

Whitecliff Group Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Whitecliff Group Practice on 20 July 2016. Overall the practice is rated as good.

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

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

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

We saw one area of outstanding practice:

The practice was involved in a joint initiative with other healthcare providers to employ a community worker. This member of staff organised support activities and established links with existing voluntary, social and self-help groups. For example, carers pamper days, group

Summary of findings

days out, bereavement counselling and patient transport. Their intervention had made a positive impact on approximately 120 older patients and their carers in the last 12 months.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The percentage of patients with diabetes, on the register, who have had an influenza immunisation in the preceding 12 months was 100% which was higher than the national average of 94%.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- 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.
- One member of staff was an appointed carer's lead and provided support and signposting to other relevant services for carers. 2% of the practice population had been identified as carers, in line with the national average.
- The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant 2014. The practice had a Military Veterans Priority Protocol which had been reviewed in March 2016 and had so far identified 50 military veterans.

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 easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



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

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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. For example, the practice gathered staff feedback in quarterly “You Said, We did” sessions. Staff suggestions which had been implemented included a duty GP in the afternoons, recruitment of a nurse practitioner, and named clinical leads for different specialist areas such as safeguarding, long term conditions.

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 outstanding for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Public health demographics for north Dorset showed that 26% of the population were 65 years or older (national average of 18%). The practice had responded to this by ensuring that all patients had a named GP to help with continuity of care and all patients aged over 75 years were offered an annual health check. Nurses provided this in the community for patients who found it difficult to visit the practice.
- GPs and nurses regularly visited patients in nursing and care homes. Early identification of illness, optimisation of medicines and care planning, had helped to reduce the number of unplanned admissions to hospital by 19% over the last 12 months, thereby saving patients the inconvenience of a hospital stay. The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions per 1,000 population was 14.55 which was comparable to the national average of 14.6.
- End of life care registers, vulnerable adult registers and a register of patients at risk of unplanned hospital admission were kept. Care plans were provided for patients to assist with forward planning; ensuring the right level of care is given, in the right place, at the right time.
- The practice provided health checks at local community events for elderly people, some of whom who had not seen a GP or nurse for some time.

The practice was involved in a joint initiative with other healthcare providers to employ a community worker. This member of staff organised support activities and established links with existing voluntary, social and self-help groups. For example, carers pamper days, group days out, bereavement counselling and patient transport. Their intervention had made a positive impact to approximately 120 older patients and their carers in the last 12 months.

Outstanding



Summary of findings

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 88% which was better than the national average of 78%.
- 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.
- Patients with long term conditions were proactively supported by the practice's specialist nurse team. Patients were actively recalled for monitoring and treatment of their conditions, in line with national guidelines on best practice.
- Education was offered to help patients self-manage their conditions, and those needing support had access to Live Well Dorset, a local health coaching service.

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, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

- We saw positive examples of joint working with midwives, health visitors and school nurses. GPs acted as school medical officers, holding daily surgeries within four local boarding schools. This included a residential school for 60 children with severe autism who boarded all year round.
- The practice was part of a pilot scheme involving practice based joint clinics (GP and Consultant Paediatrician) to review and manage more complex cases on-site.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- Promotion material available through the practice.
- Appointments were provided early and late in the day. Telephone consultations were frequently used to improve access for working patients.
- Extended surgeries appointments from 6.30pm until 7.30pm aimed primarily at working patients, were available three days a week.
- SMS text messages were used for appointment reminders and to advise when medicines were ready.
- The practice offered online access to appointment booking, repeat medications and medical records.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.
- Monthly multi-disciplinary team meetings were attended by the community rehabilitation team, community psychiatric nurses, district nursing team and social services, with a focus on planning for vulnerable patients.
- A shared computer system record was used to enhance communication between allied professionals and specialist nurses (For example, Parkinson's disease nurses and practice nurses).
- Home visits allocation meetings took place before 12pm each day. This ensured a timely response to patients needs and an earlier admission to hospital if needed.
- The practice maintained good links with community and third sector services such as alcohol and drug addiction support, Age UK and Blandford Hospital League of Friends.
- Together with a local specialist support service, the practice offered a clinic three times a week for patients with drug addiction issues.

