

Adshall Road Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

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

Detailed findings from this inspection

Our inspection team	12
Background to Adshall Road Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Adshall Road Medical Practice on 12 October 2016. Overall the practice is rated as good.

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

- The GP partnership had experienced changes, both expected and unexpected in the last 12 months and this had caused some challenges for the practice.
- 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 usually found it easy to get through to the practice on the telephone and could get an appointment with a named GP if they were willing to wait a couple of days. The GPs provided a telephone appointment service which patients said they liked.
- The GPs provided a telephone triage service for urgent appointments. These were available each 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.

The areas where the provider should make improvement are:

- Establish a programme of regular clinical audit and re-audit.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Significant events and incidents were investigated and areas for improvement identified and implemented. The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on thorough analysis and investigation.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) for 2014-15 showed the practice's performance was below that of local and national averages. However, data supplied by the practice (not yet verified) showed that the practice had improved its performance for 2015-16.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Those clinical audits that were available demonstrated action to effect quality improvement, however a planned programme of audit and re-audit needed to be developed.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than other practices in the locality and nationally.
- 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 (CCG) to secure improvements to services where these were identified. The practice participated in the local neighbourhood complex care multi-disciplinary team meetings.
- Patients at risk of unplanned admission to hospital had an agreed recorded plan of care in place to support them and their carers to take appropriate action when the patient's health needs deteriorated.
- A minimum of weekly telephone contact with a local care home was undertaken and patients received GP visits as required.
- Home visits to review patients who were housebound and had a long-term conditions were undertaken.
- Urgent appointments were available the same day and the GPs provided a telephone call back service to patients.
- 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. However the GP partnership had experienced changes, both expected and unexpected in the last 12 months and this had caused a number of challenges for the practice.

Summary of findings

- Staff were clear about the vision and their responsibilities in relation to it and were supported by 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.
- 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 a virtual group and contact was maintained through email.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice 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.
- A minimum of weekly telephone contact with a local care home was undertaken and patients received GP visits as required.
- Monthly multi-disciplinary team meetings were held in the local neighbourhood to review specific patients considered at high risk.
- The practice was proactive in supporting patients on the palliative care register and used the electronic communication tool -Electronic Palliative Care Coordination Systems (EPaCCS) to record information that was accessible to the Out of Hours provider and the local hospital.
- A member of staff had recently been designated as a cancer champion.

People with long term conditions

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

Good



- Nursing staff supported by the GP partners had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's performance was below the average of the Clinical Commissioning Group (CCG) and the England average in some of the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2014/15. Unverified data supplied by the practice showed there had been some improvement in performance in 2015/16. The practice nurse we spoke with confirmed a small group of patients with diabetes were resistant to participating in reviews of their condition.
- The practice encouraged patients to self refer to education programmes such as Expert for the management of diabetes and other long-term conditions.
- Longer appointments and home visits were available when needed appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check 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.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to the Clinical Commissioning Group (CCG) 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Quality and Outcome Framework (QOF) data for the public health indicators for 2014/15 showed that the practice's performance for the percentage of women aged 25-64 who had received a cervical screening test in the preceding five years was 77%. This was slightly below the CCG average of 82% and the England average of 82%. Data, (not yet verified) supplied by the practice for 2015/16 showed the practice had improved its performance.
- QOF data for 2014/15 showed that 70% of patients with asthma, on the register, had received an asthma review in the preceding 12 months compared to the CCG average of 76% and England average of 75%. Data supplied by the practice (unverified) for 2015/16 showed that 100% of patients benefited from a review.
- We heard about positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- The practice offered flexible surgery times including early morning appointments from 7.00 am on Wednesday and Thursdays. Appointments were available with GPs, practice nurses and health care assistants on these early mornings. Pre-bookable telephone consultations were also available.
- The practice was proactive in offering online services such as booking and cancelling appointments and ordering prescriptions.
- The practice website also offered information on health promotion and screening.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients who were vulnerable and those 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.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- Data from 2014/15 showed that 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was below the Clinical Commissioning Group (CCG) average of 87% and the England average of 84%. Data supplied by the practice for 2015-16 showed that the practice had improved their performance with 95% of patients benefiting from a face to face review.
- 87% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was lower than the

