

The Phoenix Surgery

Quality Report

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Date of inspection visit: 08 March 2016
Date of publication: 17/05/2016

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 The Phoenix Surgery 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.
- 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.

- Previous feedback from patients said that they did not find it easy to get through to make an appointment in the morning and had not found it easy to make an appointment with a named GP or book appointments in advance.
- The practice had made changes to the appointments system three months prior to the inspection in response to negative feedback and felt that there had been an improvement in patient satisfaction and a decrease in complaints since.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

Summary of findings

To monitor closely and, where appropriate, act on patient feedback regarding access to appointments, the telephone system and specifically access to the GP of choice.

To ensure that all curtains are changed or cleaned on a regular basis.

To continue to monitor QOF results closely and identify and act on any outliers.

To continue to examine the reasons for high levels of exception reporting and where possible act to reduce the levels.

To ensure that all new members of staff have a full induction.

To continue to encourage and facilitate the reinstatement of the Patient Participation Group.

To complete the registration of the new partners.

To monitor childhood immunisation rates to try to improve the uptake for children of 12 months and under.

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 and recording significant events
- Lessons were shared 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 and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- We saw that the disposable curtains in consultation rooms were eight months old, however the manufacturer's data sheet (instruction sheet) stated that they could be used for 18 months before changing them. We saw that the curtains in one consulting room were dusty when opened. The practice was otherwise clean.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed some patient outcomes were below average for the locality and compared to the national average.
- However there were some staffing issues that meant that the QOF figures were not all collected and coded correctly. The practice has since resolved these issues and the figures have been shown to have improved.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- There was an effective recruitment programme and an induction programme for staff although one member recruited within the last year had not received the full induction training

Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- One GP would dial in to the practice computer every Saturday to check for and if appropriate, act upon abnormal test results.

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to discuss development of their services.
- Feedback from patients reported that access to a named GP was not always available quickly, although urgent appointments were usually 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.

Are services well-led?

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

Good



- The practice had a clear patient centred ethos to deliver high quality care and promote good outcomes for patients. Staff were clear about the ethos and their responsibilities in relation to this.
- 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.

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 was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents 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.
- There had been a patient participation group, but following the loss of leading members, the practice had unsuccessfully attempted to convert this to a virtual group. The practice had been promoting a new group and had a meeting planned for 9 March 2016 with patients to restart it.
- 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, care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out a high number of home visits (between four and twelve visits per day) as they had a high number of house bound patients and felt that telephone advice could be ineffective and unsafe in this group of patients.
- The practice offered some Saturday surgeries which were popular with patients as it allowed working carers/relatives to attend.

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.
- 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 78% (national average 80.6%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- A dedicated team of administrators followed up the patients who failed to attend arranged appointments and offered further appointments where appropriate.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who are on the child protection register.
- The GPs attend multidisciplinary meetings and provide necessary feedback when appropriate.
- Immunisation rates were mixed for standard childhood immunisations. The 12 month immunisation rates were lower than average and the two year and five year rates year rates were in line with national averages. The practice showed that the low 12 month rates were due an error in returns and were actually higher than published. We saw evidence that suggested this was the case although it had not yet been officially ratified.
- Results for 2014 to 2015 showed us that the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 73.9% (national average 83.7%). The practice showed us recent, (but not yet ratified) results that showed that this figure for the practice for 2015 to 2016 was 85%.
- 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 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80.9% (national average 81.8%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.
- Children would always be seen on the day.
- The practice had one GP with extensive experience in gynaecology and another with extensive experience in paediatrics.

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 online services as well as a full range of health promotion and screening that reflects the needs for this age group. This included electronic prescribing which allowed patients to pick up prescription medicines from a convenient pharmacy.
- The practice had a GP family planning service which could be pre-booked.
- Healthcare assistants offered health checks and blood tests which helped to identify health problems.
- Some pre-bookable Saturday morning surgeries were available.

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 with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with the Proactive Care team in the case management of vulnerable patients and was actively involved in the admission avoidance initiative.
- The practice were involved with the locality Rapid Assessment and Intervention Team, who actively surveyed patients that they identified and carried out home visits on request.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a nursing home for patients with dementia under their care and regularly did home visits as well as new patient checks.

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).

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 97.8%

Good



Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% (national average 88.5%)
- The most vulnerable patients were offered follow up appointments in their own home.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The surgery was involved in screening for early dementia as part of NHS checks, opportunistically and at the request of secondary care.
- The mental health lead was a partner with a background in psychiatry and a special interest in mental health.
- They were involved in visiting the elderly with mental health problems in local nursing and care homes. They regularly reviewed patients in an elderly mentally infirm home in their locality.
- They had regular contact with the Dementia Crisis team when they were involved with their patients.

