

Riverside Practice

Quality Report

The Riverside Practice, March, Cambridgeshire

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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 Riverside Practice on 14 October 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 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.
- 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.

We saw areas of outstanding practice:

- The practice facilitated a health trainer and actively promoted their role to patients. The trainer provided a range of services to promote a healthier life style. These included chair based exercises for less mobile

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patients, a walking group and shopping trips to advise patients on healthy eating. The practice referred all pre-diabetic patients identified to the health trainer with an aim to reduce the onset of diabetes.

The area where the provider should make an improvement is:

- Continue to encourage patients to attend national screening programmes such as bowel and breast screening.
- Continue to investigate ways to improve telephone access to the practice for patients.

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.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Arrangements were in place to respond to emergencies and major incidents.
- We reviewed six personnel files and found that all of the appropriate recruitment checks had been undertaken for all staff 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 listed.
- Appropriate standards of cleanliness and hygiene were maintained. We saw evidence of staff cleaning checks and monitoring of the cleaners and staff reported any issues raised. We saw evidence that actions were planned or taken to address any improvements identified in the audit.
- The practice had a legionella policy, water temperatures were checked regularly and taps were run when they were in limited use.
- The practice had 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.

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 generally higher than the clinical commissioning group (CCG) and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice generally higher than others for many aspects of care. For example, 91% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%. 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%. 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.
- Feedback from patients about their care was consistently positive. 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.
- The practice was proactive in identifying patients with caring responsibilities. The practice had identified 162 patients as carers (2% of the practice list). We were told that 90 carers had undergone an annual health review for a chronic condition. Written information was available to direct carers to the various avenues of support available to them.

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.
- Results from the National GP Patient Survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. 80% of patients were satisfied with the

Summary of findings

practice's opening hours compared to the CCG and the national average of 78%. However, only 63% of patients said they could get through easily to the practice by phone; this was below the CCG average of 75% and the national average of 73%.

- People told us on the day of the inspection that they were able to get urgent appointments on the same day when they needed them. However, patients commented that it was often difficult to get through to the practice on the telephone.
- 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.

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.
- The provider was aware of and complied with the requirements of the duty of candour. The GP and practice manager encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. 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.
- The practice worked closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were above local and national averages.
- The practice looked after patients living in local nursing homes. GPs undertook regular visits and visited patients as and when required.
- The practice had administered flu vaccinations to 77% of patients aged over 65 years old during the 2015 to 2016 flu vaccination clinics. The practice reported an uptake of 26% of patients over 65 who had received a flu vaccine for the current 2016/2017 flu campaign at the time of the inspection.

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.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) 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 99% of the total number of points available with a 10% exception reporting rate which was 0.3 percentage points below the CCG average and one percentage point above the national average, (exception reporting is the removal of patients from QOF calculations where, for example, the patients

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are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We saw that exception reporting across all indicators was generally in line with local and national averages.

- Longer appointments and home visits were available when needed.
- 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.
- The practice had administered flu vaccinations to 70% of patients on the practice at risk register during the 2015 to 2016 flu vaccination clinics. The practice reported an uptake of 19% of patients on the at risk register for the current 2016/2017 flu campaign at the time of the inspection.

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. Childhood immunisation rates for the vaccinations given were high when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% which is comparable to the CCG average of 95% to 92% and five year olds from 95% to 99% which is comparable to the CCG average of 88% to 95%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 69%, which was comparable to the CCG average of 72% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- 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, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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 encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 54% of the target population, which was slightly below the CCG average of 59% and the national average of 58%. The breast cancer screening rate for the past 36 months was 78% of the target population, which was above the CCG average of 74% and the national average of 72%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice uptake for NHS health checks for 2014/2015 had been 896 patients invited with 353 undergoing a health check, and for the year 2015/2016, 305 patients invited with 140 undergoing a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice had identified 54 patients with a learning disability on the practice register. 35 of these patients had received a health check with invitations sent to the remaining 19 patients. 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.

