

Highcroft Surgery


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?		Requires improvement	
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 Highcroft Surgery on 16 March 2016. Overall the rating for the practice was rated as requires improvement and the practice was asked to provide us with an action plan to address the areas of concern that were identified during our inspection.

We carried out a second announced comprehensive inspection at Highcroft Surgery on 3 November 2016 in order to assess improvements and the outcomes from their action plan. The overall rating for this practice is good.

Our key findings were as follows:

- Following our previous inspection in March 2016, the practice submitted an action plan to address the legal requirements that the provider was not meeting. At our second inspection we observed that the action plan had been fully completed, and the practice was now meeting all legal requirements.
- Access to GP appointments remained a problem for patients. However, we noted the number of actions that the practice had instigated to improve patient experience in terms of access, and some of these

changes were still being embedded. We did receive some positive feedback from patients that we spoke with, and from our comment cards, that indicated that the situation was improving.

- The practice provided primary medical services to patients across a number of local care and nursing homes. Concerns were raised about the quality of this service at our inspection in March 2016. We spoke with managers at three homes in November 2016, who reported that the service had become more responsive and that communication channels had been improved. Whilst there were still some issues to be resolved, the general view was that improvements had been achieved.
- The practice worked with the wider multi-disciplinary team to plan and deliver care to keep some vulnerable patients safe. Feedback from community based staff was mixed in respect of the accessibility and responsiveness of some the practice team with regards to communication.
- Since our inspection in March 2016, the practice had appointed an advanced nurse practitioner who acted as the lead for patients with a learning disability. This led to a review of the service to ensure the practice was providing comprehensive annual health checks.

Summary of findings

We saw evidence that 56% of patients with a learning disability had received a review within the last three months, and plans were in place to achieve a review of all these patients within 12 months.

- Following concerns regarding pre-employment checks at our previous inspection in March 2016, the practice had assessed all existing and new staff to check if a Disclosure and Barring Service (DBS) check was required. (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). We observed that these had been completed at our inspection in November 2016, including those staff who had previously been appointed using DBS checks carried out by other organisations.
- The systems in place to support the reporting and recording of significant events had been strengthened since our previous inspection. Lessons were shared to ensure action was taken to improve safety in the practice.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care, and their interactions with all practice staff, was mostly positive. Patients said they were treated with dignity and respect by clinicians, and that they were usually

involved in their care and decisions about their treatment. The latest national GP survey (July 2016) demonstrated an increase in satisfaction by approximately 10% in respect of GP consultation experiences.

- The practice used clinical audits to review patient care and we observed example of how outcomes had been used to improve services as a result.
- The practice provided modern purpose-built facilities and was well-equipped to treat patients and meet their needs. Its co-location with a large number of other community health providers facilitated good patient access to a range of other services.
- The practice had a proactive patient participation group (PPG) who worked closely with the practice and helped to influence developments.

The areas where the provider should make improvement are:

- Continue to work towards improving the availability of non-urgent appointments.
- Strengthen the process for the management of alerts received from the Medicines and Healthcare Regulatory Agency (MHRA)
- Review the documentation of staff inductions and appraisals.

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?

At our previous inspection on 16 March 2016 we rated the practice as requires improvement for providing safe services as the arrangements for medicines management, pre-employment checks, and incident reporting required strengthening. The inspection on 3 November 2016 provided us with assurances that these issues had been addressed.

- The practice had updated systems for reporting and recording significant events. Lessons were shared to ensure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, people received support, information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice followed effective recruitment procedures to ensure all staff had received the appropriate pre-employment checks.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients and staff were assessed and well-managed including procedures for infection control and other site-related health and safety matters. For example, the practice had a designated infection control lead who undertook regular audits and took action to address any issues that were identified.
- Risks to vulnerable patients with complex needs were monitored by multi-disciplinary team meetings to provide holistic care and regular reviews.
- The management of medicines on site had been improved significantly since our previous inspection, with effective systems to monitor and control stock levels.
- Actions were taken to review any medicines alerts received by the practice to ensure patients were kept safe. However, this process lacked overall co-ordination and the practice identified a lead GP who would fulfil this role.
- The practice had effective systems in place to deal with medical emergencies.

Good



Are services effective?

At our previous inspection on 16 March 2016 we rated the practice as requires improvement for providing effective services as some tasks required strengthening to enhance patient care. This included

Good



Summary of findings

annual health reviews for patients with a learning disability, and the routine monitoring of patients with a long-term condition which had been affected by the loss of nursing staff. The inspection on 3 November 2016 provided us with assurances that these issues had been addressed.

- The practice had achieved an overall figure of 93.9% for the Quality and Outcomes Framework in 2015-16. This was in line with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance, and had regular clinical team meetings.
- Patients received regular reviews of their condition to ensure their needs were being fully met. The practice had revised its procedures for reviewing patients with a long-term condition and those with a learning disability, and these were working effectively.
- Clinical audits were used to ensure ongoing quality improvement and patient safety.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a process to support the training and development of all practice staff.
- The skill mix and capacity of the practice team was kept under review to meet the changing demands upon GP practices. For example, two full-time advanced nurse practitioners had commenced working in the practice team since our previous inspection.
- New starters received an induction and annual appraisals were in place for staff. However, supporting documentation needed strengthening to provide clearer evidence that this has been fully completed.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs, in order to deliver care more effectively. Monthly meetings with wider members of the healthcare team were held to review more complex and vulnerable patients.

Are services caring?

At our previous inspection on 16 March 2016 we rated the practice as requires improvement for providing caring services as the service delivered to care homes had raised some concerns. We also received feedback from patients that members of the practice team did not always treat patients with dignity and courtesy. The inspection on 3 November 2016 provided us with assurances that these issues had been addressed.

Good



Summary of findings

- The most recent results from the National GP Patient Survey in July 2016 showed that patient satisfaction with regards to GP consultations had increased. This included patients being given sufficient time to explain their problems, being listened to by the GP, and being treated with care and concern, which had all improved on average by 10%
- Patients we spoke with on the day of our inspection and feedback we received within comment cards mostly reflected a caring approach from the practice team.
- We observed that staff treated patients with kindness and respect on the day of our inspection.
- The practice team would usually contact bereaved relatives and carers to offer condolences and support, including signposting to appropriate services such as bereavement counselling.
- The practice had a carers champion to assist in the identification and support for carers. The practice had identified 1.3% of their registered patients as being carers.
- Staff had raised £240 for a breast cancer charity by participating in a 'Wear It Pink' event in October 2016.

Are services responsive to people's needs?

At our previous inspection on 16 March 2016 we rated the practice as requires improvement for providing responsive services as the arrangements for access were not conducive to creating a positive experience for patients. These arrangements had improved when we undertook a follow up inspection of the service on 3 November 2016, although we observed that some improvement plans were ongoing, and other changes required longer to become embedded in order to impact significantly on patient experience.

