

Drs Wood and Claridge

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chagford Health Centre on 24 November 2015. 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 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.
- Patients said they found it easy to make an appointment with a named GP and that 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.

Good



- Records showed that there was an effective system in place for reporting and recording significant events and that these were discussed at daily and monthly meetings.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.
- All staff had received up to date safeguarding training relevant to their role and the practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- This small rural practice worked closely with other health professionals such as community and district nurses to ensure risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Evidence from data, such as the July 2015 national GP patient survey, showed that patient outcomes were at or above average for the locality and nationally.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Full audit cycles were in place and 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 multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice higher than others for several aspects of care.

Summary of findings

- All of the patients and PPG members we spoke with 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had 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. For example, the practice had changed its extended opening hours to early mornings and evenings in response to patient's needs.
- The GP patient survey showed that 99% of patients found it easy to make an appointment, which was significantly higher than the CCG average of 84% and the national average of 73%.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Patients could book routine appointments up to 12 months in advance. 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 that 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 ethos recorded in writing and shared with staff and patients to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a full range 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 knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice used the Devon Predictive Model (DPM) to identify patients at risk of unplanned hospital admission, and take appropriate proactive action.
- The practice offered longer appointment for the elderly and annual health checks, and had close relationships with the district nurses and community matron. This included a monthly review of all palliative care and complex care patients with multi-disciplinary teams.
- As a small rural practice the GPs and nurses had high levels of knowledge about a large proportion of their older patients, which enabled them to offer individual care packages. 27.3% of the practice population were aged over 65 years. The national average is 16.7%.
- All patients aged over 75 had a named GP and had been informed of this and how to contact them.
- The practice carried out regular supported living health reviews and had completed treatment escalation plans, together with bereavement support and carers checks.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had annual chronic disease management checks adapted for patient ease, including vaccination clinics for flu, pneumococcal and shingles.
- There were 141 patients registered as having diabetes. Of these 100% had received a face to face review in the last 12 months.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- 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, at between 92 – 100% for all children aged two to five years.
- 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.
- Cervical screening rates were 100% which was higher than the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses. Health visitors came to the practice on the first Wednesday of every month. The health visitors also met up with practice GPs on a bi monthly basis.

Good



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 offered early morning and evening appointments to cater for people in this population group who found it difficult to attend during working hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- The practice had systems in place to identify military veterans and ensure their advanced access to secondary care in line with the national Armed Forces Covenant. The practice patient list of 3,200 comprised 1% military veterans.

People whose circumstances may make them vulnerable

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

Good



- The practice had invited MENCAP to complete a series of visits to improve accessibility to the service for patients with learning disabilities. The practice had acted upon their findings including the provision of pictograms, picture signs on doors and a total communication file at reception.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- 93% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- 80% of people with mental health issues had received a face to face review and comprehensive care plan in the last 12 month.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It 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 people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. The results showed the practice was performing in line with or better than local and national averages. 242 survey forms were distributed and 126 were returned. This represented 4% of the patient list.

- 99% found it easy to get through to this practice by phone compared to a CCG average of 84% and a national average of 73%.
- 97% found the receptionists at this practice helpful (CCG average 91%, national average 81%).
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 91%, national average 85%).
- 97% said the last appointment they got was convenient (CCG average 95%, national average 92%).

- 100% described their experience of making an appointment as good (CCG average 83%, national average 73%).
- 94% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. For example, patients told us they found the reception staff extremely helpful in making appointments that were both timely and convenient. All patients had great confidence in the level of care offered by the GP's and nursing team.

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

Drs Wood and Claridge

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor, and an Expert by Experience.

Background to Drs Wood and Claridge

Chagford Health Centre was inspected on Tuesday 24 November 2015. This was a comprehensive inspection.

The main practice is situated in the rural town of Chagford, in Dartmoor, Devon. The practice provides a primary medical service to 3,200 patients. The practice is a teaching practice for medical students and a training practice for trainee GPs.

There was a team of three GPs partners, two female and one male. Some worked part time and some full time. The whole time equivalent was two GPs. Partners hold managerial and financial responsibility for running the business. The team were supported by a practice manager, two nurses, one health care assistant, and additional administration staff.

Patients using the practice also had access to community nurses, mental health teams, addiction services, chiropody, physiotherapy, domestic abuse counsellor and health visitors. Other health care professionals visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am - 6.30pm Monday to Friday. Appointments can be offered anytime within these hours. Extended hours

surgeries are offered at the following times; on alternate Monday and Tuesdays 6.30pm – 7.00pm. On a Tuesday and Thursday morning the practice was also open 7.30am – 8.00am.

