

Sandy Health Centre Medical Practice

Quality Report

Sandy Health Centre
Sandy
Central Bedfordshire
SG19 1JQ
l: 01767682525
Tel: 01767682525
Website: sandyhc.co.uk

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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 Sandy Health Centre Medical Practice on 1 March 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs and equipment was appropriately maintained.
- 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.

The areas where the provider should make improvement are:

- Ensure a process is implemented to identify and support carers.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- Emergency equipment and medicines were easily accessible.
- The practice had an alert system should there be an incident in the practice.
- Regular meetings were held to discuss safeguarding issues. Staff from external organisations were invited to attend.
- The practice had a comprehensive business continuity plan in place.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff had access to best practice guidance via their computers as assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice's computer system alerted GPs if a patient was also a carer and information aimed at young carers was available.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients who attend frequently at A&E are also highlighted in the group and an action plan organised. These plans identified ways for patients to help avoid hospital admissions.
- Every quarter patients in this group were reviewed by clinicians and any lessons learned are shared.
- At risk patients are also identified by computer system searches which were done by the administration team. The practice invited all patients on this register to attend the surgery or alternatively have home visits to discuss their care plans in detail.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months was 71%, where the CCG average was 76% and the national average was 78%.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice invited patients with long term conditions, including rheumatoid arthritis to attend regular review appointments.

Good



Summary of findings

- The practice developed specific, local templates to record information and interactions with patients. By linking into the practice clinical systems, out of hours and community staff were able to review patient information.
- GP's and nurses worked closely with community staff to support and manage patient's conditions. These staff attended the multi-disciplinary meetings at the practice.
- Longer appointments and home visits were available when needed.

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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 years whose notes record that a cervical screening test has been performed in the preceding 5 years was 84% comparable to the national average of 82%.
- Immunisation clinics were held weekly.
- The practice sent reminders to the parents of children who did not attend for immunisations and an alert was put on the child's record to notify GP's to check why this had happened
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children who may be at risk were discussed at quarterly meetings but also would be reviewed more often if necessary.
- We saw positive examples of joint working with midwives and health visitors.

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.

Good



Summary of findings

- The practice was proactive in offering on line services as well as a full range of health promotion and screening that reflects the needs for this age group. Patients had the facility to email the surgery with any queries and also order repeat medication in this way.
- On registering with the practice all new patients received and information pack which included how to deal with minor illnesses, where to obtain medical assistance out of hours and how to do this appropriately. There was also an advice leaflet on antibiotic prescribing.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had a register of patients who were carers.
- 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.
- GP's and external agencies worked together to identify patients at risk of falling and continually monitored risks to this group to prevent injuries and possible hospital admissions.

Good



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).

- 97% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, higher than the national average of 88%.
- Performance for mental health related indicators was 91%, comparable and in some cases above the CCG average of 94% and the national average of 93%. For example, the percentage of patients with schizophrenia, bipolar affective disorder and

Good



Summary of findings

other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% higher than the CCG average of 87% and national average of 88%.

- The practice offered longer appointments to patients in this population group
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- We saw evidence that 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Of the 275 survey forms that were distributed 131 were returned. This represented a response rate of 48% and represents 1.4% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 60% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The practice recognised that these figures were below the national averages, had reviewed them and had concluded that these were as a result of staffing issues

that had led to a large number of locums being used in the practice and therefore patients had commented in the survey that their experience was not good. The practice was actively trying to recruit more permanent staff using a variety of alternative methods, for example advertising more locally rather than relying on the more traditional methods of national medical journals and websites.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients commented that they received good care and were treated with kindness and respect. Several cards contained positive comments about the dispensary and the dispensary staff.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We were told that they felt listened to and involved in their care.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Ensure a process is implemented to identify and support carers.

Sandy Health Centre Medical Practice

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 second CQC inspector and a practice manager specialist advisor.

