Sunny Meed Surgery

Quality Report

15-17 Heathside Road,
Woking,
Surrey,
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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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sunny Meed Surgery on 24 November 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.
- We saw evidence of an active programme of clinical audit that reviewed care and ensured actions were implemented to enhance outcomes for patients.
- 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. Same day appointments were available for children (under the age of 16 years) who required same day consultation.
- The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of a hospital admission.
- The practice encouraged and valued feedback from patients, the public and staff.
- The practice was open between 8am and 6.30pm Monday to Friday, The practice offered extended hours from 6.30pm to 8.30pm Monday and Thursday evenings with the Practice Nurse and the HCA and 6.30pm to 8.30pm on a rotating basis either on a Wednesday, Thursday or Friday evening with one of the GP partners.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- 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.
- All staff were trained in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard (DOLS). All staff were trained to be 'dementia friendly'.
- The practice was actively ensuring that patients had accessible information provided to them in the format required. For example, in the form of large print or access to interpreters or translation services

We saw several areas of outstanding practice:

- The practice had a holistic approach to assessing, planning and delivering care and treatment for young patients who use services. The practice had carried out work with young patients to improve their awareness of what general practice could offer and information about their rights regarding access and confidentiality. We saw notices around the practice informing young patients of this and the practice had a young person's champion. The practice had created a questionnaire specifically for young patients and had created an action plan from the comments received. Results indicated that 100% of those that responded felt they had been able to get an appointment that suited them and felt at ease during their consultation. The practice had thought about ways to engage with younger patients and there were links to 'YouTube' videos for younger patients to access.

The areas where the provider should make improvement are:

- Ensure that patient privacy is reviewed in consulting rooms overlooking the drive

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?

Good

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.
- Patients on high-risk medicines were monitored on a regular basis. GPs and the clinical pharmacist provided medicine reviews for patients who are on multiple medicines to improve safety.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- Information about safety was valued and was used to promote learning and improvement. All staff were encouraged to be open and transparent and fully committed to reporting incidents. Incident reporting was thorough and analysis of incidents gave a picture of safety.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plans included emergency contact numbers for staff.
- Risks to patients were assessed and well managed.

Are services effective?

Good

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. For example, 90% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group (CCG) and the national average of 85%. 83% would recommend the practice with the national average being 78%.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice had proactively reviewed their skill mix to meet the demands of patients and access to care. This included appointing a prescribing clinical pharmacist. We saw examples of how this role had impacted positively upon patient care and outcomes. The practice also had a 'young person's champion' and a 'carers champion' who could offer advice to both patients and staff.
- The practice maintained comprehensive documentation to demonstrate their compliance with standards. For example, minutes from meetings were clear and concise and provided a source of reference for other staff to review outcomes from the discussions held.
- Staff had the skills and experience to deliver effective care and treatment. New employees received inductions, and all members of the practice team had received an appraisal in the last year, which included a review of their training needs.
- All staff were actively engaged in activities to monitor and improve quality and outcomes. Audits were considered an important activity to drive improvement and 32 had been commenced over the last 12 months. Improvements were made as a result to enhance patient care.
- The practice made good use of technology to support the delivery of high-quality care. This included e-mail access for patients with non-medical queries, using a 'group chat app' to keep staff up to date with staffing issues and creating their own health templates to help with patient care.
- The practice made use of innovative and pioneering approaches to care. The practice website contained a wealth of information for all population groups. Older and younger patient information contained links to various support organisations. They had thought about how to engage with younger patients and there were links to 'YouTube' videos for younger patients to access. The website had received 7,800 hits in one month showing that patients were using the website as a resource for information.
- The practice had a number of in-house services that reduced the need for patients to travel to hospital. This included initiating insulin for new diabetic patients, blood testing that measures how long blood takes to clot, blood monitoring for patients taking a medicine commonly used in patients with rheumatoid arthritis and 24 hour blood pressure monitoring.