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 below national averages. There were 232 survey forms were distributed and 137 were returned. This represented 2.2% of the practice's patient list.

- 25.2% of patients found it easy to get through to this surgery by phone compared to a national average of 73.3%.
- 49.6% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76.1%).
- 67% of patients described the overall experience of their GP surgery as good (national average 85%).
- 52.7% of patients said they would recommend their GP surgery to someone who has just moved to the local area (national average 79.3%).

However the survey was carried out up until the end of September 2015. The practice had also carried out a clinical commissioning group (CCG) survey, which found similar issues with concerns about getting through on the telephone, experience of making an appointment and seeing their preferred GP. The practice had acknowledged these issues and had outlined the issues and their initial

solutions to their patients on their website. The practice had then put in place a revised appointments system, increased the number of staff available to answer the phone and was looking to upgrade their phone system when the contract with the current provider ended. They were also in the process of reviewing their pre-booking policy. They said that they had noticed a reduction in complaints about appointments and two comments on the CQC comments cards that patients filled in made a point of saying how much better the new system was.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards of which 23 commented on care. All 23 that commented on the standard of care received were positive. Patients described their care as excellent and good and felt they were treated with courtesy and dignity. Staff were described as pleasant, helpful and attentive.

We spoke with four patients during the inspection. Two patients said they were happy with the care they received and thought staff were approachable, committed and caring. The other two were not happy with the ease of access and felt it was still difficult to arrange an appointment on the day.

Areas for improvement

Action the service **SHOULD** take to improve

To monitor closely and, where appropriate, act on patient feedback regarding access to appointments, the telephone system and specifically access to the GP of choice.

To ensure that all curtains are changed or cleaned on a regular basis.

To continue to monitor QOF results closely and identify and act on any outliers.

To continue to examine the reasons for high levels of exception reporting and where possible act to reduce the levels.

To ensure that all new members of staff have a full induction.

To continue to encourage and facilitate the reinstatement of the Patient Participation Group.

To complete the registration of the new partners.

To monitor childhood immunisation rates to ensure a higher uptake for children of 12 months and under.

The Phoenix Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Phoenix Surgery

The Phoenix Surgery offers general medical services to the people of Worthing. There are approximately 6300 registered patients.

The practice moved in to purpose built premises in 2011. The practice underwent significant disruption in 2013 to 2014, when three of the four GP partners left within six months. Two new partners joined the remaining partner in 2014 and 2015.

The Phoenix Surgery is run by three partner GPs who each work eight sessions a week (one male and two female). The practice is also supported by a long term locum GP who works two sessions per week and a paramedic practitioner. They are also supported by two full time practice nurses, two health care assistants, and a team of receptionists, administrative staff, and two practice managers.

The practice runs a number of services for its patients including COPD and asthma clinics, child immunisation, IUCD (Intrauterine Contraceptive Device) and contraceptive implant clinics, diabetes clinics, new patient checks and travel health clinics amongst others.

Services are provided at:

4, The Waterfront, Worthing West Sussex BN12 4FD

The practice is open between 8am and 6pm Monday to Friday. The duty doctor can be contacted between 6pm and 6.30pm in an emergency. Appointments are from 8.20am to 11am every morning and 2.20pm to 5pm in the afternoon. Extended surgery hours are offered on one Saturday a month from 8am to 11.30am. When the practice is closed patients are advised to access the 111 service that will put patients in contact with the appropriate out of hours service.

The practice population has a higher number of patients 65+ than the national average. There is also a lower than average number of patients aged 50 or less including patients of 18 or less. There are an average number of patients with a long standing health condition and an average number of patients with caring responsibility. There is a lower than average percentage of patients in paid work or full time education. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than average for England.

We did note that the two new partners had not yet been registered as partners with CQC, but we have now seen evidence that the process has been commenced.

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 GPs, nurses, health care assistants (HCAs), practice managers, administration and reception staff and 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?

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Significant events and complaints were fixed agenda items at clinical and management meetings. Complaints that were considered to be a safety issue were also considered as significant events. The practice kept a log of all significant events, discussions, actions and learning and additionally held three monthly reviews of the significant events. For example a member of clinical staff suffered a needle stick injury after giving an injection. All procedures following sharps injuries had been followed and correctly recorded. The issue was discussed as a significant event. A decision was made to only use safety needles in future. The senior nurse subsequently observed the affected member of staff's injection technique and advised them accordingly.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead 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 relevant to their role. GPs were trained to Safeguarding level three.