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- 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.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 82%, which was below the CCG average of 87% and the national average of 88%. Of the 40 patients identified as experiencing poor mental health on the practice register, 13 had been invited for a health check, 11 had received a health check in the past twelve months with appointments scheduled for the remaining patients.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 71%, which was below the CCG and the national average of 84%. At the time of our inspection the practice had invited 51 patients identified as having dementia for a health check, of these 27 had a care plan in place and had undergone a review since April 2016, eight patients had an admission avoidance plan in place and 18 patients were scheduled for a review of their care plan. The practice referred patients to various support services as required.
- 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.

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 generally in line with local and national averages. 240 survey forms were distributed and 107 were returned. This represented a 45% completion rate.

- 63% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

Nine of the ten patient Care Quality Commission comment cards we received were positive about the

service experience; one card contained negative feedback which we discussed with the practice. However one card also raised concerns regarding staff requesting information when making an appointment and another card stated they felt they weren't always listened to when they saw a GP. Patients generally said they felt the practice offered an excellent service, staff were helpful, caring and treated them with dignity, we were told they were always given sufficient time with clinicians' and they were treated with consideration and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We were told the practice made every effort to ensure patients were seen. However patients commented that it was often difficult to get through to the practice on the telephone in the morning. Comment cards highlighted that nothing was too much trouble and staff responded compassionately when they needed help and provided support when required.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to encourage patients to attend national screening programmes such as bowel and breast screening.
- Continue to investigate ways to improve telephone access to the practice for patients.

Outstanding practice

- The practice facilitated a health trainer and actively promoted their role to patients. The trainer provided a range of services to promote a healthier life style. These included chair based exercises for less mobile patients, a walking group and shopping trips to advise patients on healthy eating. The practice referred all pre-diabetic patients identified to the health trainer with an aim to reduce the onset of diabetes.

Riverside 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 adviser.

Background to Riverside Practice

Riverside practice is located in March, Cambridgeshire. The practice is run by three male GP partners. The practice employs two female advanced nurse practitioners, three practice nurses, one phlebotomist and two female health care assistants. The clinical team is supported by a practice manager and a team of administrative, secretarial and reception staff.

According to Public Health England information, the practice age profile has higher percentages of patients 65 to 79 years compared to the practice average across England. It has lower percentages of patients aged 20 to 40 years. Income deprivation affecting children and older people is higher than the local area, but in line with the practice average across England.

The practice is open between 8am to 1pm and 2pm to 6pm Monday to Friday. Appointments are on average available from 8.20am to 12.20 every morning and 2pm to 5.50 daily. The practice does not offer an extended hours service, however patients are seen when required with additional appointments made available daily. In addition to pre-bookable appointments that can be booked up to three months in advance, urgent appointments are also available for people that need them.

The practice holds a Personal Medical Service (PMS) contract to provide GP services to approximately 7,770 registered patients, which is commissioned by NHS England. A PMS contract is a nationally negotiated contract to provide care to patients. In addition, the practice also offers a range of enhanced services commissioned by their local CCG: facilitating timely diagnosis and support for people with dementia and extended hours access.

Out-of-hours care is provided by the NHS111 service.

Why we carried out this inspection

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

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 14 October 2016. During our visit we:

- Spoke with a range of staff and 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.

Detailed findings

- 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.
- Patient complaints were also treated as significant events to encourage and embed learning from patient feedback.
- The practice carried out a thorough analysis of the significant events to identify trends and make changes when necessary. A significant events matrix was maintained to ensure that incidents were reviewed in a timely manner.
- Significant events were discussed at whole team meetings and reviewed bi-annually.
- The practice recorded positive incidents as significant events, which were used to share good practice amongst the team.

We reviewed safety records, incident reports, patient safety alert, including those from the Medicines and Healthcare Products Regulatory Authority (MHRA), and minutes of meetings where these were discussed. There was a lead member of staff responsible for cascading and monitoring patient safety alerts, such as those from the MHRA. There were effective systems in place to ensure that reviews of patient safety updates from the MHRA were consistently undertaken and that appropriate and effective action was taken to keep patients safe.

