

Tattenham Health Centre

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 Tattenham Health Centre on 21 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they usually found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of a hospital admission.
- The practice encouraged and valued feedback from patients, the public and staff.
- The practice was part of a group of GP practices offering evening appointments until 9pm as well as weekend appointments, from two locations in Epsom and Leatherhead.
- Extended hours appointments were offered at the practice on Tuesdays and Wednesdays until 7pm.

Summary of findings

- 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.
- Clinical staff were trained in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard (DOLS). The practice had developed their own mental capacity review template.
- Continue with the planned programme of appraisals.
- Ensure the new system for the tracking and storage of prescriptions used in printers is maintained.
- Ensure staff are aware of the procedures to follow in the event of a fire at the practice.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Areas where the provider should make improvements are:

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, with the exception of prescription stationary security and ensuring staff practised what steps to take in the event of a fire.
- Risks to patients were assessed and well managed.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- Information about safety was valued and was used to promote learning and improvement. All staff were encouraged to be open and transparent and fully committed to reporting incidents. Incident reporting was thorough and analysis of incidents gave a picture of safety.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plans included emergency contact numbers for staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, 90% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group (CCG) and the national average of 85%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had received regular annual appraisals and we saw dates planned for October 2016 for those staff remaining to be appraised. Appraisals files contained personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, patients at high risk of hospital admission.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- 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



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they usually found it easy to make an appointment with urgent appointments available the same day.
- The practice was part of a group of GP practices offering evening appointments until 9pm and weekend appointments, from two locations in Epsom and Leatherhead.
- Extended hours appointments were offered at the practice on Tuesdays and Wednesdays until 7pm
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

- The practice website had information in relation to different long terms condition including information for asthma, diabetes and minor illness.

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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients with complex care needs and those at risk of hospital admission all had personalised care plans that were appropriately shared with local organisations to facilitate communication and the continuity of care.
- The practice worked with the community assessment diagnostic unit (CADU) to help older patients avoid hospital admissions.
- The practice was working to the Gold Standards Framework for those patients with end of life care needs. (The Gold Standards Framework is a framework to enable an expected standard of care for all people nearing the end of their lives. The aim of the Gold Standards Framework is to develop a locally-based system to improve and optimise the organisation and quality of care for patients and their carers in the last year of life).
- The practice supported patients who lived in nursing and residential homes by undertaking home visits when needed and providing advice over the telephone.
- The practice offered flu, pneumonia and shingles vaccination programmes.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.

Summary of findings

- A specialist diabetic nurses visited the practice every month for those patients who needed additional support.
- The practice offered diabetic foot screening. CQC data indicated that the practice achieved 90% for annual foot checks in patients with diabetes compared to the national average of 88%.
- 95% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness, which was the same as the national average of 90%
- Patients were supported to self manage their long-term condition by using agreed plans of care and were encouraged to attend self-help groups

Families, children and young people

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

- There were systems in place to identify and follow-up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice ensured that children needing emergency appointments would be seen on the same day.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- 78% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compared to a CCG average of 81% and a national average of 82%.
- 72% of patients with asthma had an asthma review in the last 12 months that included an assessment of asthma control. This compared to a CCG average of 74% and a national average of 75%.
- GPs and nurses carried out family planning and contraceptive services which included coil and contraceptive implant fitting.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse. Safeguarding policies and procedures were readily available to staff.

Good



Summary of findings

- Appointments were available at the practice with the GP until 6.30pm and on two afternoons a week until 7pm.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- The practice was part of a group of GP practices offering evening appointments until 9pm as well as weekend appointments, from two locations in Epsom and Leatherhead.
- Extended hours appointments were offered at the practice on Tuesdays and Wednesdays until 7pm.
- Telephone consultations were available during working hours.
- Electronic Prescription Services (EPS) and a repeat dispensing service helped patients to get their prescriptions easily.
- Travel health and vaccination appointments were available.
- The practice offered Saturday flu clinic appointments to fit in around working patients.