Summary of findings

- Staff were committed to working collaboratively with patients who had complex needs. Patients were supported to receive coordinated care and there were innovative and efficient ways to deliver more joined-up care to patients who used services. Diabetic patients were given information about their condition which included a care plan and a guide produced by the Diabetes UK and information relating to the 15 healthcare essentials for diabetes (this is a guide to the minimum level of healthcare patients with diabetes should expect. For example, foot checks and having your eyes screened for signs of retinopathy). The practice website had links to various support groups as well as a video 'how to take a blood glucose test'.
- Staff were actively engaged in activities to monitor and improve the quality and outcomes for their patients. This included monitoring the outcomes for people once they have transferred to other services. The practice had audited diabetic patients aged 16-24 years who were or had transitioned from child to adult services. The audit was to ensure patients were still being seen by a specialist team. Audit results showed that 100% of patients had ongoing follow up arrangements in place.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 90% of patients who responded 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%.
- 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.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients could book appointments and order repeat prescriptions on line. The practice participated in the electronic prescription scheme, so that patients could collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- The practice hosted a twice weekly clinic provided by the midwife. This made it easier for their patients to access services locally.
- Comment cards received and patients we spoke with provided mainly positive experiences regarding obtaining an appointment with a GP. The latest GP survey showed that patient satisfaction was mostly above local and national averages with regards access to GP appointments. 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 website held a wealth of information in relation to different long term conditions, including information for asthma, diabetes and minor illness. It also had links to support organisations for older and young patients.
- The practice was open between 8am and 6.30pm Monday to Friday, The practice offered extended hours from 6.30pm to 8.30pm Monday and Thursday evenings with the Practice Nurse and the HCA and 6.30pm to 8.30pm on a rotating basis either on a Wednesday, Thursday or Friday evening with one of the GP partners.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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.

Summary of findings

- Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The partners and management closely reviewed the service and adapted to new demands to best meet their patients' needs. This included the development of staff within the administration team to take on lead roles as well as the clinical pharmacist role to help deliver high quality and responsive care for patients.
- There was a clear staffing structure in place. GPs, nurses and non clinical staff who had lead roles providing a source of support and expert advice for their colleagues.
- 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
- Patient participation was encouraged and the practice had a virtual patient participation group with over 864 members.
- There was a strong focus on continuous learning and improvement at all levels.
- The leadership drove continuous improvement. There was a clear proactive approach to seeking and embedding new ways of providing care and treatment.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in their population. All patients over the age of 75 had a named GP and patients over the age of 75 were offered an annual health check. The practice worked to reduce the unplanned hospital admissions for patients.
- The practice was able to refer older patients to a locality multiagency community frailty hub to support independent living and reduce emergency hospital admissions and visits made to Accident & Emergency departments. The hub gives older people aged 75 and over access to a range of health, social care and community services – all in one place. The practice had referred 46% of their older patient group to this service to access additional support. The practice was one of the highest referring practices in the clinical commissioning group area. The practice was able to access consultations notes made by hub clinicians through patients consenting to share record information.
- The practice was working to the Gold Standards Framework for those patients with end of life care needs. (The Gold Standards Framework is a framework to enable an expected standard of care for all people nearing the end of their lives. The aim of the Gold Standards Framework is to develop a locally-based system to improve and optimise the organisation and quality of care for patients and their carers in the last year of life).
- GPs and the clinical pharmacist provided medicine reviews for patients who were on multiple medicines to improve safety.
- The clinical pharmacist visited housebound vulnerable older patients for routine reviews including flu vaccines, chronic obstructive pulmonary disease (COPD) /asthma reviews and medicine reviews.
- Patients who were newly retired were routinely offered a health check.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered immunisations for shingles and pneumonia to older patients.
- There were nominated Elderly Care Leads who were active in ensuring that all older patients registered had access to any support and guidance required.

Summary of findings

- The practice had links with the South East Coast Ambulance Service NHS Foundation Trust (SECAmb) and was able to uploaded information to their database for emergency care. This enabled ambulance clinicians to have up to date information about a patient's health, their care plans, their needs and wishes.

People with long term conditions

Good

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

- The clinical pharmacist and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Performance for diabetes related indicators was comparable or higher than the local clinical commissioning group (CCG) and national averages. For example, 85% of patients with diabetes had a last measured total cholesterol within range of a healthy adult (within the last 12 months). This was higher than the CCG and national average. Diabetic patients were given information about their condition which included a care plan and a guide produced by the Diabetes UK and information relating to the 15 healthcare essentials for diabetes (this is a guide to the minimum level of healthcare patients with diabetes should expect. For example, foot checks and having your eyes screened for signs of retinopathy). The practice website had links to various support groups as well as a video 'how to take a blood glucose test'.
- The practice had audited patients with a diagnosis of diabetes aged 16-24 years who were or had transitioned from child to adult services. The audit was to ensure patients were still being seen by a specialist team. Audit results showed that 100% of patients had on-going follow up arrangements in place.
- 94% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness, which was comparable with the national average of 90%
- 82% of patients with asthma had an asthma review performed in the previous 12 months. This was higher than the national average of 75%