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 clinical and a clinically administration support lead member of staff for safeguarding. The GPs and the administration lead attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There were cohesive systems in place to ensure families and vulnerable children were read coded on the computer system, including if they failed to attend a hospital appointment. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children with additional training for safeguarding adults scheduled that was relevant to their role. GPs and the administrative safeguarding lead were trained to child protection or child safeguarding level three. We saw that the administration safeguarding lead held regular meetings with health visitors and other local health providers and services.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There was a comprehensive programme of medicine audits at the practice and there were systems in place to ensure patients received the appropriate monitoring required with high risk medicines. Medicines were stored securely in the practice and access was restricted to relevant staff. Nursing staff checked the temperatures in the medication fridges daily which ensured medicines

Are services safe?

were stored at the appropriate temperature. Nursing staff knew what to do in the event of a fridge failure. 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 direction from a prescriber. Blank prescription forms were held securely on arrival in the practice and records were held of the serial numbers of the forms received. The practice had a process in place for tracking prescription stationery through the building.

- We reviewed six 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. The practice had up to date fire risk assessments and carried out 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.

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 99% of the total number of points available with a 10% exception reporting rate which was 0.3 percentage points below the CCG average and one percentage point above the national average, (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). Following our inspection we saw that the practice had achieved 99% of the total number of points available for 2015 to 2016 with an 11% exception reporting rate which was in line with local and national averages.

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

- Performance for diabetes related indicators was better in comparison to the CCG and national average, with the practice achieving 100% across all indicators. This was ten percentage points above the CCG average and the national average. Exception reporting was in line with CCG and national averages.
- Performance for mental health related indicators was also better in comparison to the CCG and the national

averages. With the practice achieving 96% across each indicator, this was four percentage points above the CCG average and the national average. Exception reporting was in-line with local and national averages.

- Performance for asthma, cancer, chronic kidney disease, dementia, depression, epilepsy, heart failure, hypertension, learning disability, osteoporosis, palliative care, peripheral arterial disease and rheumatoid arthritis were all above or in-line with CCG and national averages with the practice achieving 100% across each indicator.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. Clinical audits demonstrated quality improvement. Clinical audits had been completed in the last year; two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit of antibiotic prescribing in respiratory tract infections, which had led to the review of practice policies for antibiotics and a change in the practice drug formulary.

The practice had made use of the Gold Standards Framework for end of life care. It had a palliative care register and held regular meetings to discuss the care and support needs of patients and their families with all services involved.

The practice participated in non-clinical audits including data quality, patient feedback, infection control, cleaning standards, minor surgery outcomes and appointment schedules. The practice also took part in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered topics including 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

Are services effective?

(for example, treatment is effective)

training which had included an assessment of their 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. For example the two health care assistants were undertaking the National Vocational Qualification (NVQ) level 4, supported by the practice. Staff received ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal in the past 12 months.

Coordinating patient care and information sharing

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

• This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The multidisciplinary coordinator liaised between other health care professionals and meetings took place on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice clinical administration support lead maintained a number of chronic disease data bases and chronic disease registers. They ensured that when required letters were sent to patients to recall them for reviews and results of tests, flags or icons were added to patient records to alert clinicians or staff of patients' needs and where appropriate tasks were sent to clinicians to update them.

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.
- 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 including diabetes and those requiring advice on their diet, drug and alcohol consumption, and smoking cessation. Patients were signposted to the relevant service. Once the practice was notified of a patients discharge from hospital, the reception team contacted all patients following their discharge to establish if further care was required.

The practice's uptake for the cervical screening programme was 69%, which was slightly below the CCG average of 72% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The bowel cancer screening rate for the past 30 months was 54% of the target population, which was slightly below the CCG average of 59% and the national

Are services effective?

(for example, treatment is effective)

average of 58%. The breast cancer screening rate for the past 36 months was 78% of the target population, which was above the CCG average of 74% and the national average of 72%.

The practice had identified 54 patients with a learning disability on the practice register. 35 of these patients had received a health check with invitations sent to the remaining 19 patients. The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 82% this was below the CCG average of 87% and the national average of 88%. Of the 40 patients identified as experiencing poor mental health on the practice register, 13 had been invited for a health check, 11 had received a health check in the past twelve months with appointments scheduled for the remaining patients. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 71%, which was below the CCG and the national average of 84%. At the time of our inspection the practice had invited 51 patients identified as having dementia for a health check, of these 27 had a care plan in place and had undergone a review since April 2016, eight patients had an admission avoidance plan in place and 18 patients were scheduled for a review of their care plan. The practice referred patients to various support services as required.