Outside of these times patients are directed to contact the Devon doctors out of hour's service by using the NHS 111 number.

The practice offered a range of appointment types including book on the day, telephone consultations and advance appointments.

The practice had a Personal Medical Services (PMS) contract with NHS England.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 November 2015. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, nursing and administrative staff and spoke with five patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 20 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, where there had been a delay in dispensing medicine via the local pharmacist due to a patient changing address to a residential care home. Lessons learned included the practice putting in place a follow up system for all prescriptions to be double checked to prevent any reoccurrence.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 GP 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 relevant to their role. For example, GPs were trained to child safeguarding level three.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff

who acted as chaperones was trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place dated August 2015 and staff had received up to date training. Annual infection control audits were undertaken, most recently in November 2015, and we saw evidence that action was taken or planned to address any improvements identified as a result. For example, the practice had identified that they did not have hot and cold mixer taps at each wash basin. The practice had a plan in place to rectify this.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed three personnel files and found that 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, reviewed in

Are services safe?

September 2015, with a poster in the reception office. All electrical equipment was checked to ensure the equipment was safe to use, most recently in March 2015. Clinical equipment was checked to ensure it was working properly. The practice also 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. Staff were aware that the practice manager was the nominated lead for health and safety.

- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had two defibrillators available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This had last been reviewed in August 2015. The plan included emergency contact numbers for staff.
- Fire extinguishers, alarms and smoke detectors had all been checked and serviced on a regular basis by a professional contractor, most recently in October 2015. A full fire risk assessment had been completed in April 2015. The practice had acted upon the recommendations of this assessment, such as the removal of an unsafe electrical heater.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' 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 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 90% of the total number of points available, with 3% exception reporting. 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 78% which was similar to the CCG average of 80%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was better than the CCG average of 89%.
- Performance for mental health related indicators was 100% which was better than the CCG 90% average.
- The dementia diagnosis rate was 100% compared to the CCG average of 90%.
- The number of unplanned admissions to hospital per 1,000 head of population between January 2014 - December 2014 was 13.64 which was comparable with the national average of 14.4.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, action had been taken as a result of a vitamin B12 deficiency audit. The audit had helped the practice to recognise that a small number of patients due for B12 injections had missed their annual injection. The previous system did not have a follow up in place. Improvements following the audit included a follow up reminder to ensure all patients received their B12 injection. A subsequent audit found that a 100% success rate had been achieved and that the practice now had a complete list of patients who required a B12 annual injection.

Information about patients' outcomes was used to make improvements such as a contraceptive audit. This audit had identified required improvements such as the need to make chlamydia testing kits more accessible. The practice now provided these kits in the patient toilet. A follow up audit ensured that continuous improvement was being monitored.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice subscribed to a national scheme run by an internationally recognised bank for the provision of their induction programme, employee handbooks, policies and procedures. Records showed that a full range of human resources policies to support staff in their roles was in place.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Staff provided us with examples of how the practice had supported their learning and development. For example, health care assistants and nurses had been provided by the practice with time and resources to attend specialist courses in diabetic care and smoking cessation, in order to deliver effective care to patients.

Are services effective?

(for example, treatment is effective)

- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated.

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on healthy lifestyle, diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The health care assistant provided support for patients with healthy lifestyle and dietary advice. The nurses offered smoking cessation support and this was also available from a local support group.
- One of the GPs was a master practitioner in neuro linguistic programming (NLP) who was able to offer patients support on phobias, anxiety attacks and eating disorders.
- The practice had links with the community mental health team for support with depression and mental health issues.

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 81% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% and two to five year olds from 86% to 100%. This was comparable with the CCG average of 89%. Flu vaccination rates for the over 65s were over 80%, and at risk groups 79%. These were comparable to CCG and national averages of 76%.

Are services effective?

(for example, treatment is effective)

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

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 20 patient CQC 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 also spoke with two members of the patient participation group (PPG). The PPG had a total membership of eight. The two members we spoke with included the chairperson, who 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.

Feedback from the PPG included the risk of confidential conversations being overheard from the nurse's treatment room whilst patients waited at reception. The practice acted upon this feedback by speaking with the nurses about volume levels and also by installing a wireless which played soft music in the waiting room.