Summary of findings

- Longer appointments and home visits were available when needed.
- The practice had developed a new booking system to remind patients of future reviews. For example, if repeat blood tests were required the reception team would contact the patient to book an appointment.
- The practice had a number of in-house services that reduced the need for patients to travel to hospital. This included initiating insulin, blood testing that measures how long blood takes to clot, blood monitoring for patients taking medicines given to patients with rheumatoid arthritis and 24 hour blood pressure monitoring.
- Patients were supported to self manage their long-term condition by using agreed plans of care and were encouraged to attend self-help groups.
- The practice had links with the South East Coast Ambulance Service NHS Foundation Trust (SECAmb) and was able to uploaded information to their database for emergency care. This enabled ambulance clinicians to have up to date information about a patient's health, their care plans, their needs and wishes.

Families, children and young people

Outstanding ☆

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

- The practice had a young person's champion. The practice had created a questionnaire specifically for young patients and had created an action plan from the comments received. Results indicated that 100% of those that responded felt they had been able to get an appointment that suited them and felt at ease during their consultation. The practice had thought about ways to engage with younger patients and there were links to 'YouTube' videos for younger patients to access.
- GPs were able to prescribe medicines for attention deficit hyperactivity disorder (ADHD) under a shared care arrangement and were planning to extend this service by offering children in-house six monthly reviews with paediatric support.
- There were processes in place for the regular assessment of children's development. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.
- Immunisation rates were relatively high for all standard childhood immunisations.

Summary of findings

- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice ensured that younger patients (under the age of 16 years) needing emergency appointments would be seen on the same day.
- Pregnant women were able to access an antenatal clinic provided by midwives attached to the practice.
- The number of women aged between 25 and 64 who attended cervical screening in 2015/2016 was 92% which was higher than the clinical commissioning group (CCG) 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.
- The practice had carried out work with young patients to improve their awareness of what general practice can offer and their rights regarding access, consent and confidentiality.
- The practice had baby changing facilities, and a small play area was available for children. The practice welcomed mothers who wished to breastfeed on site, and offered a private room to facilitate this if requested.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had identified that a large proportion of their patients were commuters, and designed access to accommodate this. This was facilitated by a system of triage, extended hours sessions, and telephone consultations. For example, the practice offered extended hours from 6.30pm to 8.30pm Monday and Thursday evenings with the Practice Nurse and the HCA and 6.30pm to 8.30pm on a rotating basis either on a Wednesday, Thursday or Friday evening with one of the GP partners to enable improved access for working patients.
- Telephone consultations were available during working hours.

Summary of findings

- The practice sent text reminders for appointments and when receiving test results.
- Electronic Prescription Services (EPS) and a repeat dispensing service helped patients to get their prescriptions easily.
- Travel health and vaccination appointments were available.
- Health checks were offered to all 40-74 year olds and appointments for these checks were available in the evening for working patients.
- The practice recorded patients retirement date to ensure those patients were offered a health check. The practice website had references for health promotions and advice for patients who were retired.
- Smoking cessation clinics were held in the evening to improve access for the working population.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.
- Patients with a learning disability or other significant disability were known to the practice. This meant staff could quickly identify when dealing with a patient, if they required additional assistance.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Carers and those patients, who had carers, were flagged on the practice computer system and were signposted to the local carers support team.
- The practice used Carer Prescriptions. The Carers Prescription is a referral tool to offer carers the support they need and to help the carer have a better balance between their caring role and their life away from caring

Summary of findings

- The practice had a 'carers champion' and held monthly clinics as well as phone consultations where support and advice could be offered to patients. The carers champion also had regular contact and meetings with the GP Carer Awareness Advisor for North West Surrey.

