

Northbourne Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Northbourne Medical Centre on 5 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were mostly assessed and well managed. However non-medical electrical equipment had not been checked for safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, non-clinical staff had not received the appropriate training in consent.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Policies and procedures were in place and accessible to all staff, however these were not always up to date.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

We observed the following areas of outstanding practice:

- There was a monthly dementia café run from the practice by the patient participation group (PPG) which patients with dementia and their carers could attend for support and advice from the practice dementia adviser.
- The practice held a monthly 'lunch club' educational meeting delivered by consultant specialists from the local hospital via video link and attended by the GPs and advanced nurse practitioner.

The area where the provider must make improvements is:

- Conduct and record regular checks to ensure non-medical electrical equipment is safe to use.

The areas where the provider should make improvements are:

- Conduct an overall review of practice policies.
- Ensure all staff receive appropriate training in patient capacity and consent.
- Increase the numbers of patients diagnosed with diabetes and patients with severe and enduring mental health problems who receive an annual review.
- Establish a robust tracking system for blank prescriptions for use in printers.

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 requires improvement for providing safe services.

- 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.
- Risks to patients who used services were assessed. However, there were no checks in place to ensure non-medical electrical equipment was safe to use.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mixed with some results at or above and some below average when compared to local and national averages. The practice showed us evidence that they were working to improve the less favourable results
- 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.
- The practice was actively involved in research studies.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice significantly higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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.
- 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.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. However, the system for review was not robust and some policies were out of date.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and very engaged with the practice.
- There was a strong 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered regular educational meetings, run by the patient participation group, with recent topics including incontinence and macular degeneration.
- Fitness sessions, delivered by a qualified trainer, were hosted at the practice.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was significantly lower than the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 67% which was lower than the CCG average of 80% and the national average of 78%. The practice showed us evidence they were working to improve these results.
- 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.
- Joint diabetes clinics were held with the local diabetes nurse consultant to give patients expert support and continuity of care from hospital to GP practice.
- The practice nurses offered clinical reviews at home to patients diagnosed with long term conditions who were housebound.
- Patients with multiple conditions were offered a combined clinical review appointment.

Summary of findings

Families, children and young people

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

Good



- 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.
- The practice's uptake for the cervical screening programme was 89%, which was better than the clinical commissioning group (CCG) average of 83% and the national average of 82%.
- 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.
- There were toys and games available for children to play with in the waiting area.

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).

Good



- 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.
- Students were offered healthy lifestyle advice when they attend for vaccines.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 58% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was lower than the CCG average of 90% and the national average of 88%.
- 74% of these patients had received a face-to-face review within the preceding 12 months which was lower than the CCG average of 82% and the national average of 84%.
- The practice showed us evidence they were working to improve these results.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- There was a monthly dementia café run from the practice by the patient participation group (PPG) which patients with dementia and their carers could attend for support.
- The practice employed a 'dementia champion' whose role was to promote dementia awareness to all staff.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 253 survey forms were distributed and 115 were returned. This represented 1% of the practice's patient list. The practice's results were better than the local and national averages.

- 79% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 81% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eleven comment cards which were all positive about the standard of care received. Patients commended the helpfulness and professional manner of staff and commented that they felt listened to. Patients also said they felt lucky to be patients at the practice.

We spoke with five patients during the inspection. All five patients said they were very happy with the care they received and thought staff were friendly, approachable, committed and caring. Patients commented that they felt fortunate to be registered with such a patient focused practice.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Conduct and record regular checks to ensure non-medical electrical equipment is safe to use.

Action the service **SHOULD** take to improve

The areas where the provider should make improvements are:

- Conduct an overall review of practice policies.

- Ensure all staff receive appropriate training in patient capacity and consent.
- Increase the numbers of patients diagnosed with diabetes and patients with severe and enduring mental health problems who receive an annual review.
- Establish a robust tracking system for blank prescriptions for use in printers.

Outstanding practice

We observed the following areas of outstanding practice:

- There was a monthly dementia café run from the practice by the patient participation group (PPG) which patients with dementia and their carers could attend for support and advice from the practice dementia adviser.
- The practice held a monthly 'lunch club' educational meeting delivered by consultant specialists from the local hospital via video link and attended by the GPs and advanced nurse practitioner.

Northbourne Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Northbourne Medical Centre

Northbourne Medical Centre is situated on Upper Shoreham Road in the town of Shoreham-by-Sea, West Sussex. The practice provides services for approximately 10,700 patients living within the Shoreham-by-Sea area. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England. A GMS contract is one between the practice and NHS England and the practice where elements of the contract such as opening times are standard. The practice has relatively large numbers of people aged 65 and older compared to the national average. Deprivation amongst children and older people is low when compared to the population nationally.

