

Dr G C Ord-Hume and Partners

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focussed inspection at Dr G C Ord-Hume & Partners on 11 August 2016. Overall the practice is rated as good.

At our previous inspection on 22 December 2015 we found that the practice was rated overall as inadequate and was placed into special measures.

Our key findings were that improvements were required to:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure that a robust system is in place for the review and action of pathology results.
- Carry out full clinical audits and re-audits to improve patient outcomes.
- Ensure new and existing staff receive the training, learning and development necessary for them to fulfil the requirements of their role, including training in adult safeguarding.
- Ensure an infection control audit is undertaken, and that any subsequent areas identified for improvement are actioned.

- Ensure work to minimise risk from legionella infection is carried out.
- Address the patient survey results to improve the patient experience and apply understanding to the future direction of the practice.

We inspected the practice on 11 August 2016 to check that they had followed the action plan they had submitted and to confirm that they now met legal requirements.

Our key findings across all the areas we inspected on 11 August 2016 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 managed. A member of staff had started to make assessment of the practice for health and safety but the records were not fully completed with evidence of any actions taken.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.
- A more robust system and checklist has been put in place to ensure that appropriate recruitment checks were carried out for all staff. This was overseen by the practice manager. A risk assessment had completed been for current staff without references who had previously worked for the surgery and taken a career break. All staff records now contained photographic identification. From January 2016 a checklist was put in place in all new staff files ensuring that all necessary checks are carried out.

- A thorough assessment of the practice's infection control had been carried out with input from the clinical commissioning group.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

A full health and safety risk assessment of the practice is required along with any action that is needed to take place to ensure that the premise is safe for patients and staff members. This had been commenced and should be completed.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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, 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 however the policy needed to be a safeguarding policy specific to the to the practice.
- Risks to patients were assessed and had started to be managed. A member of staff had started to make assessment of the practice for health and safety but the records were not fully completed with evidence of any actions taken.

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 comparable to the 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.
- 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 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.

Summary of findings

- 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 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.
- 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.

Good



- 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 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 focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice has a health care assistant trained for the care of older patients.
- The practice had multi-disciplinary team meetings with other healthcare professionals to review the needs of older people and coordinated anticipatory care plans with out of hours and secondary care services to manage patients at the end of life.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 92% of patients with diabetes, on the register, who have had influenza vaccine in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) which is comparable than the national average of 95%.
- 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.

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- 75% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015), which is lower than the national average of 82%. The practice was aware that they were not achieving the desired target level for cervical smears. The practice told us that they continually chased up patients by letter and telephone and had recently trained a new nurse to assist with the screening, increasing their capacity to perform smears.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients 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.

Good



Summary of findings

- 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.

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 living with dementia).

- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average at 84%.
- 69% 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 (01/04/2014 to 31/03/2015) which is lower than the national average of 89%. This was an area that the practice had worked to increase the number of care plans. The practice provided up to date figures which showed that in this area the practice was implementing actions to improve.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living 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 those living with dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 362 survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the national average of 74%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice Friends and Family survey results were positive.

Dr G C Ord-Hume and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr G C Ord-Hume and Partners

Dr Ord-Hume and Partners, also known as Alma Medical Centre is located at 68 Alma Road, Portswood, Southampton, SO14 6UX.

The practice is based in a residential area of Portswood, Southampton and is housed in a Victorian era residential style building which the partners rent. The practice has five GP partners working 38 sessions per week in total, four GPs are female and one GP is male. There are also six practice nurses, one health care assistant and two phlebotomists, equivalent to 5.5 whole time equivalent members of staff. The clinical team are supported by a management team with secretarial and administrative staff. The practice is a teaching practice for medical students.

Dr Ord-Hume and Partners is part of NHS Southampton Clinical Commissioning Group (CCG) and provides services under a NHS General Medical Services contract. Dr Ord-Hume and Partners provides care to approximately 10,000 registered patients at this location. The practice population has a higher proportion of working age people (18-65 years) compared to the average for England. 59% of people registered at the practice have a long-standing

health condition, which is higher than the national average of 54%. Dr Ord-Hume and Partners is located in an area of average deprivation compared to the average for England. Practice staff report that approximately one third of the practice population do not speak English as a first language. The practice provides care for four care homes for patients with learning disabilities and provides medical care for patients in a local drug and alcohol rehabilitation unit.

The practice is open between 8.30am and 6pm Monday to Friday. The practice telephones and reception desk are open between these times. Appointments are from 8.30am to 1pm every morning and 2pm to 6pm daily. Extended hours surgeries are offered every Saturday between 9am and 1pm.

Dr Ord-Hume and Partners has opted out of providing out-of-hours services to their own patients and refers them to the Out of Hours service via the NHS 111 service. The practice offers online facilities for booking of appointments and for requesting prescriptions.

Since our previous inspection the practice has closed its branch surgery.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Ord-Hume and Partners on Tuesday 22 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe, effective and well led services and was placed into special measures for a period of six months.

Detailed findings

We undertook a further announced comprehensive inspection of Dr Ord-Hume and Partners on Thursday 11 August 2016. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

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 11 August 2016.