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 invulnerable circumstances including homeless people, travellers and those 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



Summary of findings

- Patients with a learning disability or other significant disability were known to the practice. This meant staff could quickly identify when dealing with a patient, if they required additional assistance.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Carers and those patients, who had carers, were flagged on the practice computer system and were signposted to the local carers support team.

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).

- Patients were monitored as part of the Quality and Outcomes Framework (QOF) to check that they had an up-to-date care plans. 85% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This compared well to a CCG average of 89% and a national average of 88%.
- 92% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months. This was higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Clinical staff were trained in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard (DOLS). The practice had developed their own mental capacity review template.

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 or above local and national averages. 219 survey forms were distributed and 119 were returned. This represented less than 2% of the practice's patient list.

- 76% of patients who responded found it easy to get through to this practice by phone compared to the national average of 73%.
- 78% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients who responded described the overall experience of this GP practice as good compared to the national average of 85%.
- 86% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to 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 37 comment cards which were all positive about the standard of care received. Two patients commented that it was sometimes difficult to make an appointment although others commented that they could make appointments when they needed them.

Patients considered they were treated with kindness and compassion by all staff at the practice and the service was repeatedly described as very good and excellent. Patients commented the environment was clean and tidy. Patients described the GPs and nurses as caring, professional and told us that they were listened to. A few of the comments we received praised individual GPs and nurses for the care they had received.

We spoke with five patients during the inspection. Patients said they thought staff were friendly and caring. Patients told us they were given advice about their care and treatment which they understood and which met their needs. They told us they always had enough time to discuss their medical concerns.

The practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at the results of the FFT from January 2016 to July 2016. The practice had received 62 comments. Results indicated that 61 patients were 'extremely likely' or "likely" to recommend the practice (98%) to their friends and family. Only one person indicated they would not recommend the practice (2%).

Tattenham Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Tattenham Health Centre

Tattenham Health Centre offers personal medical services to the population of Epsom and the surrounding area. There are approximately 6,500 registered patients.

Tattenham Health Centres purpose built and has disabled access. There is a seated waiting area situated away from the booking in desk. All of the GP consulting rooms and nurse treatment rooms are located on the ground floor. There is a toilet for patients with disabilities which has baby changing facilities. Staff offices and facilities are also located on the ground floor.

Tattenham Health Centre is run by three female partner GPs. The practice is also supported by two salaried GPs and a locum GP, a practice nurse and two healthcare assistants. The practice also has a team of receptionists, administrative and a practice manager.

Tattenham Health Centre is a training practice for FY2 doctors. (FY2 doctors are newly qualified doctors who are placed within a practice for four months and will have their own surgery where they see patients).

The practice runs a number of services for its patients including asthma reviews, child immunisation, diabetes reviews, new patient checks and holiday vaccines and advice.

Services are provided from:-

Tattenham Crescent, Epsom, Surrey, KT18 5NU

Opening Times

Monday to Friday 8:30am to 6.30pm with the duty GP being available from 8am.

Extended hours appointments were offered at the practice on Tuesdays and Wednesdays until 7pm

The practice was part of a group of GP practices offering evening appointments until 9pm and weekend appointments. Appointments were available from two locations in Epsom and Leatherhead.

During the times when the practice is closed, the practice has arrangements for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients aged between 5–9, 50–64 and over 85 years of age than the national and local clinical commissioning group (CCG) average. The practice population shows a lower number of patients aged 20 to 39 years of age than the national and local clinical commissioning group (CCG) average. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England. Less than 10% of patients do not have English as their first language.

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

Detailed findings

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

How we carried out this inspection

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 21 September 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, a healthcare assistant, secretaries, reception and administration staff and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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 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 prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- The practice had a structured programme of meetings which covered multiple topics. For example, partner meetings, practice meetings, clinical meetings and multidiscipline team meetings. Topics such as audits, complaints and comments, significant events and updates were discussed at these meetings.

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, an urgent referral was not passed to the district nurses until the following morning. This delayed the district nurses actioning the request. Staff were reminded of the procedure and this was discussed at a practice meeting, which all staff attended, to reinforce the policy.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role, although we noted one GPs adult safeguard training was out of date. We were however able to see evidence of cascade training from the adult safeguarding lead which the GP had attended. GPs were trained to child protection or child safeguarding level three. The nurses were trained to child protection or child safeguarding level two and the administration staff to level one.

