

Ongar War Memorial Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Ongar War Memorial Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ongar War Memorial Medical Centre on 8 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 the skills, knowledge and experience to deliver effective care and treatment.
- The majority of 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.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients said they found it was very difficult to make appointments with both a named GP and for same day appointments. Patients told us that there was limited continuity of care.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient forum. For example, they had piloted 'sit and wait' clinic to try to solve appointment issues and sought patient feedback on the outcome. The provision of services was then changed in response to their feedback.
- 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 complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Consider obtaining children's pads for the defibrillator.

Summary of findings

- Improve the identification of patients who are carers.

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



- There was an effective system in place for reporting, recording and investigating significant events.
- Lessons were shared with appropriate staff, during meetings, to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal or 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. Staff were aware of actions to take.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were mostly in line with outcomes for the locality and comparable to the national average, with some slightly above and some slightly below.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Full cycle clinical audits demonstrated quality improvement. The practice had recently appointed an audit lead to ensure that all audits carried out were reviewed.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. They told us that they would have access to further role specific training if appropriate.
- There was evidence of appraisals, support sessions and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for most aspects of care, with only three areas below the locality and national average.

Summary of findings

- The majority of 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 operated a 'TLC' (Tender Loving Care) list to make all staff aware of patients who may be vulnerable due to recent bereavement or other circumstances.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 difficult to make an appointment with both a named GP and for on the same day. They said there was limited continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice future plan included ideas which would improve access to appointments and the quality of patients' care.
- 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 appropriate staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed. Staff were clear about the vision and their responsibilities in relation to this.
- The practice carried out proactive succession planning.
- 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 engagement with staff and a good level of staff satisfaction.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider displayed a Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with relevant staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient forum.
- 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 age demographic had a higher than average percentage of over 65 year olds.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Multiple health issues could be discussed in one consultation with the GP.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- The practice contacted older people upon discharge from hospital, reviewed their needs and offered appropriate support or referral to support agencies.

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.
- Nationally reported data showed that outcomes for patients with long-term conditions were comparable or slightly lower than other practices nationally. For example, numbers of patients with long-term conditions, such as diabetes, receiving appropriate reviews were comparable to the national average.
- Longer appointments and home visits were available when needed. Multiple problems could be discussed in one consultation with the GP.
- 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 practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Information about support groups was evident in the reception area.
- The practice had future plans to further improve continuity and quality of care offered to this group of patients.
- Where the practice identified patients at high risk of developing a long term condition such as, diabetes, they provided tailored life style information to those patients.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, young people who had young babies.
- Immunisation rates were either similar to or higher than the CCG average for the majority of standard childhood immunisations.
- The number of patients diagnosed with asthma, on the register, who had an asthma review in the preceding 12 months was slightly lower than the national average.
- Nationally reported data showed that outcomes for patients for uptake of cervical smears were comparable with other practices nationally.
- Parents and younger 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.
- Patients confirmed that appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and community children's nurses. The local health visitors were based in the same building as the practice.
- The practice participated in monthly multidisciplinary meeting to identify children in need of further support.
- When a patient reached the age of 16 years, the practice pro-actively provided them with information to support them to follow a healthy lifestyle. Young people were also encouraged to be part of the Patient Forum.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- The practice offered extended hours and pre-bookable surgeries on Wednesday mornings and Tuesday evenings.
- The practice was proactive in offering online and telephone services as well as a full range of health promotion and screening that reflected the needs for this age group.

Summary of findings

- The practice participated in electronic prescribing, with patients able to specify the pharmacy that they wished their prescriptions to be sent to.
- There were pre bookable Saturday and Sunday appointments available as part of a locality wide scheme. These appointments were not based at the practice premises.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including travellers, those with a learning disability and those who may be temporarily vulnerable due to circumstances.
- The practice offered longer appointments and annual health checks for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. There were also notice boards which displayed local and national information.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. There were clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

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



- The percentage of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, was lower than the national average.
- Patients in the early stages of dementia, who may find it difficult to make an appointment in the usual way, were identified and support given to ensure they received timely medical care.
- The percentage of patients, on the practice register, with a diagnosis of schizophrenia, bipolar affective disorder or other psychosis, that had an agreed care plan documented in their records, was in line with the national average.

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.
- There was information available for patients experiencing poor mental health about how to access various support groups and voluntary organisations.

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 mostly performing in line with national averages, with some areas below and some above the local and national average. 245 survey forms were distributed and 122 were returned. This represented 1% of the practice's patient list.