The practice had administered flu vaccinations to 77% of patients aged over 65 years old and 70% of patients on the practice at risk register during the 2015 to 2016 flu vaccination clinics. The practice reported an uptake of 26% of patients over 65 and 19% of patients on the at risk register had received a flu vaccine for the current 2016/2017 flu campaign at the time of the inspection.

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

childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% which is comparable to the CCG average of 95% to 99% and five year olds from 95% to 99% which is comparable to the CCG average of 88% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice uptake for NHS health checks for 2014/2015 had been 896 patients invited with 353 undergoing a health check, and for the year 2015/2016, 305 patients invited with 140 undergoing a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice also facilitated health checks for older patients who were not reviewed as part of other chronic disease checks.

The practice facilitated 'rescue packs' (these are pre-prescribed anti-biotics) for patient with chronic obstructive pulmonary disease to reduce exacerbation of their condition and the potential for admission to hospital.

The practice had identified a high proportion of obesity within the patient population (14%) compared to the local average of 7% and the national average of 8%. We were told this was a local issue which created an increased chronic disease prevalence and a high impact on local primary and secondary care services. As a consequence the practice facilitated a health trainer and actively promoted their role to patients. The trainer provided a range of services to promote a healthier life style. These included chair based exercises for less mobile patients, a walking group and healthy shopping trips to advise patients on how to improve weight management. The practice referred all pre-diabetic patients identified to the health trainer with an aim to reduce the onset of diabetes.

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 knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Nine of the ten patient Care Quality Commission comment cards we received were positive about the service experience; one card contained negative feedback which we discussed with the practice. However one card also raised concerns regarding staff requesting information when making an appointment, another card stated they felt they weren't always listened to when they saw a GP. Patients said they felt the practice offered an excellent service, staff were helpful, caring and treated them with dignity, we were told they were always given sufficient time with clinicians' and they were treated with consideration and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We were told the practice made every effort to ensure patients were seen. Comment cards highlighted that nothing was too much trouble and 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:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.

- 91% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national average of 85%.

90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and the national average of 91%.

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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.

Results from the National GP Patient Survey published in July 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:

- 94% of patients 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%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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 162 patients as

carers (2% of the practice list). We were told that 90 carers had undergone an annual health review for a chronic condition. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

The practice facilitated a room for a patient-led choir. This was open to patients from any practice as a therapeutic event and was a popular and well attended group. The choir attended local nursing homes to sing for less able patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice piloted the electronic prescription service locally which was subsequently adopted by the locality. This allows patients who work away to pick up medication closer to their place of work.

In addition:

- 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 portable hearing loop and translation services available.
- A wide range of patient information leaflets were available in the waiting area including NHS health checks, services for carers and promotion of mental health awareness.
- The practice provided a range of nurse-led services such as management of asthma, and spirometry clinics, weight management, diabetes and coronary heart disease, wound management, smoking cessation clinics and minor illness advice. Chronic disease appointments were available at a time that was convenient to patients.
- The practice offered in-house diagnostics to support patients with long-term conditions, such as blood pressure machines, electrocardiogram tests, spirometry checks, blood taking, health screening, minor injuries and minor surgery.
- Hypertension clinics were available and the practice provided home loan blood pressure monitors in order to improve the care of patients.
- The practice supported the management of leg ulcers, minor injuries; post-operative wound care, learning disability health checks.