People experiencing poor mental health (including people with dementia)

Good

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

- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, with the national average being 84%
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the last 12 months, with the national average being 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. The practice actively screened patients with long-term condition for dementia. Staff had undertaken dementia friends training.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was generally performing around or above local and national averages, 269 survey forms were distributed and 108 were returned. This represented around 1% of the practice's patient list. The results showed;

- 63% of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 67% and the national average of 73%.
- 81% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.
- 90% of patients who responded described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 84% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Many of the cards included accounts of how individual members of the practice team had provided exemplary treatment and support for patients and their families.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at the results of the FFT from January 2016 to October 2016. The practice had received 145 comments. Results indicated that 122 patients were 'extremely likely' or "likely" to recommend the practice (84%) to their friends and family. Nine patients indicated they would not recommend the practice (6%) and 14 were neutral (10%).

Sunny Meed 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 and a practice manager specialist adviser.

Background to Sunny Meed Surgery

Sunny Meed Surgery offers primary medical services to the population of Woking in Surrey and the surrounding area. There are approximately 9,300 registered patients. Sunny Meed Surgery has a main site and a smaller branch surgery at Goldsworth Park Health Centre.

The practice was situated over two floors. The first floor is for administration staff only. Most of the GP rooms are accessed via a small number of steps. However, there are two treatment rooms on ground level. Patients can be offered appointments in these two rooms if required. There is disabled access with a seated waiting area. There is an accessible toilet for patients on the ground floor and there are baby changing facilities.

Sunny Meed Surgery is run by three partner GPs (two male and one female). The practice is also supported by three salaried GPs (one male and two female), one female GP registrar and one female Foundation Year doctor, three practice nurses, a health care assistant and a clinical prescribing pharmacist. The clinical team is supported by a full-time practice manager and assistant practice manager and a team of administrative, secretarial and reception staff. (Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medicines and better access to health checks. The clinical pharmacist at this practice is able to prescribe medicines).

Sunny Meed Surgery is a training practice for GP Registrars and Foundation Year doctors. GP registrars are fully qualified and registered doctors who are on a three year GP training course. This involves further medical training in specialities and are attached to a practice under a supervising qualified GP. The foundation programme usually involves six different rotations or placements in medical or surgical specialties. The rotations enable doctors to practice and gain competence in basic clinical skills under supervision.

The practice runs a number of services for its patients including asthma reviews, child immunisation, diabetes reviews, new patient checks and holiday vaccines and advice. As well as spirometry, minor operations, cryotherapy, ear syringing, injections to treat symptoms of prostate, breast cancer, secondary bone cancer or endometriosis, Cardiovascular disease (CVD) reviews, pre-diabetic reviews, and a specialised blood test for Deep Vein Thrombosis (DVT) and ECGs

Services are provided from two locations:-

The main Surgery

Sunny Meed Surgery, 15-17 Heathside Road, Woking, Surrey, GU22 7EY

Opening Times

Monday to Friday 8am to 6.30pm

Extended hours

6.30pm to 8.30pm Monday and Thursday evenings with the Practice Nurse and the HCA

Detailed findings

6.30pm to 8.30pm on a rotating basis either on a Wednesday, Thursday or Friday evening with one of the GP partners.

And the branch Surgery

Goldsworth Park Health Centre, Denton Way, Woking , Surrey , GU21 3LQ

Opening Times

Monday , Tuesday and Thursday 8am – 6.30pm

Wednesday and Friday 8am to 1.30pm

During the times when the practice is closed, the practice has arrangements for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients aged between birth and nine years of age, 40-54 and 85+ years of age than the national and local clinical commissioning group (CCG) average. The practice population shows a lower number of patients aged from 15 to 29 and 60-69 years of age than the national and local CCG average. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England. Less than 10% of patients do not have English as their first language.

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 24 November 2016. During our visit we:

- Spoke with a range of staff including GPs, a clinical pharmacist, a practice nurse, a health care assistant, secretaries, reception and administration staff, the assistant practice manager and the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 16 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.

Good

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).
- The practice encouraged staff to report incidents within a supportive 'no blame' culture.
- There had been 25 significant events recorded in the preceding 12 months and these had been appropriately reviewed and learning shared with practice and any other relevant staff. Actions were taken to improve processes to prevent the same thing happening again. Records showed that where there were unintended or unexpected safety incidents, patients were offered support, information about what had happened and apologies where appropriate.
- The practice had a structured programme of meetings which covered multiple topics. For example, GP meetings, practice meetings, clinical meetings and multidisciplinary team meetings. Topics such as audits, complaints and comments, significant events and updates were discussed at these meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We found there was an effective process to act on safety alerts and that staff understood what to do and recorded their actions. We looked at recent safety alerts and found that these had been acted upon. The practice told us alerts were discussed at practice meetings as a standing agenda item. We saw evidence of all the recent Medicines and Healthcare products Regulatory Agency (MHRA) alerts recorded in a spreadsheet for further discussion and any appropriate action was taken to ensure patient safety.

