

The New 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?	Good	
Are services well-led?	Good	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to The New Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

We carried out an announced comprehensive inspection at The New Surgery on 9 August 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Professor Steve Field CBE FRCP FFPH FRCGP Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- 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 were assessed and well managed.
- Emergency medicines were available on the ground floor where clinical services were provided. The location of the emergency equipment was known to all staff. However, we noted that some alternative anaphylaxis (severe allergic reaction) medications were not included in the emergency medicines kit. The practice had reviewed the emergency medicines with an external stakeholder who advised it was not required. Immediately after the inspection the practice took action to ensure all anaphylaxis medicines for emergencies were available in the practice.

Good



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 at or above average compared to the national average.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- 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.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older 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 facilitated a hospital trust led falls prevention classes for older patients at risk of falling. This enabled patients to be assessed for falls at the practice, reducing the need to attend hospital for this.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 76% of patients with diabetes had achieved a target blood level of below 64mmols in the preceding 12 months compared to the Clinical Commissioning Group (CCG) average of 78% and national average of 78%.
- 91% of patients with chronic obstructive pulmonary disease (a lung condition) had received a review of their condition, including an assessment of breathlessness, in the preceding 12 months compared to the CCG average of 92% and national average of 90%. However, the exception reporting for this indicator was 20%. Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 93% of female patients aged 25 to 64 years had a cervical screening test performed compared to the CCG average of 84% and 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, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours appointments for working patients who could not attend during normal working hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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).

- 76% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months compared to the CCG average of 86% and national average of 84%.
- 92% of patients with a diagnosed mental health condition had received a comprehensive care plan within the preceding 12 months compared to the CCG average of 89% and national average of 88%.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 111 were returned (46% response rate). This represented 1% of the practice's patient list.

- 80% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 73%.
- 91% 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 88% and national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 60 comment cards, of which 53 were positive

about the standard of care received and seven offered a mixed view of positive and negative comments. Most patients were satisfied with the care they received and thought the staff were helpful, friendly and supportive. The majority of the seven negative comments received were regarding appointments and waiting times.

We spoke with one of the nursing homes looked after by the practice. They told us they had an excellent working relationship with the practice and they were quick to respond to their needs. As well as undertaking a weekly ward round the named GP would often check up on residents who had been unwell, on their way home from the practice. Staff told us the residents were treated with dignity and respect and all their care needs were met.

We spoke with two patients as part of the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The latest friends and family test results for April, May and June 2016 showed 80% of patients were likely or extremely likely to recommend the practice to someone new to the area.

The New 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 adviser.

Background to The New Surgery

The New Surgery is located within a purpose built, two storey, large health centre in Chesham, Buckinghamshire. It is one of the practices within Chiltern Clinical Commissioning Group and

provides general medical services to over 10,800 patients. According to data from the Office for National Statistics, Buckinghamshire has a high level of affluence and minimal economic deprivation. However, there are pockets of deprivation within the practice boundary. Ethnicity based on demographics collected in the 2011 census shows the population of Chesham is predominantly White British and 11% of the practice population is composed of patients with an Asian background.

The practice shares the building with another GP practice, a dental surgery and a pharmacy. The New Surgery has eight consultation rooms (including two registrar rooms) and four treatment rooms, which are all accessible from the waiting room on the ground floor. Patient facilities include self-check blood pressure and weight machine, baby change area and three ground floor toilets with disabled access. The practice offer rooms to external providers to facilitate many services to patients on site, removing the need for them to attend hospital. These include, ascending

aortic aneurysm screening, healthy minds, ultrasound service, falls clinic and utilities clinic. The practice also look after residents from five nursing/care homes in the local area.

There are six GP partners (three male, three female) offering a whole time equivalent (WTE) of 5.25 GPs. There are no salaried GPs and locums are rarely used. The nursing team consists of four practice nurses and a healthcare assistant (HCA) (all female). All the nurses are part time and make up a WTE of 2 full time nurses with the HCA offering a WTE of 0.56. The day to day management of the practice is supported by a large team of administration staff including a practice director, IT manager, medical secretary, summariser, administrator, reception manager and eight part time receptionists.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.20am to 11.20am every morning and 3pm to 5.20pm daily. Extended hours appointments for face-to-face consultations are offered on one Friday morning per month from 7am and one Saturday morning per month from 8am until 11am. In addition, telephone consultations are available weekly from Tuesday through to Thursday from 6.30pm to 7pm.

The practice have opted out of providing out of hours cover. This is provided by Buckingham Urgent Care (BUC). BUC can be contacted by calling the NHS 111 number.