- A notice in the waiting room and in all clinical rooms advised patients that chaperones were available if required. Only clinical staff acted as chaperones who had been 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP, a practice nurse and a healthcare assistant were the infection control clinical leads. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken quarterly and we saw evidence that action was taken to address any improvements identified as a result. An infection control policy and supporting procedures were available for staff to refer to. This enabled staff to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use.
- 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). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. 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 prescription pads were securely stored. However, the prescription forms for the computer were not always kept secure and their use was not tracked. The practice discussed how this would be rectified on the day of the inspection. For example, by creating a tracking sheet and by ensuring tighter security when rooms were not in use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- Staff had received fire safety training and carried out weekly tests of the fire alarm system. However, we noted that the practice had not conduct regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice used computerised tools to identify patients with complex needs and those that had multidisciplinary care plans documented in their case notes. This ensured that staff authorised to review patients' notes were aware of the most up to date information available
- Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of the patient's age, gender, race and culture as appropriate

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 96% of the total number of points available. The practice had an 11% clinical domain exception rate. This was around average when compared with the national average and local clinical commissioning group of 9%. (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 better than the local clinical commissioning group and national averages. For example, 86% of patients with

diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the last 12 months), compared to the national average of 78% and the clinical commissioning group (CCG) average of 81%.

- 90% of patients on the diabetes register had a record of a foot examination within the last 12 months compared to the national average of 88% and the CCG average of 81%.
- 77% of patients with hypertension had regular blood pressure tests, which was lower than the CCG average of 80% and the national average of 83%.
- Performance for mental health related indicators were comparable to the national average. For example, 85% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan, compared to the national average of 88% and the CCG average of 88%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We reviewed clinical audits that had been carried out within the last 18 months. The audits indicated where improvements had been made and monitored for their effectiveness.
- We saw that the practice also completed audits for medicine management and infection control. For example, the practice completed regular audits for medicines prescribed. The audits were to ensure that prescribing at the practice was in line with National Institute for Health and Care Excellence (NICE) guidelines. When necessary patients were invited for a medicine review to ensure they were on the optimal medicine for their needs.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice had conducted an audit to review if patients with a recorded raised blood sugar were either receiving appropriate care for diabetes or pre-diabetes and were coded correctly on the patient record. The practice audit highlighted that from the 90 patient records reviewed 36 patients were coded incorrectly and 11 patients should have their blood sugar levels re-tested. Results from the

Are services effective?

(for example, treatment is effective)

survey ensured that patients codes were changed as required and the 11 patients were invited back into the practice to be re-tested. The practice planned to conduct a further audit later in the year.

Effective staffing

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

- The practice had an effective induction programme for all newly appointed staff. We saw there was separate role-specific inductions for new staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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 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 on-going support, one-to-one meetings and support for revalidating GPs. Not all staff had received an appraisal within the last 12 months but the practice manager had a schedule of appraisals in place for October 2016 in order for this to be completed.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training. The practice held educational sessions as part of their quarterly practice meetings which all staff attended. We saw from the agenda and minutes that at the last practice meeting in April 2016 staff had received training in child and vulnerable adult safeguarding, hand washing, infection control, whistleblowing and an over view of the Mental Capacity Act 2005. Staff were encouraged to find relevant courses which they felt would be beneficial to their role and

development and were supported to undertake any training. For example, the practice nurse had undertaken further training in diabetes and had attained a diploma.

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 had a system to make sure that any 'two-week wait' cancer referrals sent had been received by the relevant hospital department.
- 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 on-going 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 where 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. All GPs had received recent training in the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

- Patients provided consent for specific interventions. For example, minor surgical procedures. The risk associated with the intervention was explained and patients signed a consent form. The process for seeking consent was monitored through patient records audits.