Other feedback from the PPG included displaying patient information more prominently on notice boards. This had also been acted upon. There was a wide range of patient information available on a number of notice boards in the waiting area.

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

- 95% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 97% said the GP gave them enough time (CCG average 94%, national average 92%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 92%)
- 93% said the last GP they spoke to was good at treating them with care and concern (CCG average 90%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).
- 97% said they found the receptionists at the practice helpful (CCG average 91%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 93% said the last GP they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.6% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant. The practice had a military veteran's policy in place. The patient list contained 1% of identified military veterans.

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 worker's clinics on alternate Monday and Tuesdays 6.30pm – 7pm, on a Tuesday and Thursday morning the practice was also open 7.30am – 8 am.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children, teenagers and those with serious medical conditions.
- There were disabled facilities, hearing aid induction loop and translation services available.
- There was a private room available for breast feeding mothers. Other reasonable adjustments were made and action was taken to remove barriers when people find it hard to use or access services, such as the installation of a doorbell at the front entrance for wheelchair users to summon assistance.

Access to the service

The contracted opening hours of the practice are 8am to 6.30pm Monday to Friday. Appointments can be offered anytime within these hours. Extended hours surgeries are offered at the following times on alternate Monday and Tuesdays 6.30pm – 7pm, on a Tuesday and Thursday morning the practice was also open 7.30am – 8am.

In addition to pre-bookable appointments that could be booked up to 12 months in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 99% patients said they could get through easily to the surgery by phone (CCG average 84%, national average 73%).
- 100% patients described their experience of making an appointment as good (CCG average 83%, national average 73%).
- 94% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71%, national average 65%).

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. A poster was displayed in the waiting room explaining how to make a complaint should patients wish to do so.

We looked at the one complaint received in the last 12 months and found that it had been satisfactorily handled. The complaint had been dealt with in a timely way. Written evidence showed that the practice had complied with its duty of candour, including an apology. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, shared learning included the fact that all locum GPs must view the pathology result data pack before the report is filed.

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 clear ethos and mission statement which was displayed in the waiting areas and staff knew and understood it.
- The practice ethos was to provide the highest quality healthcare for our patients within the NHS resources available, to value and work effectively with the wider primary care team and voluntary agencies, to maintain excellence in education, and to maintain a culture of learning and value throughout the organisation.
- The practice had a robust strategy and supporting business plans 2015-17 which reflected the vision and values and were regularly monitored.
- The practice had a succession plan in place to provide continuity when the time came for practice staff to retire.

Governance arrangements

The practice had an overarching clinical governance framework reviewed in October 2015 which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- The practice held staff meetings on a bi-monthly basis including the PM and admin staff.
- The nurses held bi-monthly meetings included the nurses, health care assistants, a GP and the practice manager.
- Monthly practice meetings were held which included the practice manager and the GP partners.
- All staff meetings which included significant events were held on a six monthly basis or more frequently if the need arose.
- GPs at the practice met up on a daily basis each morning.
- 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.

- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The practice had a whistle blowing policy in place last reviewed in October 2015. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- the practice gives affected people reasonable support, truthful information and a verbal and written apology
- They 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.

- All staff meetings which included significant events were held on a six monthly basis or more frequently if the need arose.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team social events were held at six month intervals through the year. The practice had a Christmas get together planned for December 2015 and an all staff away day planned for March 2016.
- 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.

Are services well-led?

Good 

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

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular bi-monthly basis, at meetings attended by the PPG and the practice manager. The PPG submitted proposals for improvements to the practice management team. For example, issues about possible breaches of patient confidentiality due to the risk of private conversations in nurse's treatment rooms being overheard in the waiting room had been addressed. Nurses had been spoken with and appropriate improvements made such as the installation of soft background music in the waiting room.
- The practice had carried out a patient survey in November 2015 which had examined access, cleanliness, privacy, staff attitude, waiting times and opening times. There had been seven respondents. Results showed that patients were very satisfied with the practice. The practice friends and family survey feedback was also extremely positive.

- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff had suggested that a GP and nurses holiday planner showing authorised dates of annual leave be displayed behind reception. The reason for this was to enable staff to check which GPs and nurses were definitely available on future dates to see patients. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

For example, the practice was approved by NHS England to receive and support GP registrars and registered GPs who were struggling with their role, to stay in or return to practice. The practice had helped four such GPs remain in or return to practice in the last five years.

Practice staff had implemented easy to follow laminated information sheets on subjects like safeguarding and needle stick injuries which contained the latest guidance.