Background to Sandy Health Centre Medical Practice

Sandy Health Centre Medical Practice provides a range of primary care services from its location at Northcroft, Sandy, Bedfordshire which is a purpose built premises with access for the disabled and a small car park in front of the single storey building. The premises is shared with other community services and is leased from NHS Property Services. Primary care medical services are provided under a General Medical Services (GMS) contract; a nationally agreed contract, to approximately 9,100 patients.

The clinical staff team consists of two male and two female GP partners, a nurse practitioner, two practice nurses and a health care assistant (HCA). The practice has a dispensary on site and employs 4 dispensary staff, one of which is also a phlebotomist and has an administrative role. The clinical team is supported by a practice manager, an office manager and a team of administrative support and reception staff.

The practice is open every weekday from 8.00am to 6.30pm and is closed for an hour each day between 12.30 and 1.30pm. Saturday morning clinics are available once a

month, with GPs and nurses from 8.30am to 11.30am and the practice offers telephone consultations each evening from 6.30pm until 7pm and on Saturday mornings if required.

The dispensary is open every weekday from 8.30am to 12.30pm and from 2.00pm to 5.30pm.

Appointments can be booked either in person, by telephone or on line and appointments can be booked up to four weeks in advance. A local out of hours provider, MDOC provides a service for patients requiring a GP out of normal hours.

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 1 March 2016. During our visit we:

Detailed findings

- Spoke with a range of staff two GP partners, the practice manager, a nurse, dispensary staff and members of the administration and reception team. 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 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?

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and we saw evidence of discussions held with practice staff. Meetings were held monthly to discuss significant events and action plans were reviewed on a quarterly basis. For example, we saw evidence of an incident where fridge temperatures had not been correctly maintained. We saw a comprehensive investigation had been carried out including discussions at meetings, actions were identified and had been completed. Systems had been put in place to prevent a recurrence of the incident and lessons learned were shared with all staff.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Safety alerts were received by the practice manager who then disseminated the information to all practice staff. We saw evidence that these were seen and acted upon and a record was held on the practice computer systems. We saw evidence that there had been significant discussion and lessons were shared and action was taken to improve safety in the practice.
- The practice had systems in place to identify children who may be a risk. Cases were discussed at quarterly meetings or earlier if required. For example, if there had been a sudden death or a child death a review of the death was performed as a significant event and the

learning was shared with practice and community staff. External organisations were kept informed of the outcome of the significant event learning for any future incidents.

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 3), and nurses were trained to the appropriate level (level 2).
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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). If a chaperone was used we saw evidence that it was recorded in the patient record.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse prescriber was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training to ensure they remained up to date. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. We saw evidence that the nurse prescriber received mentorship and support from the GP's 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 when a clinician was on the premises.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Staff demonstrated how they accessed reporting forms and reviewed documents following an incident. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These procedures were reviewed and updated annually by dispensing staff. Staff signed to evidence that they had read the reviewed documents.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were arrangements in place for the destruction of controlled drugs and we saw evidence that this was undertaken appropriately.
- 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 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. GP and nurse locums were used regularly as we were told that the practice had difficulties in recruiting permanent clinical staff. All locums received a comprehensive induction and information pack.

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. Reception staff told us that if an incident occurred they knew how to use the emergency system to alert all practice staff that assistance was required.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

Are services safe?

- 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. These medicines were available in treatment rooms where appropriate.
- The practice had a comprehensive business continuity plan that set out information required should a major incident such as power failure or building damage occur. The plan included details of alternative accommodation that could be used, along with a full list of external suppliers and equipment. It also had emergency contact numbers for staff and a hard copy was kept off site.

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. We saw evidence that guidelines were followed and the practice used templates on the clinical system to ensure that treatments were recorded correctly.
- 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 for 2014/15. This showed the practice had achieved 92% of the total number of points available, which was above the CCG average of 95% and national average of 95%. Exception reporting by the practice was 10% which was comparable to the CCG and national average of 9.2%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. 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 84% which was comparable to both the CCG average of 86% and national average of 89%. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less, was 82% compared to the CCG and national averages of 81%.