During our visit we:

- Spoke with a range of staff including GPs, the practice manager, receptionists and administrators 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.

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 living 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.

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 immediate significant event review was carried out with regards to unfilled pathology reports. This was an area that we had identified as high concern at our inspection in December 2015. The incident was referred to an NHS England Performance Advisory Group Panel. Following partnership discussions it was agreed that all pathology reports should be viewed within two working days and filed within five working days. Also all scanned letters should be actioned and filed within five working days.

Weekly audits had been carried out to ensure these goals were being met. A GP partner was responsible for carrying out the audits and ensuring that partners maintained the set standards.

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 although the policy in place had not been personalised to the practice and the policy needed to be a safeguarding policy specific to the practice.

- 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. GPs were trained to child protection or child safeguarding level 3.
- 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. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. A new infection control lead had been appointed within the practice and this member of staff had regularly met with the infection control lead of the clinical commissioning group.
- 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 medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow 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 two personnel files for staff recruited since our last inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). All members of staff that required a DBS check had had one carried out. The practice carried out a risk assessment for those staff that did not require a DBS check to demonstrate why one was not needed.

Monitoring risks to patients.

Risks to patients were assessed and appropriately 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 recently appointed a new member of staff who was responsible for health and safety. This person had started to look at risk in the practice and we saw that basic assessments had started to be recorded but were not complete. There was not a formal health and safety risk assessment in place and the documents we saw were not fully completed with evidence of any actions taken. For example the log did not show that the assessor had dealt with all the obvious significant hazards, taking into account the number of people who could be involved and the full details of action taken to minimise the risks. We were told that the member of staff was attending Health & Safety risk assessment training.

- The practice provided evidence that a fire risk assessment was being carried out by an external

company on 5 September 2016. The practice carried out regular fire drills and we saw logs of alarm checks and regular fire alarm testing. 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). Legionella checks were being made and records of water temperatures were being kept.

- 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 91% of the total number of points available. The practice had an exception rate of 12% which was comparable to the average for the clinical commissioning group (CCG).

This practice was not an outlier for any QOF (or other national) clinical targets.

The practice provided evidence to show that they were performing better in the area of diabetes care. In 2015/16 the unverified data demonstrated that the practice had increased its overall QOF score from 76% to 90%.

There was evidence of quality improvement including clinical audit.

- We were given information about 15 clinical audits completed since the last inspection. These were a mix of single and two cycle audits.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, as a result of a newly diagnosed patients with hypertension audit the practice distributed the NICE Guidelines on Diagnosing Hypertension to all GPs and nurses and home blood pressure readings should

be on at least four consecutive days. Reception staff were instructed to advise patients when they collect their machines, and kept a written copy of the advice with the machines.

- The practice had put in place a new process regarding unfiled pathology reports. This was an area that we had identified as high concern at our inspection in December 2015. Since our previous inspection weekly audits had been carried out to ensure these goals were being met. A GP partner was responsible for carrying out the audits and ensuring that partners maintained the set standards. This process was checked during our visit and found to be operating consistently and had improved monitoring and outcomes for patients.

Effective staffing.

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions such as diabetes and asthma.
- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. An

Are services effective?

(for example, treatment is effective)

annual programme of mandatory training had been implemented using blue stream training. The training modules were geared towards the roles of each member of staff and are carried out online, either in the practice or online. The practice manager oversaw the training to ensure that each member of staff undertook the required training. We were told that the staff had collectively completed 1353 modules in eight months since our last visit.

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 on-going care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment.

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice had weekly drop in health clubs held on a Wednesday. These were for healthy living and had a referral programme by GPs and nurses.
- The practice had weekly smoking cessation clinic lead by "quitters".

The practice's uptake for the cervical screening programme was 75%, which was below the national average of 82%. The practice was aware that they were not achieving the desired target level for cervical smears. The practice told us that they continually chased up patients by letter and telephone and had recently trained a new nurse to assist with the screening, increasing their capacity to perform smears.

The practice was also making an additional drive to encourage patients to attend for smears. This included:

- Posters.
- Addressing the practice recall system.
- Directly offering appointments to appropriate patients as they presented in reception.
- Offering Saturday appointments for cervical smears.
- Review status on a monthly basis.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Patients aged 60-69, screened for bowel cancer in last 30 months was 44% compared to a clinical commissioning group average of 55% and a national average of 58%. The practice was working to encourage more patients to take part in these screenings.

Childhood immunisation rates for the vaccines given were comparable to the Clinical Commissioning Group (CCG). Childhood immunisation rates for the vaccines given to under two year olds were between 75% and 99% compared to the CCG average of 77% to 99%. And for eligible five year olds were between 68% to 94%, compared to the CCG average of 94% to 100%.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

At our inspection in December 2015 we found that the practice was performing well in this domain and was rated as good.

At this inspection we again looked at the caring performance of the practice and found that it continued to perform well.

The practice had developed the following processes since our last visit.