- 51% found it easy to get through to this surgery by phone compared to a local average of 64% and the national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared to a local average of 86% and national average of 85%.
- 88% described the overall experience of their GP surgery as fairly good or very good compared to a local average of 82% and the national average of 85%.
- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a local average of 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards,

- 41 were positive about the standard of care received. This related to people feeling they were treated with dignity and respect, were involved in their care, and were seen in a safe and hygienic environment.
- Four contained some negative comments regarding; interactions with some GPs, length of time for a referral to be completed and the repeat prescription process.
- Fifteen cards made reference to difficulties with the appointment booking system and continuity of care.

We spoke with eight patients during the inspection. All eight patients said they were happy with the care they received and thought clinical staff were approachable, committed and caring. All patients we spoke with told us that it was difficult to get an appointment, either on the same day or pre booked with a preferred GP, however same day and urgent appointments were available with any of the available GPs that day. The latest friends and family test result available on NHS Choices website showed that 98% of patients would recommend the practice based on 63 responses.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider obtaining children's pads for the defibrillator.

- Improve the identification of patients who are carers.

Ongar War Memorial Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Ongar War Memorial Medical Centre

The practice is based in the town of Ongar near to the local leisure centre. There is limited car parking available at the practice so patients are able to use the leisure centre car park which is opposite. The practice moved in 2014 from another area of Ongar to purpose built, accessible facilities.

The practice welcomes patients from Ongar and the surrounding rural area, its rough boundary is the M11 to the west, Abbess Roding to the north, Radley Green to the east and Doddinghurst to the south.

This practice is a teaching and training practice and has medical students, and GP registrars in their final stage of training. GP registrars are fully qualified doctors and have had at least three years of hospital experience. Medical students may sit in on consultations and examinations with the patient's consent.

It is also a dispensing practice. This means that patients who do not have a dispensing chemist within a 1.6km radius of their house can get their prescribed medicines dispensed from here.

The current list size of the practice is 10314. There are five GP partners, one female and four male, and one male and

two female salaried GPs. Between them they offer a total of 59 sessions each week. The gender of the GP registrars will change each intake, however at the time of our inspection there were four female and two male GP registrars. There are four female practice nurses and one female health care assistant (HCA).

The practice is open between 8.00am and 6.30pm Monday to Friday. Pre booked appointments are from 9am to 9.30am and 5.30pm to 6pm. Same day appointments are from 9.40am to 12pm and 4pm to 5.20pm. Pre bookable extended hours are offered Tuesdays 6.30pm to 8pm and Wednesdays 7am to 8am. The practice operates a 'sit and wait' clinic all day Mondays and Friday mornings instead of the same day appointment system. The dispensary is open Monday to Friday 9am to 6pm and during extended hours.

When the practice is closed patients are advised to call 111 if they require medical assistance and it cannot wait until the surgery reopens. There is also a pre bookable weekend service, via Stellar Healthcare, across West Essex based at seven hubs. Appointments are made through the practice.

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

Detailed findings

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 8 March 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients who used the service and their family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager or the senior partner of any incidents and there was a recording system available. The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, safety alerts and minutes of meetings where these were discussed. Lessons were shared with relevant staff to make sure action was taken to improve safety in the practice. For example, every six weeks the practice reviewed their significant events in a meeting to look for trends and learning points.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal or written apology and were 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 patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. There was a lead member of staff for safeguarding adults and children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level to manage safeguarding concerns.
- A notice in the foyer 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 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 visibly clean and tidy. One of the practice nurses was the infection control clinical lead. There was an infection

control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccinations in the practice, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There were safe systems in use for issuing and reviewing repeat prescriptions, including monitoring of high risk medicines. The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- All of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received support for this extended role. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer certain injections after specific training when a doctor or nurse were on the premises.
- We reviewed four 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.
- There were systems in place to ensure results received for samples sent for the cervical screening programme were seen by the specialist nurse. The practice followed up women who were referred as a result of abnormal results.

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. The practice had processes in place to ensure checks on fire related equipment and systems were up to date and they carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was

Are services safe?

working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as 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 that enough staff were on duty, which was reviewed a month in advance. Future planning also included a review of skill mix to ensure that the practice had sufficient staff to sustain a growing patient list size.