- Since our inspection in March 2016, the reception desk had revised its opening time to 8am to improve access and support patients to come into the surgery before work. Previously the reception desk had opened at 8.30am although telephone calls had been taken from 8am. However, we still observed queues throughout the day at reception.
- Feedback from comment cards and from a small number of patients we spoke to during the inspection were negative about their experience in contacting the surgery and in obtaining routine appointments.
- The practice had worked to improve their telephone system and reduce waiting times for incoming calls to be answered.

Requires improvement



Summary of findings

Options were now provided to direct callers to the right person with regular updates to inform them of their position in the queue. The practice had also increased the number of staff available to answer telephones during their busiest periods.

- The practice had continually revised their appointment system and offered on-the-day appointments to see an advanced nurse practitioner as an alternative to seeing a GP.
- We received some mixed opinions from community based staff who described that it could be difficult to access some GPs, and that they did not always receive a response when a message had been left.
- The practice provided modern facilities and was well-equipped to treat patients. The practice was located on the upper floor of a health centre which offered a range of other services including an independent pharmacy.
- Information about how to complain was available and easy to understand, and the practice responded appropriately when issues were raised. Learning from complaints was shared with staff to improve the quality of service.

Are services well-led?

At our previous inspection on 16 March 2016 we rated the practice as requires improvement for providing well-led services as internal governance arrangements required strengthening. This included having a system of regular practice and clinical staff meetings which were supported by documentary evidence. The inspection on 3 November 2016 provided us with assurances that these issues had been addressed.

- The practice had a vision and mission statement accompanied by a practice development plan. Regular business meetings ensured effective oversight of key management issues and practice developments.
- The practice engaged with the CCG and worked with other practices within their locality.
- The practice had developed a range of policies and procedures to govern activity
- The practice had regular clinical and staff meetings evidenced by documented minutes.
- There was a clear staffing structure in place. Staff told us that morale had improved within the practice since our previous inspection and that management were accessible and supportive.
- The practice had an active patient participation group (PPG) who were influential in championing patient views whilst being supportive to the practice.

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

At our previous inspection in March 2016, we rated the practice as requires improvement for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings applied across all the population groups we inspected. The improvements that were noted at our inspection in November 2016 led to all population groups to be rated as good.

- The practice offered personalised care to meet the needs of older people. Monthly multi-disciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs.
- The practice accommodated the needs of older people, and offered home visits, longer appointments, and urgent appointments for those who needed them.
- A recently appointed advanced nurse practitioner was experienced in the care of older people and the management of multiple health conditions. The nurse worked with the local community health care of the elderly physician, and undertook regular reviews of patients with complex needs to reassess their treatment plans and needs, including prescribed medicines.
- The practice provided primary medical services to approximately 70 residents within a number of local care homes for older people.
- Uptake of the flu vaccination for patients aged over 65 was 68%, which was slightly below local and national averages (71.7% and 70.5% respectively).

Good



People with long term conditions

At our previous inspection in March 2016, we rated the practice as requires improvement for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings applied across all the population groups we inspected. The improvements that were noted at our inspection in November 2016 led to all population groups to be rated as good.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice had revised their patient recall system since our previous inspection in March 2016, and had created a process on their computer to generate appointments

Good



Summary of findings

that were tailored to each individual's needs. Multiple conditions were now reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- Electronic templates ensured all patients received a structured and consistent approach to ensure their needs were met. We saw an example of how the practice had devised a computer based tool for hypertension to ensure all the relevant data was captured and linked to relevant health information which could be printed out for the patient.
- The annual review included surveillance for diabetes, depression and dementia, and carers were actively identified and offered an assessment. The review was also used to promote self-care and to signpost or educate patients on the management of their condition.
- Clinical staff would review patients at home if they were housebound or lived in a residential or nursing home.
- For those patients with the most complex needs and associated risk of hospital admission, the practice team worked with health and care professionals to deliver a multidisciplinary package of care.
- The local diabetes nurse specialist attended the practice to undertake joint clinics with the practice nurse to review patients with more complex needs, and undertook the initiation of insulin treatment in the community. Links were established with other specialist nurses such as the respiratory nurse to access expert advice and support when indicated.
- QOF achievements for clinical indicators were mostly in line with local and national averages. However, the practice achieved 78.5% for diabetes related indicators, which was 9.7% below local averages, and 11.4% below the national average. This was a reflection on the loss of many nursing staff last year. However, we observed that new staff were addressing the situation effectively and that outcomes were on course to show significant improvements by the end of the current year.
- All patients had a named GP and an advanced nurse practitioner led the on the management of patients with advanced or multiple care needs.

Families, children and young people

At our previous inspection in March 2016, we rated the practice as requires improvement for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings applied across all the population groups we inspected. The improvements that were noted at our inspection in November 2016 led to all population groups to be rated as good.

Good



Summary of findings

- Same day appointments were provided for babies or children who were unwell, and
- The practice provided ante-natal care in conjunction with the midwife, and undertook new born and six-week baby checks.
- The practice had an identified lead GP for child safeguarding. The health visitor attended a monthly meeting with the lead GP, practice nurse, and practice manager to review and discuss any child safeguarding concerns.
- Immunisation rates were mostly in line with, or above, local and national averages for all standard childhood immunisations.
- Nurse led clinics provided contraceptive services and advice. The community health service provider held evening clinics within the building once a week to enable access to a full range of family planning services.
- Patient toilets displayed information on sexually transmitted infections and the practice worked closely with the local teams for sexual health.
- The premises were suitable for children and babies. A child's play area was available in the waiting area. The environment provided easy access for young mothers with prams and pushchairs.
- The practice had baby changing facilities, and a play area was available for children. The practice welcomed mothers who wished to breastfeed on site, and offered a private room to facilitate this if requested.

Working age people (including those recently retired and students)

At our previous inspection in March 2016, we rated the practice as requires improvement for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings applied across all the population groups we inspected. The improvements that were noted at our inspection in November 2016 led to all population groups to be rated as good.

- Pre-bookable telephone consultations and advice were offered each day, so that patients did not always have to attend the practice for a face-to-face consultation. The practice also offered same day call backs as part of their telephone triage service.
- The practice offered on-line booking for appointments and requests for repeat prescriptions. Participation in the electronic prescription scheme meant that patients on repeat medicines could collect them directly from their preferred pharmacy.
- Extended hours appointments with GPs and the nursing team were available on two evenings each week until 7.30pm.

Good



Summary of findings

- The practice provided NHS health checks for 40-75 year olds to identify any potential health problems and promote healthy lifestyles.
- The practice's uptake for the cervical screening programme was 88.3%, which was slightly higher than the CCG average of 86.2% and above the national average of 81.8%. Breast cancer screening rates were comparable to local averages.
- Flu clinics were offered at a weekend and in the evening to improve access to vaccinations for working patients.