- The practice identified and visited the isolated, frail and housebound regularly. Chronic disease management was provided for vulnerable patients at home and the practice was active in developing care plans and admission avoidance strategies for frail and vulnerable patients.
- The practice provided general medical services to a total of 130 patients across three local nursing and care homes, with 74 patients in one residential home. There were named GPs who undertook ward round weekly and maintained daily contact with the homes to review patients' medications.
- Telephone appointments were available for patients if required. The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- The practice hosted other services from the surgery including a weekly midwifery service, weekly health visitor services, a health trainer and the drug and alcohol service. Other services included newly developed pain support group and the practice were due to instigate a breast cancer support group from the practice.
- The practice website provide links to on-line services such as; booking and cancelling appointments, prescription ordering, notifying changes to patients records, online access to records and electronic prescriptions.
- The practice also provided NHS Health Checks, emergency contraception, family planning, sexual health advice, weight management and smoking and drug misuse guidance.
- The practice provided long term contraception fitting service for the local area.
- A breastfeeding and quiet room was available for patients to use as required.

Access to the service

The practice was open between 8am to 1pm and 2pm to 6pm Monday to Friday. Appointments were on average from 8.20am to 12.20 every morning and 2pm to 5.50 daily. The practice did not offer an extended hours service, however we were told patients were seen when required with additional appointments made available each day. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG and the national average of 78%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. However patients we spoke with commented that it was sometimes difficult to get through to the practice on the telephone in the morning. The practice told us that they were in the process of reviewing the telephone system and were investigating a menu/call waiting facility to ensure patients were aware their call would be dealt with. The practice were also reviewing their appointment system with the view to improve access, in particular same day appointments' which we were told were in high demand. An audit on the demand on appointments in 2015 had identified 388 patients with more than ten medications, creating a demand of 5,154 appointments and 689 home visits. The practice continued to review and audit its appointments system.

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.

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.

We saw that information was available to help patients understand the complaints system on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed in the waiting area. Reception staff showed a good understanding of the complaints' procedure.

We looked at documentation relating to a number of complaints received in the previous year and found that they had been fully investigated and responded to in a timely and empathetic manner. Complaints were shared with staff to encourage learning and development.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

The practice had identified future challenges including local disinvestment, increased demand on its chronic disease services and local increased population. There was a proactive approach to succession planning in the practice. The practice had clearly identified potential and actual changes to practice, and made in depth consideration to how they would be managed.

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. Staff told us the partners were approachable, friendly and supportive.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. 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 people reasonable support 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 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. We noted the team also held regular social events, such as a Christmas party. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient association group and through surveys and complaints received. All patients were automatically members of the Riverside Patient Association and were able to attend the bi-monthly meetings. The association met regularly, carried out a range of fund raising activities that provided benefits to patients. These included the digital display consul in the waiting room, two high backed chairs for patients in the waiting area, large cuffed blood pressure machines, a nebuliser, 12 waterproof pillows for treatment couches, headlights for minor surgery, a dermatoscope (equipment used to examine the skin) and a bariatric examination couch (this is an examination couch which supports the needs of larger patients). In addition the patient association had funded a piano which was located at the practice for the benefit of the patient-led choir. The choir was open to patients from any practice as a therapeutic event and had performed at local nursing homes.
- Members of the practice patient association attended practice flu clinics and provided tea and coffee for patients along with discussion and guidance about the services the association provided.
- The patient association worked with the practice to produce a bi-monthly newsletter for patients. This included

Are services well-led?

Good 

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

important health information such as flu clinic dates, practice news and links to local organisations. The newsletter was available in the practice waiting room area and on the practice website. Older issues were also available on the practice website.

- Where patients gave their consent and a current email address the practice sent emails relating to the practice. These included newsletters, flu clinic dates and patient surveys.
- Friends and Family survey results showed that 93% of patients, who responded, were likely or extremely likely to recommend the practice to friends or family. This was above the national average of 88%.
- The practice had also gathered feedback from staff through staff meetings, appraisals, discussion and away days. Staff told us they would not hesitate to give feedback

and discuss any concerns or issues with colleagues and management. Staff told us that they felt empowered by management to make suggestions or recommendations for practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example; the practice took part in NHS supported research studies. One practice nurse was due to become the practice research nurse and the practice had obtained a grant to fund their position.

The practice was a teaching practice and occasionally taught medical students, was in the process of taking student nurses for primary care placements and encouraged the skill development of the nursing team including supporting health care assistants to achieve level four national vocational qualification (NVQ).