Summary of findings

CCG average of 91% and the England average of 88%. However, the practice's clinical exception reporting rate was also lower at 5% compared to the CCG average of 9% and the England average of 13%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing better in the majority of areas when compared to local and national averages. A total of 287 survey forms were distributed, and 12 were returned. This was a return rate of 43% and represented approximately 2.4% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 79% and national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards, all of which were positive about the standard of care received. The comment cards provided examples of where the practice had supported them with their health care needs.

We spoke with three patients by telephone the day after the inspection. All were complimentary about the quality of care they received from GPs and nursing staff. All said that they usually got an appointment within a reasonable length of time when they requested one.

The practice had a patient reference group, whereby they maintained contact with a group of patients by email to obtain feedback and views. The three patients we spoke with also confirmed that they were members of the patient reference group and responded to emails from the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Establish a programme of regular clinical audit and re-audit.

Adshall Road Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Adshall Road Medical Practice

Adshall Road Medical Practice is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a personal medical service (PMS) contract with NHS England. The practice has 4977 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The average male and female life expectancy in the locality reflects both the CCG and England averages of 79 and 83 years respectively.

The practice surgery was purpose built in 1988 and extended in 2010. The practice provides ground level access suitable for people with mobility issues. There is an onsite carpark.

The practice is a registered partnership between two female and one male GP. However, the male GP partner has left the practice. The CQC has received a notification

advising us of this. The practice employs a female salaried GP and regularly employs a male locum GP. The practice employs a practice manager, two practice nurses, two health care assistants as well as reception and admin staff.

The practice reception is open from 8.00am until 6.00pm Monday to Friday. The telephone lines are available until 6.30pm Monday to Friday. Early morning appointments with a GP, a practice and a health care assistant are available from 7.00am on Wednesday and Thursday mornings. Patients are also offered pre-bookable appointments on Saturdays and Sundays with Mastercall, the Out of Hours provider for the locality.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book and cancel appointments and order prescriptions.

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 October 2016.

During our visit we:

- Spoke with a range of staff including two GP partners, a practice nurse, two health care assistants, the practice manager, and a receptionist and a secretary.
- Spoke with three patients who used the service, the day after the inspection.
- Observed how reception staff communicated with patients.
- Reviewed an anonymised sample of the personal care or treatment records.
- Reviewed comment cards where patients 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 investigated significant events and identified areas for improvement and these were shared at clinical team meetings.

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. GPs and nurses we spoke with provided examples of significant events and the action taken as result of analysis.

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. 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. One GP partner was the lead member of staff for safeguarding. GPs were trained to child protection or child safeguarding level 3. A comprehensive understanding of all patients designated at risk or with a safeguarding protection plan in place was maintained. Monthly meetings to review children with child protection plans in place or where potential risks were identified were held between the lead GP for safeguarding, local school nurses and health visitors. The GP attended other 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. One staff member told of us of an incident of concern they raised with the lead GP and this resulted in appropriate action being taken to safeguard the patient.

- 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 had taken the decision that only clinical staff (GPs or the practice nursing team) would undertake the duty of chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The infection control clinical lead 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. The local authority health protection nurse had undertaken an infection control audit at the practice in January 2016. This identified two areas for improvement. Our observations identified that action had been taken to address these areas.
- 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 employed their own pharmacist who carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice pharmacist was also a non-medical prescriber and therefore could support the practice and patients with reviews of long term conditions. The practice also worked closely with the local Clinical Commissioning Group (CCG) pharmacy teams. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line

Are services safe?

with legislation. The health care assistant was trained and mentored to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and the recruitment checks undertaken for locum GPs. We 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 was a system in place to record and check professional registration of the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration and appropriate insurance for clinical staff was up to date and valid.

