emergency medicines for the doctors to use on home visits. There was a robust system in place to monitor when the boxes were used and documented evidence of which patient required the medicines. The Health Care Assistant replenished the boxes weekly. 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. Blank prescriptions were securely stored and there were systems in place to monitor their

Are services safe?

use. Three nurses were qualified Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. The practice had a system to enable the Health Care Assistants to administer vaccinations under a Patient Specific Direction.

- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. 78% of patients had had cervical screening in the past five years.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risk to patients and staff safety. There was a health and safety policy available and a health and safety risk assessment had been completed in November 2015. Fire alarms were checked on a weekly basis and fire drills were carried out every six months. Fire equipment was checked by an external contractor on an annual basis and the last fire risk assessment had been carried out in November 2015.
- All electrical and clinical equipment was checked in December 2015 and we saw evidence that the next check was scheduled for December 2016. The practice

had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment had been carried out in April 2015.

- Recruitment checks were in place for the use of locum GP, when necessary. Staff had a flexible approach towards managing the day to day running of the practice and would provide cover as and when needed.

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- All staff received annual basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The practice also kept medicine to treat anaphylaxis (severe, potentially life-threatening allergic reaction). The expiry dates and stock levels of the medicines were checked and recorded by the practice nurse weekly and we found all were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and had been reviewed and updated in September 2015.

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
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and analysed information in relation to their practice population. For example, the practice would receive information on unplanned admissions to hospital and held a weekly clinic with one of the nurse prescribers to support these patients.
- The practice had a pharmacy technician working at the practice through a local CCG initiative that reviewed patients' repeat medication and supported the practice team in the prescribing of medication.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.2% of the total number of points available, with 8.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was (89.2%) which was equal to the national average
- The percentage of patients with hypertension having regular blood pressure tests was (80.6%); this was slightly lower than the national average (85.16%)

- Performance for mental health was (98.3%); this was higher than the national average (92.8%).
- The dementia diagnosis rate was comparable to other local practices (99.3%) and higher than the national average. (94.5%)

The practice monitored its QOF activity on a regular basis and worked closely with the practice pharmacists to ensure appropriate prescribing and with the nurse prescribers to review and monitor patients with long term conditions.

The practice maintained a register for carers, patients requiring end of life care, patients with a learning disability, mental health condition and patients with a cancer diagnosis.

Clinical audits demonstrated some quality improvements and changes had been implemented, but we saw no evidence of patients being monitored. The practice participated in local audits, national benchmarking, peer review and research. Findings were used by the practice to improve services. For example, one audit reviewed patients who had minor surgery procedures. The audit resulted in a review of 47 procedures that had been undertaken in three months and showed out of the 10 excisions carried out there had been zero reports of infection after the procedure.

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. It covered such topics as safeguarding, fire safety, health and safety, basic life support and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the

Are services effective?

(for example, treatment is effective)

scope of their work. All staff had had an appraisal within the last 12 months and were encouraged to further their development opportunities. For example: one of the administration team had completed a phlebotomy course

- Staff received training that included: safeguarding, fire procedures, basic life support, infection control and information governance awareness. Staff had access to and made use of 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. This included 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.

The practice worked closely with the local nursing home and offered weekly ward rounds by a GP and nurse to the patients under a local improvement scheme.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that clinical meetings took place on a monthly basis and multi-disciplinary team meetings were held every two months. The practice worked closely with the tissue viability team in the support of patients that had complex wound care needs that provided a rapid response service to support older people and others with long term or complex conditions to remain at home rather than going into hospital. The practice held meetings every six weeks with community nursing teams to co-ordinate the care of patients who were nearing the end of life.

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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, homeless people, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service

The practice's uptake for the cervical screening programme was 78%, which was slightly lower to the national average of 81.8%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available. The practice also encouraged its patients to attend national screening programmes for example bowel cancer screening and we saw information on display in the waiting area.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80.2% to 98.7% and five year olds from 98.6% to 100%.

Flu vaccination rates for the over 65s were 69%, These results were comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. The practice completed a health assessment questionnaire during new patient registration and offered health checks to these patients. Appropriate follow-ups on the outcomes of health assessments and checks were made.

The practice had a shared care programme for patients on drugs and with alcohol dependency with Beacon Recovery Services and the practice offered monthly support clinics.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff could offer patients a private area and room to discuss their needs if required.

We received 22 CQC patient comment cards and all 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. We also spoke with four patients who told us the service they received was excellent. The staff were supportive and friendly and they felt that they were listened to and had time to discuss their needs.