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 the appropriate level to manage child safeguarding (Level three) and nurses were trained to manage child safeguarding at level two. Staff we spoke with were able to give examples of action they had taken or would take in response to concerns they had regarding patient welfare.
- A notice in the waiting room and in all clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A partner GP was the infection control clinical lead who kept up to date with best practice. There were infection control policies in place, including needle stick injuries and the handling of samples, and we observed these had been reviewed regularly. Practice staff had received infection control training, and received information as part of new staff inductions. An infection control audit had last been undertaken in September 2016, and this was supported by a comprehensive action plan to address the issues identified. We observed that actions had been signed and dated as they had been completed. A handwashing audit had also been undertaken.
- 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). For example, there was a temperature monitoring system in the medicines fridges and staff knew what to do in the event of a vaccine fridge failure. There was a stock rotation system for medicines and emergency medicines were checked regularly and records kept of this.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had a process to review and cascade medicines alerts received via the Medicines and Healthcare Regulatory products Agency (MHRA). When this raised concerns about specific medicines, searches were undertaken by the GPs and clinical pharmacist to check individual patients and ensure effective action were taken to ensure they were safe. For example, prescribing an alternative medicine if a concern had been raised about the safety of a particular medicine.
- Blank prescription stationary were securely stored and there were systems in place to monitor their use. The clinical pharmacist had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They 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. 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. 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. GPs used a buddy system to ensure continuity of care and to cover work when on leave or rostered as the duty GP.

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. Copies of the plan were kept off site in case any incidents made entry to the site inaccessible. The plan included emergency contact numbers for staff. As the practice had a branch site, there were arrangements to ensure continuity of service and access to records if one site was temporarily out of action.

Good

Are services safe?

- Medical emergency guidance ensured reception staff were aware of the actions they needed to take if anyone presented at reception requiring immediate medical help.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.7% of the total number of points available. The practice had a 16% clinical exception rate. The national and clinical commissioning group average for clinical exception was 10%. (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).

We noted that exception reporting was above average when we reviewed QOF data. The practice was able to explain that due to an error when implementing a recall system for patients, this had resulted in a higher than average exception coding. However, following a review of patients on an individual basis, the practice was able to show us unverified data to show that 2016/2017 exception coding was in line with the clinical commissioning group (CCG) and national averages. This data had not yet been verified or published. However, an independent review by NHS England had also found that exception reporting by the practice was in line with the national and clinical commissioning group averages

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators was comparable with the local CCG and national averages. For example, 85% of patients with diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the last 12 months), was higher than the national average of 78% and the clinical commissioning group (CCG) average of 79%.
- 95% of patients on the diabetes register had a record of a foot examination within the last 12 months, which was higher than the national average of 89% and the CCG average of 88%.
- 84% of patients with hypertension had regular blood pressure tests, which was comparable to the CCG average of 82% and the national average of 83%.
- Performance for mental health related indicators were higher than the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan, compared to the national average of 89% and the CCG average of 92%.

There was evidence of quality improvement including clinical audit.

- All staff were actively engaged in activities to monitor and improve quality and outcomes There had been 32 audits commenced in the last year, these included both clinical and non-clinical audits. Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We reviewed eight clinical audits that had been carried out within the last 12 months and saw evidence of two-cycle audits. The audits indicated where improvements had been made and monitored for their effectiveness. For example, the practice had audited diabetic patients aged 16-24 years who were or had transitioned from child to adult services. The audit was to ensure patients were still being seen by a specialist team. Audit results showed that 100% of patients had ongoing follow up arrangements in place.
- We saw that the practice also completed audits for medicine management and infection control. For example, the practice completed regular audits for medicines prescribed. The audits were to ensure that prescribing at the practice was in line with National

Good

Are services effective?

(for example, treatment is effective)

Institute for Health and Care Excellence (NICE) guidelines. When necessary patients were invited for a medicines review to ensure they were on the optimal medicine for their needs.
- The practice participated in local audits, national benchmarking and research.

The practice participated in the hospital admission avoidance scheme and had identified patients who were at high risk of unplanned admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed and there was a follow up procedure in place for discharge from hospital.