- Learning Disability Health Checks- Personal invites and Saturday clinics.
- Dementia Training -New local dementia home has provided training
- Dementia training on line.

Respect, dignity, compassion and empathy.

- We observed that members of staff were courteous and very helpful to patients and treated patients 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and we observed them dealing with their needs appropriately.

Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey conducted in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to other practice averages for the majority of its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87% and national average of 88%.

- 83% said the GP gave them enough time compared to the CCG average of 85% and national average of 86%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 86%.
- 86% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 88% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Care planning and involvement in decisions about care and treatment.

Patients told us that 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.

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language, and we observed staff offering this service to patients. We saw notices in the reception areas informing patients this service was available. We observed staff speaking to patients in languages other than English. Practice leaflets were also available in different languages.

Patient and carer support to cope emotionally with care and treatment.

The practice kept a carers register and had over 4% of the practice patient population recorded as carers.

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, Marie Curie support for terminal illness, alcohol support groups, mental health awareness and diabetes support groups.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support. There was a system in the practice that alerted all staff to the death of a patient and the circumstances.

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 vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available including British Sign Language services for patients with hearing loss
- The practice also provided services for travellers who moved into the area during the summer. The practice welcomed these patients and the practice had arranged for midwives to meet with the travellers and give advice and help.

Access to the service.

The practice is open between 8.30am and 6pm Monday to Friday. The practice telephones and reception desk are open between these times. Appointments are from 8.30am to 1pm every morning and 2pm to 6pm daily. Extended hours surgeries are offered every Saturday between 9am and 1pm.

Dr Ord-Hume and Partners had opted out of providing out-of-hours services to their own patients and referred them to the Out of Hours service via the NHS 111 service. The practice offered online facilities for booking of appointments and for requesting prescriptions.

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.

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 74% of patients said they could get through easily to the practice by phone compared to the national average of 74%.

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

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.
- We saw that there were a large number posters displayed covering information across various services and summary leaflets were available.

We looked at complaints procedures and found that there were no changes since the previous inspection. We found these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. 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 now had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had created robust strategy and a supporting business plan which reflected the vision and values and it was regularly monitored. The practice had addressed succession planning within this extensive business plan looking towards the challenges they face in the future and has developed a number of models to sustain a viable practice.
- There has been a change in GP leadership which had helped drive required improvements. At the time of the last inspection the practice manager had been recently appointed. She had now had time to implement changes needed.

Governance arrangements.

The practice had created 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 since the last inspection:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Whilst there were mainly practice specific policies implemented the practice should continue to review and update policies. Policies were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice had commenced arrangements for identifying, recording and managing risks, issues and had started implementing mitigating actions. These should be continued with and recorded fully.
- The practice had reviewed the branch surgery and had decided to close it in order that patients were all seen at the main surgery and improve the quality of care for patients.

Leadership and culture.

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

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

The provider was aware of and had systems 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.
- 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.

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 engaged in a further patient survey in July 2016. The survey was carried out on 7 July 2016. 362 were sent out, 111 were sent back. This was a completion rate of 31%. The results showed that the practice was either above or comparable to other practice averages for the majority of its satisfaction scores on consultations with GPs and nurses.

Are services well-led?

Good 

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

The Family and Friends Test feedback for the period 1 April 2016 to 14 July 2016 showed that 80% of patients who took part in the survey were likely to recommend the practice and 9% were likely not to recommend the practice.

We saw details of patient engagement regarding automatic front doors. In April 2016 the practice met with two wheel chair users and discussed difficulties they were having with the front door and asked for their views on installing automatic doors. Following partnership discussions a sliding automatic door was felt most suitable and following approval from the owners to change the front door, this will be changed in the near future.

In July 2016 Dr Ord-Hume met with a patient to discuss hearing loops and how it could help patients with hearing difficulties. It was concluded that it would be beneficial and was promptly ordered for use on the front desk. It was installed and staff were given instructions as to how to use it.

- The practice rebranded its patient participation group in March 2016 and currently has 15 members. The practice was actively seeking feedback from PPG to improve services. The PPG met regularly to take initiatives forward. The PPG was currently planning patient feedback questionnaires.
- The practice sought assistance from local (Neighbourhood groups) to gain further members – both to extend membership and gain patients from various demographic groups who were under-represented. The practice should continue with these efforts to increase the numbers and involvement of the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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.

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 in:

- Governance – the practice had brought in clear accountabilities and effective processes to measure performance and address concerns aided by regular audits. This had improved outcomes for staff and patients.
- Leadership, culture and values – developing open and transparent cultures focused on improving quality by continued shared learning. The GP structure had developed and staff understood the values of the practice. The practice manager had time to improve learning in the practice; an example is the high number of training modules completed by staff since our last inspection.
- Staff and patient engagement – focusing on engaging all staff and valuing patients' views and experience. Staff told us that they felt better supported and engaged to improve the practice and the new patient participation group along with patients surveys were now in place
- The practice now ran a 'Virtual Practice Ward', where the practice's vulnerable patients were added, and then discussed twice monthly with the Community Care Team and Social Services. This contributed to improve outcomes for patients.