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. The practice had up to date fire risk assessments and carried out regular fire alarm tests. 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. Staff spoken with confirmed they worked together to cover sudden staff absence.
- The practice had a long established work force, which had encountered some recent and unexpected staff changes, including the departure of two GPs, reception staff and one health care assistant. This had meant the existing GP partners had increased their availability to cover more sessions and the practice had had to use locum GPs.

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 from 2014/15 were 93% of the total number of points available with a rate of 9.6% exception reporting for all clinical indicators. The rate of exception reporting was higher than the 5.8% average for the Clinical Commissioning Group (CCG) and similar to the England average of 9.2%. (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 consistently achieved over 98% of the points available between 2010/14. They had recognised and responded to the drop in performance in 2014/15 and supplied unverified data for 2015/16 that showed the practice had improved and had achieved 97% of the points available.

Discussion with the practice nurse identified that the practice did have a group of core patients who were reluctant to attend for health care reviews, despite regular contact by telephone and letter. Both the practice nurse and health care assistants stated they now implemented a strategy of opportunistic screening and review when the patient attended the practice for a different purpose.

This practice was not an outlier for any QOF (or other national) clinical targets. The practice was aware of their drop in performance and had achieved lower percentages for some of the QOF diabetic indicators in 2014/15 compared to the CCG and the England averages. However, unverified data supplied by the practice showed that overall their QOF performance had improved in 2015/16.

Data available for the QOF diabetic indicators in 2014/15

- Data for diabetic patients and the record of HbA1C blood tests in the preceding 12 months showed 73% of patients had received this, compared to the CCG average of 80% and the England average of 78%.
- The record of diabetic patients with a blood pressure reading recorded within the preceding 12 months was 84%, which was higher than the CCG average of 80% and the England average of 78%.
- The record of diabetic patients whose last measured total cholesterol 5mmol/l or less within the preceding 12 months was 81%, which was lower than the CCG average of 84% but similar to the England average of 81%.

Other data from 2014/15 showed the practice performance was lower than the local and England averages. For example:

- 79% of patients with hypertension had their blood pressure measured in the preceding 12 months compared to the CCG average of 85% and the England average of 84%. Unverified data supplied by the practice for 2015/16 showed that 100% of patients had had their blood pressure measured in the preceding 12 months.
- 70% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG average of 76% and the England average of 75%. Data supplied by the practice for 2015/16 showed that 100% of patients benefited from a review.
- 78% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 87% and the England average of 84%. Unverified data supplied by the practice for 2015-16 showed that the practice had improved their performance with 95% of patients benefiting from a face to face review.

Are services effective?

(for example, treatment is effective)

- 87% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was lower than the CCG average of 91% and England average of 88%.

There was evidence of quality improvement including clinical audit.

- Evidence from one completed audits was available which demonstrated areas that required improvements were identified, some action taken and the effectiveness of this reviewed. In response to guidance from the CCG the practice audited the treatment and advice given to patients with a diagnosis of clostridium difficile (bacterial bowel infection). Guidance identified that patients should stop taking their prescribed medicine for gastric related disorders, such as ulcers or acid reflux, while they were taking anti-biotics for clostridium difficile. The first audit identified that the advice to patients to stop taking the medicine for their gastric illness was not provided. All GPs were advised of the audit findings and reminded of the CCG guidance. The re-audit identified limited improvements. The reasons for this included the challenging GP staffing situation and the use of locum GPs. The re-audit also identified additional actions including adding a reminder on the clinical meeting agenda and adding a flag or alert on the patient electronic record. A further re-audit was scheduled to monitor the effectiveness of these additional measures.
- A simple audit and re-audit was also available which reviewed patients prescribed medicine for high blood pressure to check if renal functions tests had been undertaken. Action had been taken to ensure patients received the appropriate checks.
- There were a number of first cycle clinic audits available; however re-audit of these were not always undertaken. A planned programme of clinical audit and re-audit would support the practice's quality improvement programme to ensure patient outcomes were monitored regularly and so improve patient care.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example the practice monitored their performance against other GP practices in the locality and identified in 2014 that the emergency admissions for patients with long term conditions was high, compared to other GP practices with approximately 12 admissions in every