The practice had created their own template for recording specific patient information before prescribing anticoagulants, commonly called blood thinning medicines that interact with the body's natural blood-clotting system to treat and prevent abnormal blood clots.The template recorded information such as lifestyle issues, alcohol, and counselling. By recording this information it allowed the GPs to more accurately calculate the correct dosage needed. Patients were also given an anti-coagulant safety card.

GPs we spoke to told us that that ensured that prescription instructions were written to be more user friendly. This included putting details of when to take medicines and the reason for taking it. For example, "take one at breakfast with food" and "Take one to thin blood".

The practice had a number of in-house services that reduced the need for patients to travel to hospital. This included initiating insulin for new diabetic patients, blood testing that measures how long blood takes to clot, blood monitoring for patients taking a medicines commonly used in patients with rheumatoid arthritis and 24 hour blood pressure monitoring

Effective staffing

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

- The practice had recruited a prescribing clinical pharmacist who was able to work alongside GPs to assess and treat patients. This had provided additional clinical support for patients with routine and urgent needs. The clinical pharmacist was also the clinical mentor for a NHS England pilot for placing pharmacists in GP practices and was mentoring nine pharmacists.
- Staff rotated across the two sites. This ensured no one was isolated and everyone was integrated within the practice team.
- The practice had an induction programme for all newly appointed staff, including locums. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We looked at the records for recently recruited staff and found that an induction checklist had been completed. Staff told us they were well supported when they commenced their roles with shadowing opportunities and had easy access to support from their colleagues.
- 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 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. The practice had protected learning time where in-house training was organised for the practice team. GPs attended training events and we observed that the practice maintained a full record of staff training and reviewed this to ensure update training was scheduled in advance.
- Staff were encouraged to find relevant courses which they felt would be beneficial to their role and development and were supported to undertake any training.

Good

Are services effective?

(for example, treatment is effective)

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 had a system to make sure that any 'two-week wait' cancer referrals sent had been received by the relevant hospital department.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

We saw evidence that multi-disciplinary team (MDT) meetings took place. For example, the practice held bi-monthly palliative care meetings as well as regular meetings with health visitors. If a patient required palliative care, their needs were discussed as part of the integrated care meetings to make sure any support required was promptly put in place. We saw that the practice provided personalised end of life care with a focus on offering continuity of care.

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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. Systems were in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

The practice had a holistic approach to assessing, planning and delivering care and treatment to people who use services. The practice had a 'carers champion' who was the named lead for carers. The lead ran a monthly clinic for carers and was able to arrange access to help and assistance from a range of services. Patients were able to book face to face meetings or phone calls with the lead to help tailor support as needed. We spoke with the carers lead. They told us that carers could sometimes feel isolated and there was a strong emphasis on ensuring carers were aware of the support available for them as well as voluntary groups or activities they could participate in. The practice had a carer recognition action plan.

The practice was involved in the 'Young Person's Champion Project' and had a non clinical named lead as their young person's champion. We saw notices around the practice informing young patients of their rights including information relating to being able to see a GP or nurse by themselves (without an adult present) and confidentiality between the patient and the GP. We spoke with the lead who told us the project aims were to improve the practice for young patients. This included access, confidentiality, feedback, and patient participation. The practice had created a questionnaire specifically for young patients and had created an action plan from the comments received. Results indicated that 100% of those that responded felt they had been able to get an appointment that suited them and felt at ease during their consultation. However 18% felt they had something else to discuss but could not. The practice was reviewing ways to ensure young patients had opportunities to discuss various topics during their consultations.

There was a good system in place for managing incoming correspondence, including test results. The GPs contacted patients directly to inform them of abnormal test results. All hospital discharge information was acted upon quickly, and any amendments to patients' medicines following discharge were completed by the clinical pharmacist or GP.

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. All staff had received recent training in the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, 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.

Good

Are services effective?