People whose circumstances may make them vulnerable

At our previous inspection in March 2016, we rated the practice as requires improvement for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings applied across all the population groups we inspected. The improvements that were noted at our inspection in November 2016 led to all population groups to be rated as good.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Homeless people and refugees could register with the practice.
- The practice regularly worked with multi-disciplinary teams and external organisations in the case management of vulnerable people. Patients and their carers were informed how to access various support groups and voluntary services.
- Since our previous inspection in March 2016, an advanced nurse practitioner had been appointed as the lead for patients with a learning disability. The nurse had worked in collaboration with the local learning disabilities specialist nurse to plan and co-ordinate comprehensive annual reviews for patients on the practice's learning disability register.
- The practice had a designated lead for safeguarding adults. Staff knew how to recognise signs of abuse in vulnerable adults, and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies during normal working hours and out of hours.
- The practice provided care and support for end of life patients, including advanced care planning to ensure that any care preferences were accounted for. Patients were reviewed in conjunction with the wider multi-disciplinary team and the practice worked within high quality standards for end of life care. The practice shared patient end of life care plans with other service providers to promote continuity of care and avoid unnecessary hospital admissions.

Good



Summary of findings

- We spoke with representatives from three care homes for older vulnerable patients who reported that the service had generally improved since our previous inspection in March 2016. The practice had undertaken review meetings with two care homes to discuss ways of improving the service, and had also invited others care home managers to participate in such meetings.
- Double appointment could be booked to ensure sufficient time was available to discuss individual needs. For example, when patients required access to interpreter services. Subsequent appointments were usually allocated to the same clinician to ensure continuity.
- The practice had appointed a carers' champion and had created a carers' notice board in the waiting area.

People experiencing poor mental health (including people with dementia)

At our previous inspection in March 2016, we rated the practice as requires improvement for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings applied across all the population groups we inspected. The improvements that were noted at our inspection in November 2016 led to all population groups to be rated as good.

- 72.1% of people diagnosed with dementia had had their care reviewed in a face to face meeting during 2015-16. This compared to a CCG average of 88.5% and a national average of 84%.
- The practice actively screened for memory problems to detect early symptoms of dementia and referred patients to the memory clinic for further investigations. Advance care planning was incorporated into reviews for patients with dementia.
- The practice achieved 74.9% for mental health related indicators which was below the CCG average of 94% and the national average of 92.8%. The achievement in the previous year had been 100%. The practice explained that this was due to changes in staffing establishment, and that one of the newly appointed advanced nurse practitioners was now the nominated lead for mental health and was undertaking work to improve performance.
- The practice regularly worked with multi-disciplinary teams in the management of people experiencing poor mental health. This included the dementia outreach team to support patients in a care home setting.
- A Consultant Psychiatrist held a monthly outreach clinic, and a community psychiatric nurse ran a weekly clinic on site. This made access easier for patients within the local area

Good



Summary of findings

- The practice told patients experiencing poor mental health about how to access services including talking therapies and various support groups and voluntary organisations. Patients could self-refer to these services. Information was available for patients in the waiting area and the practice website to facilitate this.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016 and the results showed that the practice was performing below or in line with local and national averages. The negative responses generally related to access to appointments. A total of 230 survey forms were distributed and 111 were returned which equated to a 48% completion rate, and represented 0.8% of the registered practice population.

- 37% of patients found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 69% of patients found the receptionists at this surgery helpful compared against a CCG average of 87% and a national average of 87%.
- 69% described their overall experience of the surgery as good, compared against a CCG average of 84% and the national average of 85%.
- 64% of patients said they would recommend this surgery to someone new to the area compared to a CCG average of 78% and the national average of 78%.

Prior to our inspection we asked for CQC comment cards to be completed by patients. We received a total of ten

comment cards and eight of these contained positive feedback, three of which made specific reference to recent improvements including the service received from the reception team. One card contained mixed feedback, and one patient provided a negative response which related to the delay in being seen after their allocated appointment time.

We spoke with 12 patients during the inspection. We received positive feedback regarding individual consultations and patients told us they were treated with respect and given sufficient time to discuss their problems. However, ten patients said that they had experienced prolonged waits in having their telephone call answered. Some patients said they had not received call backs from the practice when these had been offered. Other comments included waits of between three to four weeks to obtain a routine GP appointment, experiencing long queues at the reception desk, long waiting times to see the doctor after their allocated appointment time, and some ongoing experiences of poor interactions with the reception team.

Highcroft Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service

Background to Highcroft Surgery

Highcroft Surgery is situated in Arnold in the Gedling borough to the north-east of the city of Nottingham. The practice is sited on the first floor within new purpose-built premises constructed in 2013, and is co-located with 21 other community based health care services and clinics. The building also incorporates an independent pharmacy.

The practice provides primary care medical services via a General Medical Services (GMS) contract commissioned by NHS England and Nottingham North & East Clinical Commissioning Group (CCG).

The practice is run by a partnership between four GPs (two male and two female GPs), one of the partners was a salaried GP. The partners also employ a female salaried GP.

The practice has two full-time advanced nurse practitioner posts, one of whom also acts as the chief nurse. There are three practice nurses and a fourth was due to commence post in December 2016. The nursing team was supported by a relief practice nurse to assist with administration duties, two health care assistants, and a phlebotomist. The clinical team is supported by a full-time practice manager

and assistant practice manager and a team of 21 administrative, secretarial and reception staff, including three apprentices. The practice employs three cleaning staff and a caretaker.

The registered practice population of 12,505 are predominantly of white British background, and are ranked in the fourth least deprived decile. The practice age profile is broadly in line with local and national averages, but has slightly higher percentages of patients aged 65 and over.

The practice opens from 8am until 6.30pm Monday to Friday. The majority of GP morning appointments times are available from 8.30am until 12.30pm; afternoon GP appointments are available between 3pm and 6pm. Extended hours surgeries to see a GP or a member of the nursing team are provided from 6.30pm to 7.30pm on Tuesday and Wednesday evenings.

The practice acts as a training practice for GP registrars (qualified doctors who are gaining experience of general practice) and also supports medical students as part of their placement within general practice. There was one GP registrar working at the practice at the time of our inspection.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to NEMS (the out of hour's provider) via the 111 service. Patients could also access the NHS Urgent Care Centre in Nottingham, which opens daily from 7am-9pm.

Why we carried out this inspection

We undertook a comprehensive inspection of Highcroft Surgery on 16 March 2016 as part of our new comprehensive inspection programme. The practice was

Detailed findings

rated as 'requires improvement' for providing safe, caring, effective, responsive, and well-led services. The concerns which led to these ratings applied across all the population groups we inspected.

We issued a requirement notice to the provider in respect of good governance, safe care and treatment and fit and proper persons employed. We informed the partners that they must provide us with an action plan by 10 June 2016 to inform us how they were going to address the issues of concern. An action plan was received from the practice.