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).

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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 97% which was higher than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice maintained links with the Blandford Community Mental Health Team and had regular communication with elderly and community mental health nurses, who attended practice multi-disciplinary meetings.
- The practice had an appointed GP dementia champion who had led the practice towards achieving dementia-friendly practice status. For example, in the use of clear coloured signage around the practice. The practice belonged to the Blandford Dementia Action Alliance and had recently sponsored a community dementia event.

Summary of findings

What people who use the service say

national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 238 survey forms were distributed and 121 were returned. This represented about 0.7% of the practice's patient list.

- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.
- 71% of patients found it easy to get through to this practice by phone compared to the national average of 73%.

When we spoke to patient participation group (PPG) members about getting through to the practice, they told that significant improvement had already been made on this. The practice had responded to patient feedback by streamlining their answerphone message and making it easier to understand and introduced a new telephone system to allow faster access.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received. Patients described a well organised and well run service with professional, approachable staff.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results of the June 2016 friends and family survey showed that 95% of the 19 respondents would recommend the practice to their friends and family

Outstanding practice

The practice was involved in a joint initiative with other healthcare providers to employ a community worker. This member of staff organised support activities and established links with existing voluntary, social and self-help groups. For example, carers pamper days, group

days out, bereavement counselling and patient transport. Their intervention had made a positive impact on approximately 120 older patients and their carers in the last 12 months.

Whitecliff Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Whitecliff Group Practice

Whitecliff Group Practice was inspected on Wednesday 20 July 2016. This was a comprehensive inspection.

The main practice is situated in the rural town of Blandford Forum, Dorset. The area is rated as eight out of ten on the national deprivation decile, with ten being the least deprived. This shows the area was relatively affluent compared to the national average. Census data shows 98% of the local population identified themselves as white British. The practice provides a primary medical service to 16,300 patients of a diverse age group. The practice is a teaching practice for medical students and a training practice for GP trainees.

There is a team of seven GPs partners and five salaried GPs. Eight are female and four are male. Some worked part time and some full time. The whole time equivalent was 10 GPs. Partners hold managerial and financial responsibility for running the business. The team were supported by a practice manager who is also a partner, a deputy practice manager, one nurse prescriber, seven practice nurses, three health care assistants and additional administration staff.

Patients using the practice also have access to community nurses who are based at the practice. Other health care professionals visit the practice on a regular basis.

The practice is open between the NHS contracted opening hours 8am until 6.30pm Monday to Friday. Appointments are offered anytime within these hours. Extended hours surgeries are offered three times a week on Tuesday, Wednesday and Thursdays from 6.30pm until 7.30pm.

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

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

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

The practice provided regulated activities from two locations. The main location was on Whitecliff Mill Street in Blandford Forum. DT11 7BH. The branch practice was located at Upper Street, Child Okeford, Dorset DT11 8EF. During our inspection we visited the main location at Blandford Forum.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 July 2016. During our visit we:

- Spoke with a range of eight different staff including GPs, nursing and administrative staff and spoke with seven patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 22 comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident occurred when a health visitor discovered that a young child who was living locally had been registered at the practice but the practice had failed to notify the health visitor. When this was identified it was immediately rectified and a visit arranged by the health visitor. The practice amended its reception procedures by introducing a new protocol which ensured that the health visitor was notified of any new patients under five years old to prevent any reoccurrence. Shared learning took place between the practice and health visitors team.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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. The most recent such audit had been completed December 2015 and actions taken as a result. For example, the purchasing of a new specimens fridge. This enabled current practice to be followed in the handling of specimens at this rural market location.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from GPs staff for this extended role. Patient

Are services safe?

Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- We found that there was no system in place to alert staff of any temperature spike above 25 degrees Celsius if this rise took place over the weekend when the dispensary was unattended. This posed a potential risk to the integrity of the medicines stored at room temperature. When this was brought to the attention of the practice manager, a digital thermometer was obtained and a protocol introduced with regular checks to reduce this risk. The new system ensured that the room would be maintained at an appropriately safe temperature.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. 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 from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.7% of the total number of points available. Exception reporting was in line with the national average of 3%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 88% which was better than the national average of 78%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 94% which was in line with the national average of 94%.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits completed in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

- Findings were used by the practice to improve services. For example, a regular audit took place examining the number of patients needing a medicines review. It was found that patients were continually ordering their prescriptions without making appointments for their reviews even though they had received many reminders. It was decided to use an automated stop system which was part of the clinical computer system. This recognised when repeat medicines were required but no review had been undertaken. Medicines could then not be prescribed unless a review had been completed or this could be over ridden by a GP if classed as medically necessary. These reviews were conducted by a community pharmacist. They also undertook a program to help educate patients that medicine reviews were necessary for their safety. This had been effective and there were no medicine reviews outstanding.
- An audit on anti-inflammatory pain relief medicine had examined the treatment of 81 patients. 4% had side effects. The positive impact of the audit was to enable these patients to receive alternative medicines which removed these side effects.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.>.
Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 97% (CCG 92% to 97%) and five year olds from 91% to 97% (CCG 91% to 97%).

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.

All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The practice met the standards of the AIS (Accessible Information Standard) introduced by NHS England. For example, the practice had a hearing aid induction loop at reception and easy to read leaflets which had been developed by NHS England.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice had a carer's lead who offered signposting to relevant services for carers and organised carer's events such as social gatherings. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers which was in line with the national average. Written information was available to direct carers to the various avenues of support available to them.

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

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant 2014. The practice had a Military Veterans Priority Protocol which had been reviewed in March 2016 and had so far identified 50 military veterans.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on Tuesday, Wednesday and Thursday and evenings until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between the NHS contracted opening hours 8am and 6.30pm Monday to Friday. Appointments were offered anytime within these hours. Extended hours surgeries were offered three times a week on Tuesday, Wednesday and Thursdays from 6.30pm until 7.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 71% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system such as leaflets and posters in the waiting room. We looked at 22 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Actions were taken to as a result to improve quality of care for patients. For example, a complaint had been made about a patient incurring a fee from the practice to obtain a personal medical certificate for their firearms license application. The practice had explained the protocol for this to the patient. They then provided the medical certificate and the patient paid the appropriate fee. The patient was satisfied with the outcome.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a patient's charter, vision and values which were displayed in the waiting areas and staff knew and understood the values.
- The values stated the aim of the practice was to deliver high quality medical care to people in this area, to work collaboratively and pro-actively develop healthcare services to future proof services and meet increasing demand and to build and maintain an efficient, caring primary health care team with high morale.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had provided feedback on a communication project prior to the introduction of the Accessible Information Standard (AIS). The practice had acted upon this feedback by reducing the number of leaflets distributed and

Are services well-led?

Good 

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

installed a media screen in the waiting room which provided relevant information on health promotion and prevention and forthcoming events. The practice had also introduced its own web page on Facebook.

- The practice demonstrated productive general practice through gathering staff feedback in “You Said, We did” sessions in their training room. Staff suggestions which had been implemented included a duty GP in the afternoons, recruitment of a nurse practitioner, and named clinical leads for different specialist areas such as infection control.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice undertook meetings every quarter which looked at how processes and systems could be improved upon. We saw the results of this displayed in a training room.

Implemented changes as a result of staff feedback included a 70% reduction in GP’s paperwork through greater use of electronic systems, and also a traffic light system on patient records to help reception prioritise patient care. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had piloted a scheme on paediatric care which involved joint consultations with a practice GP and a paediatric consultant. This had a positive impact on approximately 20 patients as it saved them the inconvenience of having to travel to the hospital which was 17 miles away.