(for example, treatment is effective)

- Patients provided consent for specific interventions. For example, minor surgical procedures. The risk associated with the intervention was explained after which patients signed a consent form. The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Health information was made available during consultations and GPs used materials available from online services to support the advice given to patients. There was a variety of information available for health promotion and the prevention of ill health in the waiting area.
- Midwives were available at the practice.
- The practice's uptake for the cervical screening programme was 92%, which was higher than the CCG and national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. 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. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age were at 52% which was lower than the CCG average of 56% and the national average of 58%.
- Most childhood immunisation rates for vaccines given were higher with the CCG average. For example, 100% of children under 24 months had received the MMR (measles, mumps, and rubella) vaccine compared to the CCG average of 87%. A system was in place for the practice to contact the parent or carer of those patients who did not attend for their immunisations.
- Patients who were recently retired were offered health checks as the practice had recognised that some patients were at an increased risk of ill health. The practice had created clinical templates on their patient computer system which include retirement dates to ensure that health checks could be offered at an appropriate time.
- The practice made use of innovative and pioneering approaches to care. The practice website contained a wealth of information for all population groups. Older and younger patient information contained links to various support organisations. They had thought about how to engage with younger patients and there were links to 'YouTube' videos for younger patients to access. The website had received 7,800 hits in one month showing that patients were using the website as a resource for information.
- The practice made good use of technology to support the delivery of high-quality care. This included e-mail access for patients with non-medical queries, using a 'group chat app' to keep staff up to date with staffing issues and creating their own health templates to help with patient care.

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.

Good

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.

- Feedback from patients and carers we spoke to was all positive about the way that staff treated patients. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, we noted that consulting rooms overlooking the drive did not always ensure patient privacy. We bought this to the attention of the practice manager who rectified the situation by ensuring that curtains were closed. They told us they would review a more permanent solution.
- 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.
- Throughout our inspection, we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. A caring and patient-centred approach was demonstrated by all staff we spoke with during the inspection. On the day of the inspection we heard of many examples were staff had gone the extra mile. For example, a receptionist had walked a patient to the opticians after they had broken their glasses and where staff had responded positively to vulnerable patients who required support and intervention.

All of the 16 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 six patients 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 published in July 2016 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:

- 99% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% of patients who responded 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%
- 90% of patients who responded 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%.
- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 84% 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.

Good

Are services caring?

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 above or slightly lower than local and national averages. For example:

- 97% of patients who responded 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%.
- 90% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 80% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the 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.

The practice website also had the functionality to translate the practice information into approximately 90 different languages.

- The practice made use of innovative and pioneering approaches to care. The practice website contained a wealth of information for all population groups. Older and younger patient information contained links to various support organisations. They had thought about how to engage with younger patients and there were links to 'YouTube' videos for younger patients to access. The website had received 7,800 hits in one month showing that patients were using the website as a resource for information.

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 had coded 168 patients as carers, nearly 2% of the practice list. The practice identified new carers upon registration, and carers' information packs were available. The practice had identified a designated 'Carers' Champion Lead'. The practice encouraged carers to book an appointment with the lead who could offer advice about support available to them. The lead explained to us that some carers can become isolated and the lead was able to offer support groups that could look after loved ones while the carer was able to participate in an activity to help with the feeling of isolation. Carers also received vaccination against the flu virus and annual health checks to discuss any health concerns they may have. Signposting details for carers were available in the reception area.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a letter of sympathy offering support. This 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.

Good

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.

- The practice offered extended hours from 6.30pm to 8.30pm Monday and Thursday evenings with the Practice Nurse and the HCA and 6.30pm to 8.30pm on a rotating basis either on a Wednesday, Thursday or Friday evening with one of the GP partners
- 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 (under the age of 16 years) 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.
- Electronic Prescribing was available which enabled patients to order their medicines on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice used text messaging to remind patients of appointments.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- There were toilet facilities available for all patients, including an adapted aided toilet and a baby nappy changing facility.
- The practice remained open throughout the day so patients could still ring for appointments, collect prescriptions or drop off prescriptions or samples during the lunchtime period.
- The surgery offered an International Normalised Ratio (INR) test for patients on warfarin. The INR is a blood test that needs to be performed regularly on patients who are taking blood thinning medicines to determine their required medicine dose. The practice had installed software which tested the blood instead of having to be send samples to hospital. By being able to have the test at the surgery or at home, patients did not need to travel to their local hospital for the test or wait for the results.
- A regular practice newsletter was produced that provided information on the services available and any changes at the practice.
- The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans. Unplanned admissions were also discussed at meetings to identify any improvements necessary.
- The practice held talks for patients to learn more about their practice and aspects of caring for their own health. For example, over the last 18 months the practice had held talks on making the most of your medicines, Breathe Easy Week (lung health), dementia, the local clinical commissioning group - what it means to patients and services locally, and how patients could help improve local NHS community Services.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, The practice offered extended hours from 6.30pm to 8.30pm Monday and Thursday evenings with the Practice Nurse and the HCA and 6.30pm to 8.30pm on a rotating basis either on a Wednesday, Thursday or Friday evening with one of the GP partners. In addition to pre-bookable appointments that could be made three weeks in advance, telephone consultations and urgent appointments were also available for patients that needed them. Phone consultations could also be booked. The practice operated a phone triage GP service where all patients needing advice from a doctor on the day would be phoned back as soon as possible by the duty GP who could arrange appointments, investigations and or prescriptions as necessary.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mixed than local and national averages. For example;