- 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). We did not see any posters advertising the chaperone service although there was one with the policy. We pointed this out to the practice managers and by the end of the day they were in every consultation room.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Curtains in one of the treatment rooms had been up for about eight months and one set were a bit dusty on opening. Staff showed us the manufacturers' data sheet (instruction sheet) that stated that they could stay up for up to 18 months, but when we spoke to the infection control lead nurse on the telephone (she was not available on the day), she said that she would replace the curtains and ensure that they stayed up no longer than six months in future. The practice manager on the day said that she would speak to the cleaners immediately regarding the dust, the practice was otherwise clean.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to

Are services safe?

allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises. We saw examples of both which were correctly completed.

- 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.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results or who did not attend for their appointments.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

place for all the different staffing groups to ensure that enough staff were on duty. If leave was planned the dates were recorded on a white board and staff signed up to provide cover.

- If GP locum cover was required the practice tried to book locums that had worked there in the past. There was a file in the office with comprehensive locum details and all the relevant information and background checks that had already been previously completed.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. There were emergency medicines and equipment available in an unused room that was used for storage, and all staff could easily access it. The door was clearly marked as containing emergency equipment.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident books 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 fit for use.
- 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. A copy was available at reception in a file that would be taken by staff if they had to evacuate the building and contained a plan of the building for use by the fire services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and discussion during clinical meetings where they were a fixed agenda item.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93.3% of the total number of points available, with 15.3% 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).

The practice had been having problems with data collection and transmission over the 2014 to 2015 and early 2015 to 2016 periods. This was due to staffing issues, and as a consequence the QOF results were incomplete leading to a number of outliers in the figures. About eight months prior to the inspection they had employed a new member of staff specifically to improve the data collection and management of QOF activities. The practice also started to hold a meeting every two months with all relevant staff to monitor and discuss the QOF figures. They had also trained staff to cover more than one area of administration to ensure that the situation could not arise again. The practice showed us the current QOF figures that gave their current results to be in line with average local and national figures, although these figures had not yet been ratified.

In particular the QOF data for 2014 to 2015 showed that the percentage of patients with chronic obstructive pulmonary disease who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 48.1% (national average 89.9%). However the 2015 to 2016 figure that they showed us for the practice was 96%.

Data from 2014-2015 showed:

- Performance for diabetes related indicators (90.8%) was comparable to the Clinical Commissioning Group (CCG) average (96.5%) and the national average (89.2%)
- The percentage of patients with hypertension having regular blood pressure tests (73.9%) was worse than the national average (83.6%).
- Performance for mental health related indicators (100%) was better than the CCG (95.7%) and national average. (national average 92.8%).

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years. There were two 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, recent action taken as a result included the provision of laminated guidelines regarding the prescribing of a specific antibiotic in every surgery and consulting room.

Effective staffing

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

- The practice had a comprehensive 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 looked at random records of three staff members and all had signed and dated induction check lists. However one other staff member mentioned in interview that they had not had the full induction programme. We mentioned this to the practice managers who were unaware and concerned and told

Are services effective?

(for example, treatment is effective)

us that they would look in to the matter. The member of staff did not however feel that they needed extra training as they had had training in all the mandatory areas since and we saw certificates to confirm that.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. The practice had training afternoons every four to six weeks where all reception and administration staff joined staff from other practices in their locality in training.
- Staff received training that included: safeguarding, fire procedures, and information governance awareness. Staff had access to and made use of e-learning training modules, in-house training and regular off site, externally facilitated training.

Coordinating patient care and information sharing

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

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

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 Proactive Care meetings (a form of multi-disciplinary team meeting) took place on a monthly basis and that care plans were routinely reviewed and updated.

We were also told of an incident where an abnormal blood result was noticed by a GP who dialled in to the practice computers to check results at the weekend. As a result the pathology department at the hospital changed their policy on the reporting of new renal failure patients so that GPs were informed of abnormal results at once by telephone.

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.

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 and those with mental health problems. Patients were then signposted to the relevant dedicated service.
- Smoking cessation advice was available from the health care assistant.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening

Are services effective?

(for example, treatment is effective)

test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to or below CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 80% (CCG average 93.7%) and five year olds from 70% to 95.6%. (CCG average 88.5% to 96.1%). However the practice had had some staffing issues and the correct returns had not been made for the year in

question. The practice had disputed the figures and we saw email evidence that their new improved figures had been agreed, but it was not clear from the email what the details of the new figures were.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 23 patient Care Quality Commission comment cards we received who commented on care 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.

Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 84.4% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89.4% and national average of 88.6%.
- 80.9% of patients said the GP gave them enough time (CCG average 86.8% and national average 86.6%).
- 94.7% of patients said they had confidence and trust in the last GP they saw (CCG average 95.6% and national average 95.2%).
- 86.1% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85.3%).