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. Patients were signposted to the relevant service.
- Health information was made available during consultation and GPs used materials available from online services to support the advice given to patients. There was a variety of information available for health promotion and the prevention of ill health in the waiting area and on the practice website
- Midwives and counsellors were available at the practice.
- The practice offered family planning and routine contraception services including implant/coil insertion.
- The practice's uptake for the cervical screening programme was 78%, which was comparable with the clinical commissioning group (CCG) and national average of 82%.The practice demonstrated how they

encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age, was at 63% which was slightly higher than the clinical commissioning group (CCG) average of 59% and the national average of 58%.
- Most childhood immunisation rates for vaccines given were comparable with the CCG average. For example, 79% of children under 24 months had received the MMR (measles, mumps and rubella) vaccine compared to the CCG average of 82%. A system was in place for the practice to contact the parent or carer of those patients who did not attend for their immunisations.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The practice had installed an electronic booking-in system which helped with patient confidentiality.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- GPs told us that on many occasions, visits were conducted outside of core hours to patients who required extra help.

All of the 37 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 friendly, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 94% of patients who responded said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%

- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 95% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 83% and the 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 also saw that care plans were personalised.

The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans. Unplanned admissions were also discussed at meetings to identify any improvements necessary.

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 or above local and national averages. For example:

- 90% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 89% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 86% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The practice website also had the functionality to translate the practice information into approximately 90 different languages.

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 practice had identified 41 patients as carers (nearly 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice also had information for carers on their website.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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.

- There were longer appointments available for patients with a learning disability.
- 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 require 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 hearing loop and translation services available.
- Electronic Prescribing was available which enabled patients to order their medicines on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice used text messaging to remind patients of appointments.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- There were toilet facilities available for all patients, including an adapted aided toilet and a baby nappy changing facility.
- The practice remained open throughout the day so patients could still ring for appointments, collect prescriptions or drop off prescriptions or samples during the lunchtime period.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with extended hours 6.30pm – 7pm on Tuesdays and Wednesdays. In addition to pre-bookable appointments that could be made in advance, telephone consultations and urgent appointments were also available for patients that needed them.

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

- 72% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 76% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

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

The practice had a system in place to assess:

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

Reception staff recorded information centrally on the practice's electronic system. GPs tried to ensure that where possible the patient's regular GP conducted the home visit for continuity of care. 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 when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- There were posters on display in the waiting area and information was on the practice website.
- A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided.

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends 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.

The practice statement of purpose included the statements:-

- 'To provide safe, evidence based, high quality, patient centred medical care to all patients. That all patients are treated with dignity and respect and are protected from harm. To work with multidisciplinary teams both within the practice and in the wider Health and Social care community to achieve the best care for their patients.'

We spoke with 12 members of staff. They told us there was a strong focus on being patient centred, and the practice achieved this by supporting good team working, professional development and training. Staff we spoke with demonstrated awareness of the practice vision and values, and knew what their responsibilities were in relation to these.

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 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

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. We saw that GPs had special interests

and additional qualifications in a range of areas. For example, in contraception and sexual health, and training for FY2 doctors (FY2 doctors are newly qualified doctors who are placed within a practice for four months and will have their own surgery where they see patients). Staff throughout the practice were proud of their work and there were high levels of staff satisfaction. They told us that felt there was pro-active culture and that there was no difference between clinical and non-clinical staff, everyone was treated the same. They told us that everyone in the practice, including partners, were approachable and always took the time to listen and they were actively encouraged to raise any concerns or suggestions.

The provider was aware of and had systems in place to 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 support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients 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 in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and received a monthly newsletter created by the practice manager.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident 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

Are services well-led?

Good 

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

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 surveys sent to the virtual patient participation group (VPPG) and through complaints and comments received.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at the results of the FFT from January 2016 to July 2016. The practice had received 62 comments. Results indicated

that 61 patients were 'extremely likely' or "likely" to recommend the practice (98%) to their friends and family. Only one person indicated they would not recommend the practice (2%).

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward to improve outcomes for patients in the area. For example:-

- The practice had a strong ethos for training. All staff were able to access a number of different training elements. This included quarterly practice meetings that contained learning / educational training and updates and daily shared learning with other staff members.
- The practice was a training practice for FY2 doctors and final year medical students. The practice was looking to expand to train GP registrars.