1000. Following a review, changes to the practice appointment system to improve access availability to appointments was implemented for patients requesting urgent appointments. Monitoring of this in 2015/16 showed a reduction in the number of emergency admissions for patients with a long term condition to eight patients in every 1000

Effective staffing

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

- 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 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 online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. The practice business manager was undertaking one to one meetings with all staff to identify skills and abilities and to implement personal development plans. The GP held monthly meetings with one practice nurse to provide support.
- Staff told us about the training they had received including safeguarding, fire safety awareness, basic life support and information governance. However, records such as the staff training matrix did not reflect the actual training staff had received.

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.

Are services effective?

(for example, treatment is effective)

- This included 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.
- The practice was proactive in supporting patients on the palliative care register and used an electronic communication tool Electronic Palliative Care Coordination Systems (EPaCCS) to record information that was accessible to the Out of Hours provider and the local hospital. This ensured that clinicians could provide the right level of care and treatment in accordance with patient wishes.

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 regular basis including palliative care meetings, multi-disciplinary complex care meetings and safeguarding meetings.

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 and Deprivation of Liberty Safeguards (DoLS).
- 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.
- QOF data from 2014/15 showed that the practice's uptake for the cervical screening was 77% with a clinical exception reporting rate of 2%. This was slightly below the CCG average of 82% and 4% exception reporting rate and the England average of 82% and exception reporting rate of 6%. However, unverified QOF data for 2015/16 from the public health domain (which includes data on cervical screening) showed an overall increase in the practice's performance.
- The practice sent reminder text messages, letters and made calls to patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for cervical screening and the practice followed up women who were referred as a result of abnormal results.
- The practice also referred its patients to attend national screening programmes for bowel and breast cancer screening. However, their uptake was lower than the CCG and England average. One health care assistant had recently become the practice's cancer champion. They confirmed that they anticipated getting involved and promoting the cancer screening to patients.
- Childhood immunisation rates for the vaccinations given in 2014/15 were similar to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 92% compared to the CCG range of 69% to 91%. Rates for five year olds ranged from 77% to 85% compared to the CCG range of 85% to 92%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–74. 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.

The four patient Care Quality Commission comment cards we received were positive about the standard of care received. They stated the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three patients by telephone the day after the inspection. All were complimentary about the quality of care they received from GPs and nursing staff. All said that they did have to wait for routine appointments but confirmed they were offered urgent appointments if they requested these.

The practice had a patient reference group, whereby they maintained contact with a group of patients by email to obtain feedback and views. The three patients we spoke with also confirmed that they were members of the patient reference group and responded to emails from the practice. A copy of a letter sent to members of the patient group in February / March 2016 was available. This referred to recent feedback from the GP patient survey, feedback from the Friends and Family test, a recruitment update and an overview of patient complaints the practice had received. The patients confirmed that due to the GP changes and general staff issues contact had not been as frequent as in the past.

The results from the most recently published GP Patient Survey (July 2016) rated aspects of the care and service provided to patients similar to the Clinical Commissioning

Group (CCG) and England averages. Results from the national GP patient survey showed patients felt that they were treated with compassion, dignity and respect. For example:

- 93% of patients said the GP was good at listening to them compared to the CCG average of 92% and the England average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 91% and the England average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the England average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England 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.

The practice ensured vulnerable patients such as those who were housebound or had a long term condition had an agreed plan of care in place. The practice had increased the practice nursing hours to ensure that patients who required a care plan for the management of their health and or to avoid unplanned admissions to hospital had one in place. We were told that 3% of the patient population had a care plan recorded.

Results from the national GP patient survey showed patients' responses were similar or better than the averages for the CCG and England. For example:

Are services caring?

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and England average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England 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 and we were provided with examples when these services had been used.

- A sign language service was available if required for patients with a hearing impairment.

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. Written information was available to direct carers to the various avenues of support available to them.