We undertook a further comprehensive inspection of Highcroft Surgery on 3 November 2016 to check that the actions had been completed to address the requirement notice, and confirm that the provider was compliant with legal requirements. All of our reports are published at www.cqc.org.uk. This inspection was carried out following a period of six months to ensure improvements had been made and to assess whether the practice's ratings could be reviewed.

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

How we carried out this inspection

Before our inspection, we reviewed a range of information that we hold about the practice and asked other organisations including NHS England and NHS Nottingham North East CCG to share what they knew.

We carried out an announced inspection on 3 November 2016 and during our inspection:

- We spoke with staff including GPs, the practice manager, the assistant practice manager, an advanced nurse practitioner, a practice nurse and four reception and

administrative staff. In addition, we spoke with representatives from three local care homes regarding their experience of working with the practice team, and also with representatives from the local medicines management team and community matron/district nursing team. We also spoke with 12 patients who used the service, and the chair of the practice patient participation group.

- We observed how people were being cared for from their arrival at the practice until their departure, and reviewed the information available to patients and the environment.
- We reviewed ten comment cards where patients and members of the public shared their views and experiences of the service.
- We reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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 are provided for specific groups of people and what good care looks 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)

Are services safe?

Our findings

Safe track record and learning

At our previous inspection on 16 March 2016 we rated the practice as requires improvement for providing safe services as the arrangements for medicines management, pre-employment checks, and incident reporting required strengthening.

These arrangements had significantly improved when we undertook a follow up inspection of the service on 3 November 2016.

We observed that the management of significant events had been reviewed and there was an effective system in place for the reporting and recording of untoward events and near misses.

- There was an incident reporting form available on the practice's computer system.
- Seventeen significant events had been reported since our previous inspection in March 2016.
- Staff were able to explain the procedure they would follow to report an incident or near-miss. The practice team were encouraged to report incidents within a supportive 'no blame' culture.
- Completed forms were sent to the practice manager to assess the potential severity of the incident, and determine whether any urgent or remedial action was indicated to protect patients or staff.
- Completed incident forms were regularly reviewed at clinical and general staff meetings. Actions that were undertaken in response to an incident were discussed and learning was shared with the practice team. Forms included a three month review to ensure that all actions had been completed.
- Patients received an apology and appropriate support when there had been an unintended or unexpected incident. The practice informed us they would either meet with the individual concerned or write to them, depending on the particular circumstances involved.
- The practice reviewed events to consider any recurrent themes that may have emerged.
- We saw evidence of learning that had been applied following significant event. An example where learning had been applied included a missed visit to see a patient in a care home due to confusion in the details passed from reception to the GP. This led to changes in

which visit requests were documented and the introduction of a new visit template to capture key information prior to this being passed onto the duty GP electronically.

The practice's approach to information received from the Medicines and Healthcare Regulatory Agency (MHRA) was observed to be safe and we saw evidence that two recent alerts had been actioned appropriately. However, the systems in place required strengthening. Individual GPs ensured that they acted upon alerts, although there was no apparent overall co-ordination of the process via a nominated lead, or a clear auditable process to record the actions taken and the resulting outcomes. The practice had identified this issue recently and had nominated a GP to undertake responsibility for managing this process, including the development of a log to record each alert and the outcomes of actions taken.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local guidance. Practice safeguarding policies were accessible and up-to-date, and codes and alerts were used on the patient record to identify vulnerable children and adults. There were designated lead GPs for safeguarding both children and adults, who had received training at the appropriate level in support of their lead role.
- We saw evidence of an ongoing two-cycle audit to review the coding and status alerts for children on child protection plans. This was intended to ensure that effective identification systems were in operation and that concerns were shared with the relevant professionals involved in the child's care. The first cycle audit had highlighted areas for improvement and we saw that these had been actioned or were in progress and would be reviewed in a second cycle audit in 2017. An example of how this had impacted on care included the development of an internal system to identify and follow up children who were living in disadvantaged circumstances and were deemed to be at risk. Practice staff were able to view a screen on the computer that collated indicators of potential concern such as high non-attendance rates and visits to Accident and Emergency departments. This allowed easy access to key

Are services safe?

information in one place to ensure clinicians were able to actively monitor cases, and share this with appropriate professionals to protect vulnerable children.

- A health visitor attended a monthly meeting with the lead child safeguarding GP, nurse and practice manager to discuss any child safeguarding concerns. These meetings were documented and were accessible to other clinicians within the practice.
- Vulnerable adults were monitored by the practice team and were reviewed as part of a monthly multi-disciplinary meeting.
- Staff demonstrated they understood their responsibilities for safeguarding and all had received training relevant to their role.
- A notice in the reception and the consulting rooms advised patients that a chaperone was available for examinations upon request. Members of the reception and administration team had received training in support of this role, and staff who undertook chaperoning duties had received an enhanced disclosure and barring check (DBS check)
- We observed that the practice was maintained to high standards of cleanliness and hygiene. A practice nurse was the identified infection control clinical lead. The nurse had completed annual infection control e-learning but had not undertaken any additional specialist training to support the lead role. However, this was because of ongoing training commitments, and we were assured that appropriate training would be sourced in the near future. The nurse had completed quarterly infection control audits since their appointment in March 2016, and we saw that action plans had been developed and completed to address any areas that required improvement. The practice had established links with their local Infection Prevention and Control Team (IPCT), and the IPCT had undertaken a comprehensive infection control audit in August 2016. This resulted in a further action plan and we observed that the practice had successfully completed most of these actions, whilst others were still in progress. A range of infection control policies were in place including the storage and management of vaccines and the management of sharps injuries. Staff received information on infection control as part of new starter

inductions, and on-line training was available. The practice nurse had arranged training on effective hand-washing techniques for the practice team later in the year.

- The practice directly employed their own cleaning staff and had developed cleaning schedules with monitoring in place to ensure high standards were maintained.
- We saw evidence that clinical staff had received vaccinations to protect them against hepatitis B.
- At our previous inspection in March 2016, we found that the practice was not compliant with regards to pre-employment checks for new staff. During our inspection in November 2016, we reviewed four staff files and found that the necessary recruitment checks had been undertaken prior to commencing work with the practice. For example, proof of identification, qualifications, registration with the relevant professional body and the appropriate checks through the DBS. The practice planned to renew DBS checks for all staff on a three-yearly basis.