We received feedback from three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed overall patients felt they were treated with compassion, dignity and respect. The practice was higher than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 86%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 92% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).

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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey results published in January 2016 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:

- 91 % said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 86% said the last GP they saw was good at involving them in decisions about their care (CCG average 80.3%, national average 81.4%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 84.8%).

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations, for example, support for patients who were suffering with distress. The practice had also been involved with an Age Concern pilot for patients who were having difficulties.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 69 patients on the practice list as carers. The practice had a 'carers corner' that directed carers to the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The practice had analysed the latest patient survey results and compared the figures to the results received in January and July 2015. At the time of our inspection, we saw evidence of improvements that had been made. For example: Data showed lower results for access of appointments. The practice held a meeting to review how they managed demand which resulted in increased resourcing in answering the telephone lines at specific times when patient demand was higher. The satisfaction results had increased by ten points from 67% in January 2015 to 77% in January 2016.

- The practice offered extended hours once a week for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The practice offered insulin initiation for their patients and the local community.
- An anti-coagulation service for the initiation of warfarin was offered by the practice to their patients and other patients in the local community who were not necessarily regeistered with the practice.
- There were disabled facilities and translation services available.
- Staff were aware of the need to recognise equality and diversity and acted accordingly.
- The practice used notes and reminders on patient records to alert staff of patients with known visual, physical or hearing impairments.

- The practice had baby changing facilities, space for prams, suitable waiting areas for children and a place available for baby feeding.

The practice acted on feedback from patients and the Patient Participation Group (PPG) for topics the practice should deliver at awareness events. For example, at a recent PPG meeting, it was suggested that a session be held to advise patients of the National Bowel Screening Programme. This is planned for early Summer 2016. Previous events had included diabetes awareness and healthy heart.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30am to 12.30pm and 2pm to 5.30pm Monday to Friday. Extended surgery hours were offered between 6.30pm and 9pm on a Tuesday evening. Pre-bookable appointments could be booked up to six days in advance, but patients that required regular review were issued with a 'gold card' by the GPs, which would allow patients to book up to six weeks in advance. Urgent appointments with a GP and a nurse triage service were also available from 4pm to 5.30 every day for people that needed them. The practice used a text messaging service to remind patients of their appointments and working with another practice opened on bank holidays. We saw evidence in reception advertising that the practice would be open Good Friday and Easter Monday from 8am to 8pm.

Results from the national GP patient survey results published in January 2016 showed that patients' satisfaction with how they could access care and treatment was higher in comparison to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 73% of patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 33% of patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

Listening and learning from concerns and complaints

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

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This information was available on the practice website and in a complaints leaflet.

We looked at seven complaints received within the last 12 months and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency with dealing with complaints. Apologies were offered to patients when required. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 and staff understood the values and aims of the practice. Staff we spoke with demonstrated a commitment to providing a high quality service that reflected the vision. The practice had prepared plans to increase consulting rooms to offer more services. The practice had a business development plan for medical staff that would be retiring in the future.

The practice was a member of a local federation and the GP Principal attended regular meetings and worked with a local practice to offer services during public holidays to patients.

Governance arrangements

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

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

Leadership and culture

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

The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), Friends and Family Test results and through comments and complaints received. The PPG was very active at the practice and fully engaged with the initiatives of the practice for example, encouragement of patients to attend patient education events. The PPG had also purchased a BP monitor for patients to use in the waiting room and on speaking with members of the group they were enthusiastic to promote the group and told us they were receiving support and encouragement from the practice staff.
- The practice had gathered feedback from staff through appraisals and regular staff meetings. Staff told us they would not hesitate to give feedback and discuss any

Are services well-led?

Good 

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

concerns or issues with colleagues and management. Staff told us they felt involved and engaged to in how the practice was run and were well supported by the management and clinical team.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in initiatives to improve outcomes for patients, for example the practice had just applied to do online consultations to increase availability for patients who were unable to attend the surgery. One of the GPs was qualified for invasive surgery

and the practice was currently awaiting approval from the CCG to offer this service. This would reduce the amount of patients who required certain surgical procedures to be carried out in hospital.

The practice has held a variety of education events for their patients and the local community. For example, in April and May 2015 the practice had a Healthy Heart Awareness Evening.

The evening covered healthy cooking techniques and presentation by the senior GP partner. 77 patients attended the April session and 49 patients attended the May session.