The practice confirmed they had approximately 2% of their patient population registered as carers.

The practice supported bereaved patients. They offered support as requested by the patient.

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 flexible surgery times including early morning appointments from 7.00am on Wednesdays and Thursdays.
- There were longer appointments available for patients with a learning disability or special health care needs.
- Home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice.
- The practice nurse visited housebound patients with a long term condition to carry out regular monitoring and review.
- In addition to responding to urgent visit requests GPs provided weekly telephone consultation with the care home allocated to their practice. They also tried to undertake a monthly visit to review all patients.
- The practice offered twice yearly reviews of patients with dementia and care plans were recorded for these patients.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.

Access to the service

The practice reception was open from 8.00am until 6.00pm Monday to Friday. The telephone lines were available until 6.30pm Monday to Friday. Early morning appointments with a GP, a practice nurse and a health care assistant were available from 7.00am on Wednesday and Thursday mornings. Patients could also pre-book GP telephone consultations and pre-bookable appointments were offered to patients on Saturdays and Sundays with Mastercall, the Out of Hours provider for the locality. Patients could pre-book appointments up to four weeks in

advance; urgent appointments were also available each day for people that needed them. The GPs telephone all urgent GP appointments and had a policy of offering each patient an on the day appointment if they needed this.

Results from the national GP patient survey (July 2016) showed that patient's satisfaction with how they could access care and treatment was comparable or better than the local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.

People told us following the inspection visit that they were able to get urgent appointments when they needed them and stated they did not have to wait too long for routine appointments.

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

The practice had received four complaints in 2016, zero complaints in 2015 and four complaints in 2014. We reviewed three of the most recently received complaints and observed that these were responded to appropriately with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

In addition, the practice manager logged all contact with patients and this included all discussions of issues or concerns raised and the response by the practice to these. There were 13 records logging contact with patients.

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's stated purpose was "To provide people registered with practice with personal health care of high quality and to seek continuous improvement on health status of the practice population overall".

- The staff we spoke with were all committed to providing a high standard care and service to patients.
- The practice had a strategy that reflected the vision and values to deliver a quality service, However the GP partnership had experienced changes, both expected and unexpected in the last 12 months and this had caused a number of challenges for the practice; including providing adequate GP cover

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:

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There was a strong commitment to patient centred care and effective evidence based treatment. The practice had recognised their performance had not been to their usual standard in 2014/15 and had taken action to improve gaps in the quality of their service.
- The practice partners had distinct leadership roles and there was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice encouraged inclusive team work and all staff had been allocated specific areas of responsibility and leadership.
- Clinical governance procedures were well established and regular clinical governance meetings were undertaken.
- The practice had recognised that clinical auditing needed further development and had taken action to improve this. A planned programme of clinical audit and re-audit would assist the practice to monitor quality improvements in patient outcomes.

- Other audits, significant event analysis and complaint investigations were used to monitor quality and drive improvements for the practice and for individuals.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were effective. These were reviewed regularly.
- The practice engaged with the Clinical Commission Group (CCG) and attended meetings to contribute to wider service developments.

Leadership and culture

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 very 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). 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 support, truthful information and an appropriate 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. A range of meeting minutes were available.
- Staff told us there was an open culture within the practice and there were opportunities every day to raise any issues with the practice manager or GP partners. They said they felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners were proactive in supporting staff to undertake training to develop their skills and abilities.

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

Are services well-led?

Good 

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

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 reference group and through surveys and complaints received. This enabled the practice to review feedback alongside service delivery and make changes as required.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was managed.

Continuous improvement

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

- The practice recognised their current challenge was to recruit a GP as a permanent member of their team. This would support them in providing consistent GP coverage and free up the partners to focus on the future objectives and goals of the GP practice.
- The practice was a GP training practice and supported medics with their additional foundation training.
- The practice was proactive in working collaboratively with multi-disciplinary teams to improve patients' experiences and to deliver a more effective and compassionate standard of care.
- The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.
- The practice worked closely with the Clinical Commissioning Group (CCG)