- 82% of patients who responded were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 76% and the national average of 79%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 63% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

The practice had responded to the comments that patients not easily access the practice by phone and had ensured extra staff were available in the morning to answer patient calls.

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.

This was done by gathering information from the patient when they called to request an urgent appointment, the reception staff then booked patients with the Duty GP to be triaged over the phone. If required a face to face appointment could be offered for that day. 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.
- There were posters on display in the waiting area and information was on the practice website.
- A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided.

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

The practice statement of purpose included the practices aims and objectives some of which were:-

- Provision of excellent patient care delivered in a clean, suitably equipped and safe environment.
- Care will be provided by suitably trained members of staff who will have the right skills, training and experience to carry out their duties. We will work alongside other non-practice primary care staff to ensure the ongoing appropriate care of our patients.
- All patients and users of the practice will be treated with dignity and respect.

We spoke with 16 members of staff. They told us there was a strong focus on being patient centred, and the practice achieved this by supporting good team working, professional development and training. Staff we spoke with demonstrated awareness of the practice vision and values, and knew what their responsibilities were in relation to these.

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:

- Governance and performance management arrangements were proactively reviewed and
- reflect best practice.
- The management of the practice had a comprehensive understanding of the performance of the practice.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. All levels of staff held lead roles in key areas, for example, in safeguarding, Quality and Outcomes Framework (QOF) and carers and young person's champions.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were 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 inspired shared purpose to deliver high quality care and to motivate staff to succeed. They had the experience, capacity and capability to run the practice. They told us they prioritised safe, high quality and compassionate care.

Staff throughout the practice were proud of their work and there were high levels of staff satisfaction. They told us they felt there was a proactive culture and that there was no difference between clinical and non-clinical staff, everyone was treated the same. They told us that everyone in the practice, including partners, were approachable and always took the time to listen. Staff also said they were actively encouraged to raise any concerns or suggestions. There are consistently high levels of constructive staff engagement.

We saw that the partners strove towards continuous improvement and staff were accountable for delivering changes within the practice. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment. For example, through patient surveys, audits and innovative uses of technology.

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.

Are services well-led?

Good

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

- There was a strong collaboration and a common focus on improving quality of care and patient's experiences. Which all staff supported.
- Staff told us the practice held regular team meetings. Staff made use of a whiteboard behind reception where discussion points for the next meeting could be written. Staff told us that anything written on the board was discussed at the following meeting and ensured that everyone was able to raise issues or put forward ideas.
- 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 surveys sent to the virtual patient participation group (VPPG) and through complaints and comments received. The practice had 865 patients in their virtual group. The practice had conducted a VPPG survey in June 2016 and had created an action plan from the results and comments received. Actions completed included an additional receptionist to answer phones in the morning, widely advertising extended hours appointments and targeting smokers to supply additional information regarding quitting and the various services on offer. The practice had created a questionnaire specifically for young patients and had created an action plan from the comments received.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. 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 invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at the results of the FFT from January 2016 to October 2016. The practice had received 145 comments. Results indicated that 122 patients were 'extremely likely' or "likely" to recommend the practice (84%) to their friends and family. Nine patients indicated they would not recommend the practice (6%) and 14 were neutral (10%).

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.

- The practice was actively involved in clinical research. The practice was 'Research Ready' registered and accredited with the Royal College of General Practitioners (RCGP). RCGP Research Ready is an online quality assurance framework, designed for use by any general practice in the UK actively, or potentially engaged in research.
- The GPs were able to prescribe medicines for attention deficit hyperactivity disorder (ADHD) under a shared care arrangement and were planning to extend this service by offering children in-house six monthly reviews with paediatric support.