All services are provided from:

Chess Medical Centre, 260-290 Berkhamstead Road, Chesham, HP5 3EZ

The practice has been inspected before in 2014. At the time of that inspection the practice were meeting all the fundamental standards under CQC old methodology for GP inspections.

Detailed findings

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, such as the Clinical Commissioning Group and local Healthwatch to share what they knew. We carried out an announced visit on 9 August 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, healthcare assistant, practice manager, IT administrator, summariser and receptionist manager) and gained written feedback from reception and administration staff.
- Spoke with two patients who used the service and two representatives of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

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 blood test result was not passed to the duty doctor and was put into the named GPs tray. This delayed the GP looking at the result, which required action. Following an investigation, the practice introduced a hand written form to record blood test results with clear instructions to hand to named GP or duty doctor and not to place in the tray. This ensured all test results were viewed by a GP in a timely manner and any actions to be undertaken were dealt with quickly as a result.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three

- Notices in the clinical and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, although none of the non-clinical staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Non-clinical staff were occasionally used as chaperones but they had not received a DBS check in line with current best practice guidance. The practice had undertaken individual risk assessments for the non-clinical staff. The risk assessment identified that non clinical staff undertaking chaperone duties and if the GP or nurse left the room the member of staff left too. Non-clinical staff were therefore not left on their own with vulnerable patients. The practice had recently decided to undertake DBS checks for all the non-clinical staff within a rolling programme of applications. At the time of inspection a small number of DBS applications had been submitted.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

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 and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support 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. The Health Care Assistant was 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 for clinical staff through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice rarely used

locum GPs or nurses and had a policy of only allowing one GP or nurse to be on leave at a time. All staff covered each other for leave and sickness absence, which assisted with continuity of care for patients, with minimal disruptions.

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 two defibrillators 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 laminated information sheets, for various emergency situations, available with the emergency equipment. These included acute asthma and anaphylaxis (a severe allergic reaction).
- However, the practice did not have all the medicines required [WJ1] to treat anaphylaxis, such as an injectable antihistamine and injectable steroids. The practice had reviewed their emergency medicines with an external stakeholder in 2015 who had advised them not to include emergency medicines in the grab box. The practice provided us with evidence they had reviewed the emergency medicines and made provision for including these medicines within four days of the inspection.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available, which was the same as the national average. Overall clinical exception reporting was 7%. (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). However, we noted high exception reporting for some clinical indicators, particularly:

- 63% exception reporting for osteoporosis indicators.
- 20% exception reporting for chronic obstructive pulmonary disease (COPD - a lung condition) reviews.

The practice showed us with their latest exception figures from 2015/16, which demonstrated improvement on the previous year.

- Exception reporting for osteoporosis indicators had reduced to 31%.
- Exception reporting for COPD reviews had reduced to 17%.

The GP partners provided explanations for the exception reporting being high in some long term condition areas.

The practice offered three letters to patients for attendance at a review clinic. If no response was received or patient did not attend on any of the three occasions they were immediately excepted. The practice explained that patients are recalled again under in the next QOF year. They also highlighted to the inspection team the number of elderly patients in nursing and care homes they were responsible for. Many of these patients were unable to undertake the reviews due to frailty or poor cognitive function and were clinically excepted for this.

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

- Performance for diabetes related indicators was national average of 89%.
- Performance for mental health related indicators was national average
- Performance for chronic obstructive pulmonary disease (COPD – a lung condition) indicators was 100% compared to the CCG average of 99% and national average of 96%.

There was evidence of quality improvement including clinical audit.

- There had been clinical audits completed in the last two years, of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included

Information about patients' outcomes was used to make improvements such as: an audit of patients diagnosed with atrial fibrillation (AF – an irregular heart beat) was undertaken after one of the GPs had attended a lecture from a cardiology specialist. Patients with AF were at increased risk of blood clots which could lead to stroke, heart attack or lung clots, all of which could be fatal. National guidelines showed patients with AF should be treated with an anticoagulant (a blood thinner) to reduce this risk. The audit found 17% were not on a prescribed anticoagulant medicine. Actions taken by the practice as a result of the audit, included contacting patients for a review, reviewing the coding used on patient notes and

Are services effective?

(for example, treatment is effective)

ensuring GPs used the correct risk identifying assessment tools. GPs offered patients health education and the practice nurses were asked to identify new patients by carrying out a pulse check during routine flu vaccine clinics. A repeat audit showed the number of patients diagnosed with AF had risen by 16% and the number not on anticoagulant therapy had reduced to 2%.