Medicines management

- The arrangements for managing medicines in the practice, including emergency medicines and vaccinations were safe.
- At our inspection in March 2016, we observed that a number of medicines were kept in an unlocked cupboard in one of the treatment rooms. These were in date but were not required within a general practice setting. We saw that the issue had been fully addressed during our inspection in November 2016. Medicines that were not required had been disposed of safely, and the stocks maintained within the practice were secure. Robust procedures had been put in place for signing these medicines in and out of the store with monthly stock checks that included expiry date checks.
- Prescription pads were not used in the practice and arrangements for the control of electronically produced prescriptions were safe.
- There was a process in place to support the safe issue of repeat prescriptions. Since our previous inspection, the practice had appointed designated prescription clerks, headed by a dedicated lead. The clerks would process prescription requests and check for any issues using a specific checklist available on the computer. If there were no issues, the prescription request would be generated and passed onto a GP for authorisation, but if

Are services safe?

concerns were identified these were notified immediately to the GP to make a decision about whether to authorise prior to being printed. We viewed this system and saw that it was being used effectively.

- Effective systems were in place to monitor patients prescribed high-risk medicines. We viewed a record of a patient being monitored under shared care guidance and observe this was being managed appropriately in accordance with protocols.
- Signed and up-to-date Patient Group Directions were in place to allow nurses to administer medicines in line with legislation, and healthcare assistants administered medicines against a patient specific prescription or direction from a prescriber.
- Uncollected prescriptions were monitored on a quarterly basis (or monthly for controlled drugs). Prescriptions were destroyed after this time and marked as uncollected on the patient's record. If an uncollected prescription was deemed as being significant, the prescription clerk would liaise with a GP to see if any follow up actions were required with the patient concerned.

Monitoring risks to patients

- There was a health and safety policy available and there were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a completed fire risk assessment which had resulted in a comprehensive action plan being developed. We observed that this had been updated to record progress of the actions completed. The practice carried out regular fire training including trial evacuations. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was validated to ensure it was working properly. The practice had risk assessments in place to monitor safety within the premises such as the control of substances hazardous to health 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. At our previous inspection in March 2016, some staff told us that staff shortages had created stress which had impacted upon their work. However, the practice had appointed a number of new staff since March, including some relief staff, and staff told us that the situation was now much better. The practice were using locum GPs on a regular basis and had safe systems in place to accommodate them. However, they were reviewing options for the future in terms of potentially increasing their medical or advanced nurse practitioner establishment.

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 and patient areas which alerted staff to any emergency.
- Staff had received annual basic life support training. This had last been undertaken in October 2016.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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.
- The practice had a comprehensive business continuity plan, last updated in June 2016, in place for major incidents such as power failure or building damage. Copies were kept off site and with neighbouring practices should the premises become inaccessible.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 16 March 2016 we rated the practice as requires improvement for providing effective services as some tasks required strengthening to enhance patient care. This included the completion of annual health reviews for patients with a learning disability, and the monitoring of patients with a long-term condition which had been affected by the loss of members of the nursing team.

These arrangements had significantly improved when we undertook a follow up inspection of the service on 3 November 2016.

Effective needs assessment

The practice had systems in place to keep all clinical staff up to date, including a monthly clinical staff meeting. The practice considered relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) guidelines, and local guidance, for example, in relation to prescribing.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 for 2015-16 were 93.9% of the total number of points available (which was comparable to the CCG average of 95.9% and the national average of 95.4%, with 8.8% exception reporting which was in alignment with average and national averages (exception reporting rate is the number of patients which are excluded by the practice when calculating their achievement within QOF). QOF data from 2015-6 showed;

- The practice achieved 100% for indicators relating to atrial fibrillation (an irregular heart rate). This was 2.9% above the local average and 3.2% higher than the national average.
- Performance for diabetes related indicators at 78.5% was below the CCG average of 88.2% and the national average of 89.9%. Exception reporting rates for the eleven individual indicators within diabetes were generally in alignment with local and national averages.

The practice had achieved 92.8% in 2014-15 and the decrease was explained by the loss of nursing staff towards the end of the year. New nursing staff were now in post and were working well to increase the achievement within the current year.

- The achievement of 74.9% for mental health related indicators was below the CCG average of 94% and the national average of 92.8%. However, the practice had lower levels of exception reporting for patients. The practice had achieved 100% in 2014-15 and the decrease was explained by the loss of nursing staff towards the end of the year.
- 72.1% patients with a diagnosis of dementia had their care reviewed in a face to face consultation in the preceding 12 months. This was 16.4% lower than the CCG average and 11.7% below the England average. Exception reporting rates were marginally lower than local and national averages.
- A recently appointed advanced nurse practitioner was the mental health and dementia lead and was working with patients to increase the achievement for these two patient groups within the current year.
- 82.5% patients with chronic obstructive airways disease (COPD) had been reviewed using the Medical Research Council dyspnoea scale to assess the extent of breathlessness. This was 7% below local and national averages with exception reporting rates at 10% higher than averages. This was again explained by the loss of members of the nursing team in early 2016, but the team had undertaken successful recruitment and were on track to address the areas of lower performance.

Clinical audits demonstrated quality improvement.

- Four audits had been undertaken since our previous inspection in March 2016, including two ongoing full cycle audits. Improvements were implemented following audit and monitored to improve services. An example of an ongoing two cycle audits included compliance with NICE guidance on the prescribing of statins (a group of medicines that help to lower cholesterol in the blood) to help prevent cardiovascular disease. The first cycle undertaken in April 2016 was established with well set out criteria, the rationale for the audit, and the potential benefits this presented for patients. Prompts had been added into the consultation screen on the computer to ensure appropriate patients discussed their medicines' requirements with the GP.

Are services effective?

(for example, treatment is effective)

- We spoke with a pharmacist from the CCG's medicines management team who usually attended the practice each fortnight and supported the practice with medicines-related issues. The pharmacist informed us that the GPs were approachable and worked well with their team, and that they responded to advice on improving patient safety and cost effective prescribing. For example, a recently completed full cycle audit had identified patients at risk of being prescribed medicines that are commonly associated with medicine errors, so that corrective action could be taken to reduce the risk of occurrence. The GPs had reviewed patients at risk and the re-audit last month showed that improvements had been made. Further recent audits include antibiotic prescribing & an audit which looked at the safety of new anticoagulant medicines.
- The practice participated in applicable local audits and benchmarking to assess their performance against other practices. Two quality improvement plans reflected working with the CCG to review some priority areas including prescribing initiatives, Accident & Emergency attendances, and outpatient referrals.

Effective staffing

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

- The practice had undertaken a successful recruitment campaign since our last inspection in March 2016. Vacancies had been filled, and an additional four whole time equivalent staff were in post at our visit in November 2016.
- The partners had recruited a salaried partner GP with a view to becoming a full partner in the near future. A salaried GP had also been appointed from the GP registrar scheme following a placement within the practice.
- The nursing team had changed significantly since our previous inspection. Two full time advanced nurse practitioners had been appointed creating a new skill mix within the practice team. The advanced nurse practitioners undertook on-the-day patient consultations which alleviated pressure on the GPs, and had lead areas in learning disabilities and mental health, and nursing homes. These nurses could work

autonomously and were able to prescribe for patients. One of the advanced nurse practitioners was also the designated chief nurse and provided leadership for the nursing team.