As well as a team of six GP partners and two salaried GPs (six female and two male), the practice also employs an advanced nurse practitioner, three practice nurses and four health care assistants. A practice manager and two part time assistant practice managers are employed and there is a team of receptionists and administrative clerks.

The practice is a training practice for GP trainees and foundation level two doctors.

The practice is open between 8am and 6.30pm on weekdays. Extended hours opening is available from

6.30pm to 8pm on Wednesdays and from 7.15am to 8am on Thursdays when patients can book appointments with GPs and nurses. There are phone appointments available with GPs throughout the day according to patient need. Routine appointments are bookable up to six weeks in advance. Patients are able to book appointments by phone, online or in person.

Patients are provided with information on how to access the duty GP or the Out of Hours service by calling the practice or by referring to its website.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning; and surgical procedures.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 July 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (the practice manager, GPs, nursing team and reception supervisor). Reception and administration staff were asked to complete questionnaires.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events which included a well-documented learning process.

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, a patient had a new medicine added to their prescription by their hospital consultant but this had not been updated by the practice which meant the medicine did not appear on the prescription issued. The practice subsequently added the medicine to the prescription and the event was discussed at the appropriate meeting. Changes were made to the protocol for prescriptions and GPs added changes to the electronic prescription record when a letter from a consultant was received to try and ensure that the event would not occur again.

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 generally reflected relevant legislation and local

requirements. However, the practice held patient identifiable information in safeguarding files which was not stored in accordance with national guidelines. The practice contacted CQC the day after our inspection with evidence that data had been anonymised and the policy updated accordingly. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three, nurses were trained to at least level two and all other staff to at least level one.

- 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was a robust infection control protocol in place and staff had received up to date training which had included a quiz covering all areas of infection control as part of a practice wide education session. Annual infection control audits were undertaken and we saw evidence that action had been taken to address improvements identified as a result.
- There were arrangements for managing medicines, including emergency medicines and vaccines (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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. However blank prescription forms for use in printers did not have a robust tracking system in place. Two of the nurses had qualified as independent prescribers and

Are services safe?

could therefore prescribe medicines for specific clinical conditions. Mentorship and support was received from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. However, on the day of inspection, although all medical equipment had the appropriate safety checks, non-medical electrical equipment had not been checked to ensure the equipment was safe to use. The practice had booked testing for later in same week and sent us confirmation that this had taken place. 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).
- There was some evidence of some policy management. However, the practice had no robust procedure in place

to ensure policies were updated regularly and some policies were not dated while outdated policies were accessible alongside current policies. This made it difficult to access current policies which meant that staff could not be certain they were working from current policies.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice was actively involved in recruiting patients to four research studies to promote excellence in clinical care.

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 93% of the total number of points available.

Data from 2014/15 showed:

- Performance for diabetes related indicators was significantly lower than the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 67% which was lower than the CCG average of 80% and the national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 80% which significantly was lower than the CCG average of 91% and the national average of 88%.
- The practice achieved significantly lower than the local and national averages for their management of patients with poor mental health. For example, 58% of their patients with severe and enduring mental health

problems had a comprehensive care plan documented in their records within the last 12 months which was lower than the CCG average of 90% and the national average of 88%.

- The practice achieved significantly lower than the local and national averages for the management of patients diagnosed with dementia. For example 74% of these patients had received a face-to-face review within the preceding 12 months which was lower than the CCG average of 82% and the national average of 84%.
- The percentage of patients with hypertension who had regular blood pressure tests was similar to the local and national averages achieving 80% in comparison with the CCG average of 83% and the national average of 84%.
- The exception reporting for the practice was in line with CCG and national averages (12% compared to 14% locally and 9% nationally). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice told us they were working to improve the less favourable results and showed us evidence of improvement in their management of patients with diabetes which had increased from 73% to 80% from the 2013/2014 results. An annual care planning survey was conducted and patients who were housebound but not cared for by the community teams were identified and arrangements made to offer nurse-led home based clinical reviews to those patients. The patient participation group (PPG) ran monthly 'memory mornings' café at the practice which patients with dementia and their carers could attend for support and advice from the practice dementia adviser.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, there was an audit of all minor surgery

Are services effective?

(for example, treatment is effective)

conducted at the practice during 2015, which demonstrated safe procedures and good outcomes. The audit highlighted a set of results which had been misfiled and the need for clinicians to increase the numbers of minor surgery to keep clinical skills up to date and the need for a more robust filing system. The second audit cycle found an increase in the numbers of minor surgery procedures and this demonstrated safe procedures and good outcomes. There were no cases of misfiled results as a result of the new improved filing system.

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.
- 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 ongoing 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.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a six weekly 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. However, although all clinical staff had received Mental Capacity Act (2005) training, other staff had not. The practice responded to this the day after our inspection and arranged for all staff to receive the appropriate training.
- 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:

Are services effective?