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, such as those reviewing patients with long-term conditions. For example, the GPs held a practice update meeting every Monday to discuss the latest alerts and clinical updates. The nurses attended update training regularly and had undertaken a variety of courses for their lead roles, such as an asthma diploma and spirometry training. (Spirometry is a piece of equipment used to test lung function).
- One of the GPs offered joint/soft tissue injections and cryotherapy (a treatment of skin lesions using a freezing technique). This enabled patients to be seen at the practice and reduced the need for them to travel to hospital for their treatment.
- 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, or had a pre-arranged date for when this was due, if they had been in post for less than 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. .

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a twice monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice facilitated many external stakeholders to hold clinics on the premises such as Citizens Advice Bureau, domestic violence counsellors, aortic aneurysm screening and falls clinic.
- A dietician clinic was offered from the practice and smoking cessation advice was available from one of the practice nurses.

The practice's uptake for the cervical screening programme was 93% which was higher than the CCG average of 84% and the national average of 82%. We noted high exception reporting for cervical smear testing at 20%. However, the practice demonstrated how patients with a history of hysterectomy and those who had signed a disclaimer to decline a smear test were exception reported appropriately. Patients who had been excepted were recalled again within the 3-5 year cycle.

There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 78% of female patients aged between 50 and 70 were screened for breast cancer in last 36 months compared to the CCG average of 76% and national average of 72%. 56% of patients aged 60 to 69 were screened for bowel cancer in the last 30 months compared to the CCG average of 59% and national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 91% to 100% (CCG average 93% to 97%) and five year olds from 78% to 99% (CCG average 79% to 96%).

NHS health checks for patients aged 40–74 were not routinely offered. However, if a patient requested such a check, the practice would make arrangements for them and follow up on results.

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.

Most of the 60 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.

- 91% of patients said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 93% of patients said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

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

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Are services caring?

- A television information screen in the waiting area offered healthy lifestyle advice and information about appropriate use of healthcare services.

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 122 patients as carers (1% of the practice list). The practice were aware this figure was below other practice averages. They had undertaken several searches of their system to ensure their carers register was updated and coded correctly. The

practice had a carers champion who maintained a list of carers and identified ways to support them. The practice, in association with a local carer support group, had held a carers clinic. Patients identified as carers attended for a general health check followed by an appointment with someone from the support group who offered advice on help available. A large notice board in the waiting room was available with written information to direct carers to the various avenues of support available to them. The practice also asked all new registering patients if they were a carer so their details could be added to the register.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had been chosen as a pilot site for a new model of care for diabetes management. Following training for all staff from the CCG the practice had commenced the pilot in July 2016.

- The practice offered extended hours appointments for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.20am to 11.20am every morning and 3pm to 5.20pm daily. Extended hours appointments for face-to-face consultations were offered on one Friday morning per month from 7am and one Saturday morning per month between 8am and 11am. In addition, GP telephone consultations were available weekly from Tuesday through to Thursday from 6.30pm to 7pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. One of the GPs had initiated a dynamic appointments system which was reviewed every two weeks to ensure patient needs were being met. The reception manager managed the appointments on a daily basis to ensure there were enough emergency appointments available daily and released unused appointments for other uses.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%.
- 80% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.

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

The practice had a system in place to assess:

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

The reception team booked patients for a home visit with their named GP, where possible. The GP would contact the patient for further information to determine if a home visit was appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.
- The practice documented verbal complaints as well as written ones. If a patient was unable to make a complaint in writing the staff assisted them by offering a quiet area and wrote the complaint out for them.

We looked at four complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way with openness and transparency in dealing with the complaint. Lessons were learnt from

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

individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, customer care training was offered to all reception and administration staff after a complaint was made about staff attitude.

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 mission statement 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.
- 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 patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG were a virtual group and did not meet face-to-face. They were involved in patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG highlighted to the practice there were no raised seats with arm rests in the waiting area for patients with restricted mobility, particularly with sitting and standing. In response, the practice bought some new chairs with raised seats and armrests.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

Are services well-led?

Good 

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

management. For example, a member of the nursing team had requested that blood test appointments for patients who were required to fast, be offered as the first appointments of the day. As a result all fasting blood tests are now booked in by reception staff at the beginning of the morning clinic. This meant patients were able to eat earlier in the day after a fasting blood test. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. Practice staff had received extensive training on a pilot programme for

diabetes. The pilot “year of care” model promoted self care for patients and had been running at the practice for one month. Staff at all levels had participated in the project to ensure a smooth patient journey from making the initial assessment appointments to follow up appointments and reviews.

The practice had explored innovations to improve access for a growing local patient population. They had already introduced telephone access appointments and text messages for home blood pressure monitoring and were awaiting a review of these in the coming months to gauge impact on their patients. They were exploring the use of video conferencing and email and were looking to offer additional extended opening hours.