- Two new practice nurses had started working since March 2016, and a third appointment would bring the establishment to four practice nurses by the end of the year. In addition, a relief practice nurse provided regular administrative input which enable the nurses to focus more on clinical work.
- The reception and administration team had expanded since our previous inspection in response to the demands around patient access. There had also been a revision of the team's structure which included the appointment of reception shift leaders, dedicated prescription clerks, and enhanced secretarial support for GPs. Three apprentices and relief staff created additional capacity within the team to ensure continuity and adequate cover for staff leave and absence.
- There was an induction checklist for newly appointed staff but there was limited documentation to evidence that all topics and work areas had been signed off. However, a competency assessment framework had been introduced to review and develop the skills of the nursing team. Recently appointed staff told us that they had received good support upon their appointment and were given time to shadow other members of the team to develop their understanding of the role and the use of practice systems.
- Staff had received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules as well as in-house training and training organised with external speakers or with the CCG. The practice manager had developed a comprehensive training matrix and we saw that staff had made good progress in completing appropriate training to support their roles.
- The practice ensured role-specific training with updates was undertaken for relevant staff including for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Staff told us that they received an annual appraisal. The appraisal included a review of the previous year's performance, and the setting of objectives and the identification of learning for the forthcoming year. However, the appraisal documentation did not always

Are services effective?

(for example, treatment is effective)

give a clear indication of training requirements and timescales. We spoke to members of the team who informed us of how learning opportunities had been discussed during their appraisal and had been supported by the practice. For example, the prescription clerk was undertaking a NVQ to support their role as a team leader, and the assistant practice manager had completed a managerial course. A practice nurse was undertaking training to become an independent prescriber and on completion the practice would have three nurse prescribers, offering more opportunities for the nursing team to see and treat more patients.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinicians in a timely and accessible way through the practice's electronic patient record system. This included care plans, medical records, and investigation and test results. We viewed examples of patient care plans and saw that these were appropriate.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis to discuss vulnerable patients, including those at risk of hospital admission. Representation included the district nursing team, community matron, Age UK, Red Cross, the care home team and a physiotherapist, who met with members of the practice team. Discussions and outcomes were documented in the form of minutes.

The practice held monthly meetings to discuss new patients with end of life care needs, and reviewed current patient concerns with the palliative care team. This meeting included representation from the Macmillan nurse, district nurses, the care home team, and the lead for end of life care. The practice used the electronic palliative care co-ordination systems (EPaCCS) to share details of people's care preferences and key details about their care at end of life with the aim of improving the quality of end of life care, and avoid unnecessary hospital admissions and distress for patients and their families.

Monthly clinical meetings provided an opportunity to review clinical significant events and complaints, to discuss new policies and guidance, to consider audit programmes and outcomes, and to review new ways of working. A medical secretary and a prescription clerk also attended this meeting. We saw that these meetings were documented. Nursing staff also held their own monthly

meeting to focus on specific issues for their team, for example, changes to the immunisation programme. One-to-one sessions had also been introduced for the nursing team to provide dedicated time for support and to assist with clinical supervision and revalidation.

Informal lunchtime catch up sessions took place on most days between clinical staff and the practice manager.

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. Clinicians were able to provide examples to demonstrate their competency in this area. We were provided with an example of how a GP had acted to safeguard a vulnerable adult by acknowledging their capacity to make their own decisions.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients were referred into locally based services to help them stop smoking, and into community based schemes to support weight loss. Self-referral information was available on the practice website and details were provided within the surgery.

The practice's uptake for the cervical screening programme was 88.3%, which was slightly above the CCG average of 86.2% and above the national average of 81.8%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake was in line with the CCG average and slightly higher than the national percentages.

Childhood immunisation rates for the vaccinations given to children aged up to five years of age were mostly above or in line with local and higher than national averages. The overall childhood immunisation rates for the vaccinations

Are services effective?

(for example, treatment is effective)

given to under two year olds ranged from 91.3% to 96% (local average 89.6% to 97%; national average 73.3% to 95.1%) and five year olds from 95.4% to 100% (local average 88.7% to 98.5%; national average 81.4% to 95.1%).

Uptake of the flu vaccination for patients aged over 65 was 68%, which was slightly below local (71.7%) and national (70.5%) averages.

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

Our previous inspection in March 2016 highlighted the need to improve the uptake of annual health reviews for patients with a learning disability. An advanced nurse practitioner

had been appointed in May 2016 and one of her remits was to be the appointed lead for patients with a learning disability. Effective links had been established with the local learning disability specialist nurse and the systems for patients had been extensively reviewed. Patients received letters that were designed to help them understand the importance of attending for a review, and all patients received a folder that contained their health information and treatment needs. In the three months leading up to our inspection, 56% of the 39 patients on the practice learning disability register had received an annual health review. The remaining patients had a review planned or were being followed up to encourage their attendance, and achievement to date indicated that all, or the majority of these patients, would be reviewed before the end of the year.

Are services caring?

Our findings

At our previous inspection on 16 March 2016 we rated the practice as requires improvement for providing caring services as the service delivered to care homes had raised some concerns. We also received feedback from patients that members of the practice team did not always treat patients with dignity and courtesy.

These arrangements had improved when we undertook a follow up inspection of the service on 3 November 2016.

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect. However, we observed queues at the reception desk which were not conducive to maintaining confidentiality.

- 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.
- If patients wanted to discuss sensitive issues, or appeared distressed, they were offered a private room next to the reception to discuss their needs.

Patients told us that felt they were mostly treated with compassion, dignity and respect by practice staff. Results from the National GP Patient Survey in July 2016 showed the practice was in line with local and national averages on satisfaction scores for consultations with doctors and nurses. This area had improved on average by 10% for most indicators since our previous inspection in March 2016. For example:

- 89% of patients said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 84% of patients said the last GP they saw gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 89%, and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Patients told us that they were involved in decision making about the care and treatment they received. Patient feedback on the comment cards we received aligned with these views. A caring and patient centred attitude was demonstrated by all staff we spoke with during the inspection.

Results from the national GP patient survey showed patient feedback was mostly in line with local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. We observed these figures had improved since our inspection in March 2016. For example:

- 85% of patients 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%.
- 72% of patients 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%.

Patient and carer support to cope emotionally with care and treatment

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, and those at risk of developing a long-term condition.

Notices in the patient waiting room told patients how to access a number of support groups and organisations, and a range of literature was available for patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.3% of the practice list as carers, and identified new carers upon registration. Carer packs were available to direct carers to the support services available to them. The practice had an identified carer's Champion to develop the identification and support of carers, and a dedicated notice board displayed carer information in the reception area.

The practice team usually made arrangements to contact relatives who had experienced a bereavement to offer

Are services caring?

condolences and support, including signposting to appropriate services where required. Information on bereavement support was available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 16 March 2016 we rated the practice as requires improvement for providing responsive services as the arrangements for access were not conducive to creating a positive experience for patients.