- 95.1% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90.6%).
- 79.2% of patients said they found the receptionists at the practice helpful (CCG average 87.7% and national average 86.8%).

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 on the comment cards we received was also positive and aligned with these views.

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

- 81.3% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86.5% and national average of 86%.
- 77.4% said the last GP they saw was good at involving them in decisions about their care (national average 81.6%)
- 88.9% said the last nurse they saw was good at involving them in decisions about their care (national average 85.1%)

Staff told us that translation services were available for patients who did not have English as a first language. They could also access the services of a signer for those with a hearing impairment. There was also a translation function on the practice website.

Patient and carer support to cope emotionally with care and treatment

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation or by giving them advice on how to find a support service as appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered Saturday morning surgeries once a month.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccinations available privately.
- There were disabled facilities, baby changing facilities, translation and signing services available.
- Corridors had been designed for use by people in wheelchairs, there was a ramp outside and six disabled parking bays. Doors were wide enough for wheelchair access.
- The practice had a lift to improve access.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. The duty doctor would be contacted between 6pm and 6.30pm in an emergency. Appointments were from 8.20am to 11am every morning and 2.20pm to 5pm in the afternoon. Extended surgery hours were offered on one Saturday a month from 8am to 11.30am. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

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

- 63.3% of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.

- 25.2% of patients said they could get through easily to the surgery by phone (national average 73.3%).
- 49.6% of patients said they usually get to see or speak to the GP they prefer (national average 76.1%).

However the survey was carried out up until the end of September 2015. The practice had also had carried out a clinical commissioning group (CCG) survey, which found similar issues with concerns about getting through on the telephone, experience of making an appointment and seeing their preferred GP. The practice had acknowledged these issues and had outlined the issues and their initial solutions to their patients on their website. The practice had previously upgraded the number of phone lines from three in and two out, to four in and two out. This had made no noticeable difference. More recently they had put in place a revised appointments system. Firstly patients could no longer queue outside to make appointments before the lines opened. They also increased the number of staff available to answer the phone and were looking to upgrade their phone system when the contract with the current provider ended. They were also in the process of reviewing their pre-booking policy. Additionally we were told that they had noticed a reduction in complaints about appointments. The practice said that they had received some favourable comments on Friends and Family Test forms about the system, and two comments on the CQC comments cards that patients filled in made a point of saying that the new system was better.

Listening and learning from concerns and complaints

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were clear and concise leaflets available in the reception area and staff would also be happy to explain how to complain if asked.

We looked at 16 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons

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

were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a clinical investigation had not been forwarded to the GP when it arrived by email. This was investigated and

as a result an apology was made to the patient and the clinical issue followed up. Additionally the head receptionist reviewed scanning procedures with each member of the reception staff individually.

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 patient centred ethos to deliver high quality care and promote good outcomes for patients.

- Staff were clear about the ethos and their responsibilities in relation to this.
- The practice had just recovered from a period of instability and was pro-actively pursuing ways to improve access to the service, and outcomes, for their patients.

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 which 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

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

The provider was aware of and complied with the requirements of the Duty of Candour. The 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 and written apology.
- They kept written records of verbal interactions where indicated as well as written correspondence. Depending on the nature of the complaint then a verbal complaint sometimes prompted a written response as well as an initial verbal one.

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

- Staff told us the practice held meetings. Partner meetings were held twice a month which various senior staff members attended. Reception staff held regular minuted meetings at which the senior receptionist fed back information from the partner meetings as appropriate. The lead nurse fed back to the monthly minuted clinical staff meetings. Whole practice meetings were held approximately six monthly.
- 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 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. The practice proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the NHS Friends and Family Test forms and used them to monitor patient responses to changes. They also monitored complaints both within the practice and through internet feedback sites. The practice replied to any comments and complaints made on various internet feedback sites where appropriate. They had also posted an analysis of the previous six

Are services well-led?

Good 

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

months Friends and Family Test responses and an analysis of these both positive and negative with an explanation of changes that they were making to the appointments system as a result. The Patient Participation Group PPG was currently inactive because of the loss of some leading members. However the practice had been encouraging interest for some time with leaflets, a prominent noticeboard inviting interest and on the practice website. They had organised a meeting with a significant number of interested patients for 9 March 2016 to discuss restarting the group.

- 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. For example staff felt that

communication with one GP could be improved, this was conveyed to the practice manager at a staff meeting and then discussed with the GP. The issue was resolved amicably. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in continued training. All staff had access to on-line training and regular external training provided by the Clinical Commissioning Group (CCG). One of the GPs gave additional tutorials to the paramedic practitioner every two weeks. The practice was engaged with the CCG prescribing team and held regular meetings with them.