(for example, treatment is effective)

- 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 89%, which was better than the clinical commissioning group (CCG) average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 74%, which was similar to the CCG average of 72% and the national average of 72%. The percentage of patients between the ages 60 and 69 years

old of who had bowel screening in the preceding 30 months was 65%, which was similar to the CCG average of 63% and better than the national average of 58%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 98% (93% to 97% in the local CCG) and five year olds from 91% to 98% (89% to 96% in the local CCG). National figures were not available.

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

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the eleven patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also told us they felt lucky to be registered at such a caring practice.

We spoke with the chair of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.
- 91% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 95% 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%.

We received feedback from both staff and the practice management team who told us they were proud of their patient satisfaction scores and commented that they worked hard to make sure patients were well cared for at the practice.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

Are services caring?

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

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

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 217 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift in place which improved access for patients who had difficulty in using the stairs.
- The practice offered regular educational meetings, run by the patient participation group, with recent topics including incontinence and macular degeneration.
- Fitness sessions, run by a qualified trainer, were hosted at the practice.
- Joint diabetes clinics were held with the local diabetes nurse consultant and the practice nurses to give patients expert and continuity of care from hospital to GP practice.
- The practice nurses offered clinical reviews at home to patients diagnosed with diabetes who were housebound.
- There were toys and games available for children to play with in the waiting area.
- The practice had a policy of holding mobile phone numbers for young people to encourage independence.
- Students were offered healthy lifestyle advice when they attend for vaccines.
- There was a monthly dementia café run from the practice by the patient participation group (PPG) which patients with dementia and their carers could attend for support.

- The practice employed a 'dementia champion' whose role was to promote dementia awareness to all staff.

Access to the service

The practice was open between 8am and 6.30pm on weekdays and appointments were available during these times. Extended hours appointments were offered with GPs and nurses on Wednesdays from 6.30pm to 8pm and on Thursdays from 7.15am to 8am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 76% and the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

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

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system in the form of posters and leaflets available in the waiting room.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. The practice had a policy of recording 'gripes' separately from complaints and showed us six gripes which had been recorded. However, following discussion on the day of our inspection, the practice made the decision to record all complaints together so that trends would be more evident, which the practice felt would help them to improve their delivery of care. Lessons

were learnt from individual concerns and complaints and from analysis of trends. Action was taken as a result to improve the quality of care. For example, a patient complained that their medication had been changed without them being informed. The practice investigated and found that the new guidelines relating to the patient's condition recommended altering patients' medicines and the practice had written to the patient to explain the reason for the change. The practice subsequently changed their policy so that an appointment was made with the GP for patients requiring a change in medicines. The patient concerned received a letter of apology with an explanation of the changes the practice had made as a result.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a statement of purpose which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However, some policies were not dated or outdated which made it difficult to access current policies.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable 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 people 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 monthly team meetings and the nursing team also held meetings on a two monthly basis.
- GP partners and the practice management team met formally on a two weekly basis and informally, over coffee, on a daily basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team training days were held every two or three months.
- Staff said they felt very well respected, valued and supported, both by the partners and the practice management team. 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.
- Staff told us they enjoyed working at the practice, were pleased to be part of a good team and felt proud of the strong patient focus at the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and

Are services well-led?

Good 

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

through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG published a monthly newsletter, ran a monthly 'memory mornings' café at the practice and hosted regular presentations given to patients by visiting healthcare professionals.

- The practice had gathered feedback from staff through staff surveys, through staff away days and generally 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.
- The practice noted difficulty with the announcement intercom interfering with patients' hearing aids. A new system was put in place to avoid this.
- The most recent staff survey highlighted an increase in stress experienced by practice staff. The practice were responding to this and held a meeting with GP partners and the practice management team to discuss ways of reducing this stress.

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. The practice told us there were plans in place for around 200 additional homes within the local area which would increase their patient list so they were currently considering different ways of working to accommodate additional patients. For example, a new practice nurse was due to begin working at the practice in September 2016 and the practice was running a 'pharmacist in practice' project. The practice was investigating the benefits of a language switch option on the practice website to improve access for people who do not speak English as a first language.

The practice held a monthly 'lunch club' educational meeting delivered by consultant specialists from the local hospital via video link and attended by the GPs and the advanced nurse practitioner. This allowed staff to attend the meeting from the practice which improved attendance for both the GPs and the consultant specialists.

The practice was involved in clinical research so that patients had the opportunity to take part in clinical trials.

Continuous improvement

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider was unable to demonstrate that the non-medical electrical equipment used by the service provider was safe for such use and used in a safe way.

This was in breach of regulation 12(1), 12(2) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.