These arrangements had improved when we undertook a follow up inspection of the service on 3 November 2016, although we observed that this was ongoing and changes required longer to become embedded in order to impact significantly on patient experience.

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 was working with their CCG to align care homes to individual practices. This would provide better continuity of care for residents and build effective working relationships with care home staff.
- The practice provided a range of services that ensured these were easily accessible for their patients. This included phlebotomy (taking blood); 24 hour blood pressure monitoring; spirometry (a test to assess lung function); ECGs to test the heart's rhythm; monitoring of patients prescribed medicines to thin their blood; travel vaccinations; and some minor surgery including joint injections.
- The practice had developed a patient booklet on 'how to get the most out of your appointment' in an attempt to use their ten minute appointment to the greatest effect. This provided advice and prompts, and information to assist with planning future appointments.
- The practice had access to support for their patients from specialist nurses including respiratory and Parkinson's disease nurse specialists. A specialist diabetes nurse attended joint clinics with the practice nurse to review some patients with diabetes, and provide the initiation of insulin for patients with poorly controlled symptoms.
- The premises were situated on the upper floor of the health centre building. The practice offered good facilities to patients who had reduced mobility, and the practice was fully accessible for patients with a wheelchair. Two patient lifts were available, although

patients could be seen on the ground floor should this be required. Alerts were placed on records of patients with a hearing or visual impairment to ensure they received the necessary assistance. A hearing loop was available and access was providing to signing services.

- Due to the location of the practice within the health centre, a number of other services were offered on site which patients could access. This included an independent pharmacy; access to diabetic retinopathy screening for patients with diabetes; and ultrasound screening clinics.
- The health centre also hosted a number of community health services including physiotherapy, family planning and access to consultant-led psychiatric clinics which facilitated easier access to services for practice patients.
- The practice had a number of registered patients who resided in local care and nursing homes. At our previous inspection in March 2016, we received some negative feedback from care home managers regarding the practice's response to their clients' needs. We spoke with three home managers prior to our latest inspection and although there were some mixed views, two managers confirmed that they had met with practice management to look at ways of improving the service. One home manager was pleased that good improvements had taken place with regards communications and service delivery over the last six months, whilst one stated that the improvement was not significant at this stage.
- We received some mixed opinions from community based staff who described that it could be difficult to access some GPs, and that they did not always receive a response when a message had been left. It was also indicated that some GPs did not always adhere to guidance on appropriate referrals to community services.
- Longer appointments were available for people, including those with a learning disability or patients with complex or multiple health needs.
- The practice accommodated individual patient requests to meet their particular needs. For example, the practice undertook visits to see a young person at home as personal circumstances meant they did not feel confident to attend the practice in person.
- A Jay-ex display board notified patients of their appointment, and also gave information on waiting times and the name of the duty doctor for that day.

Are services responsive to people's needs?

(for example, to feedback?)

- A private area was available adjacent to the reception for sensitive or confidential discussions to take place.
- A television in the waiting area provided some background noise which assisted in managing confidentiality at the reception desk. There were two patient self log-in screens to help avoid patients queuing at the reception.
- Translation services were available for patients who needed them.
- There were a range of information leaflets available providing advice on a number of health conditions and details of local services available.

Access to the service

The practice opened between 8.00am and 6.30pm Monday to Friday. GP appointments were available from 8.30am to approximately 12.30pm and afternoon surgeries ran from 3pm to 6pm. Extended hours surgeries with appointments to see GPs, an advanced nurse practitioner, the practice nurse, or a health care assistant were provided between 6.30pm and 7.30pm on Tuesday and Wednesday evenings. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available on the day for people that needed them. Telephone appointments were also available for patients who may not be able to attend the surgery due for example, to working commitments.

On the day of our inspection, we observed that the next routine GP appointment was available in eight working days' time. However, if patients required an appointment on the day, a duty doctor undertook triage and would provide telephone advice or arrange for the patient to come in that day to see either a GP or the advanced nurse practitioner where this was appropriate.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was mostly significantly below local and national averages. For example:

- 37% of patients found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 84% and a national average of 85%.
- 42% of patients described their experience of making an appointment as good compared to a CCG average of 69% and a national average of 73%.

- 37% of patients usually got to see or speak to their preferred GP, which was higher than both the CCG average of 52% and the national average of 59%.
- 70% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 76%.
- 35% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 63% and a national average of 65%.

Feedback from the CQC comment cards and from some people we spoke with on the day of the inspection said they had experienced difficulties in getting through to the practice by telephone to make an appointment.

There had been 37 comments posted on the NHS Choices website over the last six months and many of these stated that patients were highly dis-satisfied with the appointment system, and some made reference to a poor experience when dealing with reception staff. There were however some more recent positive comments regarding improvements within the practice and the accessibility of appointments.

The practice were fully aware of the ongoing problems their patients had experienced with regards to the difficulties associated with obtaining an appointment to see a GP. In response they had:

- Upgraded the telephone system to handle and manage more calls. This provided options to access different services, and gave information to patients regarding their position within the queue with updates whilst the call was on hold.
- Worked extensively with telephone providers to resolve problems with incoming phone lines from some telephony service providers. This has been an ongoing difficulty which was beyond the practice's remit to resolve themselves. The practice had received assurances that this issue would be fully resolved by the end of November 2016.
- The practice had introduced a back-up telephone number as an alternative means of accessing the reception team. This had been communicated to patients via newsletters and the website, and with services they worked within the community.
- Introduced a GP telephone triage service with all same day appointment requests being triaged through the duty GP. Two GPs undertook triage on a Monday when demand was at its highest.

Are services responsive to people's needs?

(for example, to feedback?)

- Introduced two advanced nurse practitioner posts, and these offered on-the-day appointments for patients. These highly trained nurses were able to see patients independently and to prescribe for them. This helps to reduce pressures on GP appointments.
- If patients could not be offered a same-day appointment, they were offered an appointment on the list for the following day to avoid them having to call back the next day.
- There had also been a revision of the reception team's structure and an increase in reception manpower since our inspection in March 2016, in response to the difficulties experienced by patients with telephone access and reception. This included the appointment of reception shift leaders who acted as the main point of contact for reception staff regarding any difficulties, and a conduit with practice management. They also actively monitored incoming calls and queues at reception to reallocate staff to help as demand increased. Incoming calls were displayed on a monitor screen in the reception office to highlight numbers of patient on hold and the average answering time.
- The practice had updated patient about these developments on the practice website and regular newsletters, and had also engaged support from their PPG.

On the day of our inspection, we observed that patients were still routinely queuing at the reception throughout the day although this was better controlled than it had been over previous months. The PPG had arranged for chairs to be placed at the reception desk for patients who had difficulty in standing for prolonged periods.