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 and in reception which alerted staff to any emergency. Panic buttons were also available in these areas.
- All staff received annual basic life support training.
- 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.
- The practice had a defibrillator available on the premises, with adult but no children's pads, and oxygen with adult and children's masks. A first aid kit and accident book were available.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines via meetings and used this information to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 93% of the total number of points available, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 90% with the national average of 88%. These checks help to identify conditions associated with diabetes such as poor blood circulation and risks associated with this.
- The percentage of patients with hypertension having regular blood pressure tests was 87% compared to an 83% national average.
- Performance for mental health related indicators was similar to or worse than the national average. For example, the percentage of patient's with a diagnosis of dementia, who had an annual review in the last 12 months was 76% compared to a national average of 84%.
- The practice data performance for depression indicators was comparable to the national average. However the

practice had high exception reporting for indicators relating to depression (Practice exception reporting 49%, national average 24%) and Rheumatoid Arthritis (Practice exception reporting 26%, national average 7%). We spoke with the practice regarding this data and they told us it was probably an error with how the information was put on the system (coding error). They were aware that this was an issue so had employed a member of staff, to assist them with their computer systems and coding. They had set up a number of templates to assist clinical staff in recording all relevant information when seeing patients in addition to accurate coding. As a result they told us that they have found that their general record keeping, QOF achievement and in particular exception reporting has already improved.

Clinical audit demonstrated quality improvement.

- We viewed two of the clinical audits carried out in the last two years; one was a completed audit where the improvements made were implemented and monitored. The practice told us that although they had undertaken several audits they were aware that many of these needed reviewing. They had appointed a new GP partner who had taken on the lead role for audit to ensure that audit cycles were completed fully.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice was a member of the Essex and Hertfordshire Research Network and the practice took part in clinical research trials.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The induction programme had a core which remained the same and then additional induction areas where completed dependent on the new member of staff's job role and needs.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term

Are services effective?

(for example, treatment is effective)

conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.

- The learning needs of staff were identified through a system of appraisals, one to one meetings in which reviews of their development needs took place, and in staff meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. If additional training was required either for their current role or to learn a new role then this was provided.
- 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 and in-house designed leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services, using a template developed by their computer specialist.
- Test results and incoming letters (such as hospital discharges and Out of Hours reports) were reviewed in a timely way and there were failsafe systems in place for ensuring that any follow up needed was actioned at the appropriate time.

Staff worked together and with other health and social care services 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. We saw evidence that

multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. In addition to this staff were able to speak with health visitors on an 'in passing' basis as they were based in the same building, meaning faster action was able to be taken for this group of patients.

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. These were documented in the consultation session notes and reviewed at each attendance.
- 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.
- Consent to information sharing was also clearly indicated on the patient's notes following discussion with the patient.

Supporting patients to live healthier lives

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 their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service and/or provided with tailored life style information.
- Smoking cessation advice was available.
- The practice sent all 16 year olds on their register a letter to make them aware of the services that the practice offered in order to support them in a healthy lifestyle.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 76% and the national average of 74%.

Are services effective?

(for example, treatment is effective)

- The percentage of childhood 'five in one' Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza immunisation vaccinations given to under one year olds was 94% compared to the CCG average of 95%.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 93% compared to the CCG average of 94%.

- The percentage of childhood Meningitis C vaccinations given to under five year olds was 98% compared to the CCG average of 95%.

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 for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.
- If patients wanted to discuss sensitive issues or appeared distressed they were offered a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The majority were positive about the standard of care received. Those patients said they felt that staff treated them with dignity and respect; they had involvement in their care, and were offered a good service. Some comment cards highlighted that staff showed kindness when they needed help and provided support when required.

We spoke with one member of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey, published in January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% said the GP was good at listening to them compared to a local average of 87% and the national average of 88%.
- 94% said the GP gave them enough time compared to a local average of 83% and the national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to a local average of 95% and the national average of 95%.
- 97% said the last GP they spoke to was good at treating them with care and concern compared to a local average of 83% and the national average of 85%.

- 89% said the last nurse they spoke to was good at treating them with care and concern compared to a local average of 89% and the national average of 91%.
- 89% said they found the receptionists at the practice helpful compared to a local average of 85% and the national average of 87%.

The practice told us that those patients who were either undergoing or had undergone treatment for gender reassignment would be addressed by the name and gender that the person identified with at the time of visiting the practice.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff were involved in decisions about the treatment options available to them. Patient feedback on the comment cards we received was mostly 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 above national average. For example:

- 97% said the last GP they saw was good at explaining tests and treatments compared to a local average of 83% and the national average of 86%.
- 95% said the last GP they saw was good at involving them in decisions about their care compared to a local average of 78% and the national average of 82%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to a local average of 84% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

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 both locally and nationally.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.3% of the practice list as carers and 0.8% as cared for by a carer. Information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the last GP to see the patient contacted them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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. For example, the practice was in discussions with other local practices to form a 'neighbourhood'. The neighbourhood concept means practices working together to improve the quality of service and to start to integrate health and social care.