- Performance for hypertension related indicators was comparable to the CCG and national averages. For example, the percentage of patients with hypertension having regular blood pressure tests was 81% (CCG and national averages, 84%).
- Performance for mental health related indicators was 90% which was comparable or above the CCG average of 94% and the national average of 93%. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 97% compared to the CCG average of 87% and the national average of 88%.
- The practice actively took part in learning disabilities and dementia enhanced services. There was a system in place where all patients on the learning disabilities register were invited for a 30 minute appointment for a full physical and mental health review annually.
- The practice could demonstrate that patients who live with carers were actively called in to book appointments once a year. We were told by the practice that this is a service which has been appreciated by carers and good feedback had been received.

There was evidence of quality improvement including clinical audit.

- We saw evidence of six 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 local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, as a result of a recent audit in relation to overuse of certain medicines, a review was undertaken with the CCG prescribing lead and consultations were arranged with patients' to discuss alternative, more cost effective medicines.
- Information about patients' outcomes was used to make improvements such as where the practice noted that there were low numbers of diabetic patient monitoring a weekly clinic had been arranged with the community diabetes nurse to address this.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw evidence that the practice also had a comprehensive information pack available for all staff.
- 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. Nurses attended study days and additional external training to keep them updated on the treatment of patients with conditions such as diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had trained a member of administration staff as a smoking cessation advisor and a dispenser was trained as a phlebotomist to ensure continued development of staff and increase the services available for patients.

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. Care plans were routinely monitored and the practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had good working relationships with a range of community staff, for example coordinating care with district nurses, organising a shared clinic with the local community diabetes nurse and the local pulmonary rehabilitation team to whom they directly referred patients to.
- 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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs. Community staff could access the practice clinical systems which enabled good continuity of care.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. We saw evidence of a number of consent forms used by the practice for different procedures and treatments. Staff told us that they would assess the patient on each occasion for their capacity to consent; completed consent forms were scanned and added to the patient record. Consent forms were available in an easy to read format.

Supporting patients to live healthier lives

Are services effective? (for example, treatment is effective)

The practice identified patients who may be in need of extra support including patients receiving end of life care, carers, those at risk of developing a long-term condition including those requiring advice on their diet, smoking and alcohol cessation. The practice had arranged training for a member of the reception team to become a smoking cessation advisor. This had proved popular with patients and achieved good rates of people stopping smoking. Patients were given information by the receptionists and other clinicians and signposted to the relevant service including this in house service. The practice also encouraged its patients to attend national screening programmes and were offered information and advice on healthy lifestyles.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme

by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% comparable to the national averages of 94% to 98% and five year olds from 95% to 99% (national averages 95% to 98%).

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 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Dispensing staff also used a private area to go over discuss patient's medicines and gave out leaflets with advice on medicine interactions, also how and when to take medication.

All of the 12 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 a member of the patient participation group (PPG). We were told that the group met on a quarterly basis and the practice manager, the office manager and a GP would attend. Minutes of meetings and any relevant information was sent to the virtual group by email. At these meetings the practice staff would discuss any changes within the practice for example updates on staff and recruitment, discuss anonymised complaints and what was being done to address these and the rate of missed appointments, the costs of this to the practice and how the PPG could assist the practice in reducing this. The PPG felt involved with the practice for example the group had assisted the practice with reviewing and updating the website. We were told both as PPG members and patients that 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.

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

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice recognised that this figure was low and the contributing factor was the number of GP and nurse locums used to address staffing issues. The practice was actively trying to recruit permanent staff and GP partners.

Care planning and involvement in decisions about care and treatment

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

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

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.

Are services caring?

- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format including consent forms.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients as carers (0.6% of the practice list). The practice recognised that this number was low and had a number of things in place to increase the numbers, for example

- Information was highlighted on the practice website.
- Notices were visible in the practice waiting area on the patient notice board
- GPs and Nurses had a reminder of the code in their consulting and treatment rooms
- The practice asked for information at registration, however the practice list had been closed from 1 March 2016 and would not open again until 30 September 2016
- The annual Carers week was advertised in the practice and on the website.
- The practice had a leaflet that was specifically aimed at young carers.

Staff told us that if families had suffered bereavement, the practice would include the incident in discussions at multi-disciplinary meetings to identify if additional support would be required by the families.

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 through surveys and feedback for the patient participation group 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 a Saturday morning clinic once a month between 8.30am until 11.30am with GPs and nurses. Telephone consultations were available after normal surgery hours from 6.30pm until 7pm and on Saturday mornings according to demand for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Additional patients were added to the vulnerable patient register if the GP or external organisations identified patients may be at risk, for example, at risk from falls in the home.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services were available. The practice did not have a hearing loop but identified patients who were hard of hearing and would talk to them in a quiet area away from the main reception. We were told that if a patient had difficulty completing forms or registration documents the reception staff would take them to a quiet room to assist them.
- The practice had a specific low counter for wheelchair users.

Access to the service

The practice was open between 8.00am and 6.00pm, Monday to Friday and is closed for an hour each day between 12.30 and 1.30pm. Monthly Saturday morning clinics were available with GP's and nurses from 8.30am to 11.30am.

The dispensary was open every weekday between 8am and 12.30pm and from 2.00pm to 5pm.

Appointments could be booked either in person, by telephone or online and appointments could be booked up to four weeks in advance. Telephone consultations were available each day between 6.30pm and 7.00pm. Urgent appointments were also available for people that needed them. The practice operated an emergency walk in appointment service each afternoon which enabled all patients who needed to see a GP on the day were able to. The practice had implemented this service due to staffing issues and as response to patient feedback.

The practice had a system in place for vulnerable patients who were given a separate number to call. This number rang in the offices with a different ring tone to identify that the caller was a vulnerable patient, staff could recognise this different tone and the call was answered as a matter of urgency.

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.

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 58% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had extended its opening hours and provided late evening appointments. Occasional Saturday clinics were also available. We saw that appointment times were well advertised in the practice and on the website. There was a telephone answering process in place which included additional staff available to take calls at peak times. The practice had met with the telephone provider to introduce a new queuing system and a computerised alert for number of callers waiting. People told us on the day of the inspection that they were able to get appointments when they needed them.

Are services responsive to people's needs?

(for example, to feedback?)

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, written and verbal complaints were recorded and discussed at practice meetings.
- We saw that information was available to help patients understand the complaints system posters were seen and the complaints leaflet was available in reception. The practice also had information on how to complain on the website.

We looked at 17 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and with openness and transparency. We saw evidence that complaints were discussed at practice meetings, lessons were learnt from individual concerns and complaints. We saw a thorough process had been completed following each complaint and a trend analysis and review annually including the types of complaint and which area of the practice the complaint related to. An example of this was where conflicting information was given to a patient and as a result, one of the staff information packs had been changed.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting area. We spoke to staff who told us that they knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment.

- The practice gave affected people reasonable support, a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- We saw that the practice had a robust process for disseminating medical alerts to ensure that all staff were aware and took action to keep patients safe.

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG told us that the practice kept the group well informed of any issues in the practice for example complaints received, missed appointment figures and treatment costs. The practice listened to suggestions from the group and patients, for example, feedback had been received regarding confidentiality at the reception desk. The practice responded by installing better signage advising patients to stand away from the desk when waiting.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and encouraged staff to be trained to undertake different and additional roles for example, a member of the reception team had become a stop smoking advisor and nurse mentorship training. The practice had planned to undertake the supervision of medical students from April 2016.