Listening and learning from concerns and complaints

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

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

We looked at 35 complaints received since our last inspection in March 2016 and found these were satisfactorily handled in an open and transparent manner, and were dealt with in a timely way. Complaints were reviewed at regular meetings and the practice applied learning from complaints. For example, a child attended the practice for tests, but on arrival was informed the test had to be performed elsewhere due to their age. This resulted in additional training for reception staff to advise them on the criteria for the particular test, and launching a protocol on the computer system advising reception staff not to book in patients of a certain age for a specific procedure. Whilst we saw examples of how learning was being applied, we observed that many complaints highlighted recurrent issues relating to telephone access to the surgery, patients receiving timely call backs from clinicians, and delays in processing forms for patients.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 16 March 2016 we rated the practice as requires improvement for providing well-led services as the governance arrangements required strengthening. This included having a system of regular practice and clinical staff meetings which were supported by documentary evidence. The issues that were highlighted in respect of safe staff recruitment and medicines management also gave rise to concerns with regards to the provision of well-led services when we inspected the practice in March 2016.

These arrangements had significantly improved when we undertook a follow up inspection of the service on 3 November 2016.

Vision and strategy

The partners had a vision for the practice and had a mission statement to deliver high quality care and promote good outcomes for patients.

- The practice had formulated a practice development plan which reflected the practice values. This formed the basis of a short, medium and long term strategy for the practice.
- The partners held a monthly evening meeting which also included the chief nurse, the practice manager and the assistant practice manager as part of an inclusive managerial approach to decision-making. Minutes were produced from these meetings. These were supported by informal weekly meetings and daily 'catch-up' meetings.
- We observed that the meetings were being used constructively to discuss key business matters and developments. This included planning to support funding for an additional practice nurse role who was due to commence work in December 2016.

Governance arrangements

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

- There was a clear team structure in place, and staff were aware of their own roles and responsibilities. GPs and nurses had defined lead clinical areas of responsibility.
- Systems were in place for identifying, recording and managing risk, and implementing mitigating actions.

- A range of practice specific policies had been implemented, and were available to all staff.
- An understanding of the performance of the practice was maintained which included the analysis and benchmarking of QOF performance and referral and prescribing data. Actions were undertaken when any variances were identified. This was formalised with the CCG in the form of a Quality Dashboard which ensured key quality indicators were met and this was reviewed on an ongoing basis with quarterly submissions from the practice.

Leadership, openness and transparency

- At our last inspection in March 2016, the practice was undergoing a transition process due to significant staff changes. A number of key staff had left, or were leaving the practice, and new members of the team were starting their roles, or were within the recruitment process. At our inspection in November 2016, the practice had completed a successful recruitment campaign and the overall establishment had risen by four whole time equivalent staff. This included a strengthened management team with a chief nurse leading the nursing staff, and a designated shift leader to oversee the reception team.
- The practice had introduced a regular structure of formal meetings since our previous inspection in March 2016. Meetings were documented and available to staff. In addition, the GPs, advanced nurse practitioners and practice manager would meet informally at the end of each morning surgery to discuss any issues that may have arisen that day in order to communicate effectively and responsively.
- The practice proactively engaged with their CCG and worked with them to enhance patient care and experience. A GP sat on the CCG's Clinical Cabinet Meeting which acted as the clinical decision making forum within the CCG. A GP partner and the practice manager attended locality meetings, and were keen to progress collaborative working arrangements in the future, building upon established relationships with other practices in the area. The practice manager attended the local practice managers' meetings. An advanced nurse practitioner told us that she participated in national networks meetings.

Are services well-led?

Good 

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

- The practice was a training practice and the partners had recruited a salaried GP upon completion of their registrar placement. The practice was due to host nursing student placements from January 2017.
- Staff told us there was an open culture within the practice and said the GPs and practice manager were visible within the practice and were approachable, and always took the time to listen to all members of staff. Staff said they felt respected, valued and supported by the GPs and the practice manager.
- Staff we spoke with told us that the practice was a good place to work, and the team supported each other to complete tasks. The practice team met outside of work occasionally for social events, and the partners had recently taken their team out for a meal in acknowledgment of their work and achievements over recent months.

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

The practice encouraged and valued feedback from patients and staff.

- It had gathered feedback from patients through the National GP Patient Survey, NHS Choices, the Family and Friends Test, and via suggestions and complaints received.
- The practice continued to receive a large volume of negative feedback via the NHS Choices website. A total of 36 comments had been posted since our visit in March 2016, although we noted that some positive comments had been made in recognition of the new ways of working being applied. The practice manager responded to all comments and invited patients to meet with the management and partners directly to resolve their difficulties.
- Staff told us the practice held monthly staff meetings during which they had the opportunity to raise any issues. Staff told us that they felt confident and supported in doing so. Minutes from this meeting were documented. Members of the practice team told us that that staff morale had improved significantly over the previous six months. A staff survey had been undertaken earlier in the year, which produced positive feedback from those who returned their responses. Staff identified the benefits of recent changes, but were also feeling that the pace of change was too quick and there

needed to be time to embed those changes which had already occurred. The partners and practice manager accepted this, and were adapting their plans slightly to accommodate this feedback.

- The practice had a patient participation group (PPG) with a core membership of between six and ten members who regularly attended monthly meetings. An extended virtual group increased membership to approximately 40 active members. The practice manager would always try to attend the PPG meetings, or would identify a deputy to ensure a member of the practice team was available at every meeting. A GP would also often attend meetings. We spoke with the Chair of the PPG who described a positive relationship with the practice, and expressed that the PPG were very satisfied in how the practice was run. The practice had a dedicated PPG noticeboard within the reception area, which displayed minutes from PPG meetings. Posters had been placed in patient areas to highlight what patients should do to access the right service. This gave clear information on when a patient should see their GP, or alternatively access emergency care, or get support for dealing with minor illnesses.

Continuous improvement

- We observed that the practice manager had completed significant work to maximise functionality of the practice computer system. This included the annual long-term condition review system to ensure each patient saw the right clinician for the right amount of time. Also, the practice had developed a computer based tool for patients with hypertension to provide prompts to ensure all the necessary elements of the review were completed for each individual, with links to print out health related information material for the patient. In addition, the system had been adapted to reflect changes in referral criteria. For example, the podiatry service had amended their referral criteria earlier in 2016 and the practice systems were adapted to ensure only appropriate patients were referred and options were highlighted on the screen to suggest an alternative management plan for problems that then fell outside of the revised referral criteria. Some of these innovations were being considered for adoption by the CCG with roll-out across their other practices.
- Highcroft Surgery was an early adopter practice for the CCG's national diabetes prevention plan. The practice had actively used case finding to identify 60 patients

Are services well-led?

Good 

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with pre-diabetes symptoms and had written to them to invite them to participate in a CCG initiated support programme. Approximately, 20 patients had taken up this invitation.