- The practice had held a strategic planning meeting to discuss appointments. Following this meeting they successfully piloted and audited a 'sit and wait' clinic, which they had started running all day on Mondays and on a Friday morning.
- The practice offered pre-bookable extended hours appointments on Tuesdays 6.30pm to 8pm and Wednesdays 7am to 8am.
- There were longer appointments available for patients who needed them.
- Home visits were available for older patients and patients who would benefit from them.
- Same day appointments were available for children and those with serious medical conditions however patients reported difficulty in accessing these both in person and via telephone.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, including a lift and drop down grab rails within the toilets.
- Translation services were available if needed.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Pre-booked appointments were available from 9am to 9.30am and 5.30pm to 6pm. Same day appointments were from 9.40am to 12pm and 4pm to 5.20pm. Pre bookable extended hours were offered Tuesdays 6.30pm to 8pm and Wednesdays 7am to 8am. The dispensary was open Monday to Friday 9am to 6pm and during extended hours.

Results from the national GP patient survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was comparable or much lower than the national average.

- 77% of patients were satisfied with the practice's opening hours compared to a local average of 69% and the national average of 75%.
- 51% patients said they could get through easily to the surgery by phone compared to a local average of 64% and the national average of 73%.
- 47% patients said they always or almost always see or speak to the GP they prefer compared to a local average of 54% and a national average of 59%.

We spoke with the practice about this data. They told us that they were aware of the data and had responded to the patient feedback by changing the telephone system since moving to the new building. However this had taken some time to implement. They had also introduced the trial of the 'sit and wait' clinic. These improvements had not been in place long enough to properly assess the impact on their patients but would be the subject of future review.

People told us on the day of the inspection that they had difficulty booking appointments when they needed them. The practice told us that two of the GP partners who had been at the practice the longest were close to retirement age and were popular with a large proportion of the practice list. With a view to progression planning they were seeking to encourage patients to have consultations with other doctors. The 'sit and wait' clinic gave patient's an opportunity to have an appointment with other doctors and get familiar with them. Feedback on the comments cards and from patients we spoke with (who had used the 'sit and wait' clinic previously) was positive.

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 and deputy who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a poster displayed advising patient who to contact with complaints.

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

We looked at five complaints received in the last 12 months and found that they were dealt with in a timely way, which showed openness and transparency. Lessons were learnt from concerns and complaints and action was taken when appropriate to improve the quality of care. For example,

one patient complained about the way that their request for a certain prescription was handled. The practice explained the reasoning, investigated the request and provided a solution that the patient was happy with and the practice felt was safe and risk assessed.

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 with quality and safety as its top priority.

- Staff were clear about the vision and their responsibilities in relation to this.
- The practice had a well-considered strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice carried out proactive succession planning

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 both their own roles and responsibilities and those of staff around them.
- Practice specific policies were implemented and were available to all staff on a shared drive.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit which was used to monitor quality. The practice told us this was an area that they had identified they needed to improve to ensure audits were used to drive quality improvements. One of the partners was taking this on as a lead role to ensure this was actioned.
- There were strong arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience 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 they were approachable and listened to staff.

It was evident throughout our inspection that the provider 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.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal or 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.

- Staff told us the practice held regular team meetings at different levels and a general staff meeting.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt their opinion was respected and they were supported. All staff were involved in discussions about how to run and develop the practice, and staff were encouraged to identify opportunities to improve the service delivered by the practice.
- All staff received feedback from their peers about their performance. This included all of the clinical staff including the GPs.

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 forum and surveys following pilots of changes to the service, and through complaints received. There was an active patient forum which met regularly and acted as a critical friend to improve the patient experience. For example, when the practice moved to its current building the inherited phone system did not have sufficient capacity to handle the volume of calls. The practice used the involvement and feedback of the patient forum to secure a new telephone system.

- The practice had gathered feedback from staff through staff meetings. 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.

Are services well-led?

Good 

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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and was in discussion with NHS England to improve outcomes for patients in the area. They had submitted a proposal to take over vacant rooms within the practice building in order to provide a dedicated long

term condition suite. As part of this the practice was training existing nurses to cover each other's roles to effectively manage patients with long term conditions. The practice had also considered the needs of a growing patient list and was proactively recruiting additional staff to ensure that resources were in place when required.