

Knockin Medical Centre

Quality Report

Knockin
Oswestry
Shropshire
SY10 8HL

Tel: 01691 682203
Website: www.knockinmedicalcentre.nhs.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Knockin Medical Centre on 4 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice's rural community dispensary responded to the needs of their local registered population.
- 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.
- Patients said they found it easy to make an appointment with a named GP and that 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.
- Mobile telephone and email signals were not always reliable in the remote rural locations the practice covered, which was a large geographic area. The practice was presented with significant challenges in time management, patient transport services and

Summary of findings

responded effectively to support their patients. There was excellent effective communication, local knowledge and staff awareness of their local community.

The areas where the provider should make improvement are:

- Complete regular formal staff fire drills.
- Review the service improvement plan from the last Infection Control and Prevention audit and install elbow taps.

- Ensure all staff are aware of the practice business continuity plan.
- Appraise the reoccurring incidence of pot holes in the car park and consider a more permanent solution to rectify the problem.
- Develop a patient participation group.

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 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people 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 showed patient outcomes were at or above average for the locality.
- 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 multidisciplinary teams 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 showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, in medicines management and in monitoring accident and emergency attendances where these may have been avoided. The practice had lower attendance rates at 10.41 per 1,000 population when compared to the national average of 14.4.
- Patients said they found it easy to make an appointment with a named GP and that 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 that 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



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had a named GP and a structured annual review to check that 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 84.78%, which was comparable to the national average of 81.88%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Summary of findings

We saw good examples of joint working with midwives, health visitors and school nurses.

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 and telephone services as well as a full range of health promotion and screening that reflects the needs for this age group.

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 those with a learning disability.
- It offered longer appointments for patients with a learning disability and sign posted vulnerable patients in how to access various support groups and voluntary organisations.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- The dementia diagnosis rate was better than the national average. For example, the 2013 to 2014 data showed that the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100%, compared with the national average of 83.82%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



Summary of findings

- It 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,.
- It 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 people with mental health needs and dementia.
- The practice understood the needs of patients who self-harm and monitored, completed regular reviews and communicated with secondary care providers, such as consultant psychiatrists.

Summary of findings

What people who use the service say

The national GP patient survey results published July 2015. The results showed the practice was performing above the local and national averages. Two hundred and forty-six survey forms were distributed and 118 were returned. This gave a response rate of 48%.

- 98.1% found it easy to get through to this surgery by phone compared to a CCG average of 85% and a national average of 73.3%.
- 92.3 found the receptionists at this surgery helpful (CCG average 90.1%, national average 86.8%).
- 97.1% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.4%, national average 85.2%).
- 97.3% said the last appointment they got was convenient (CCG average 94.1%, national average 91.8%).

- 91.5% described their experience of making an appointment as good (CCG average 82.1% national average 73.3%).
- 80.8% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64.9%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Comments were extremely positive about the professionalism and support offered by the clinical staff and about finding all practice staff to be, caring, polite, friendly and welcoming. We spoke with seven patients during the inspection. All said that they were more than happy with the care they received and thought that staff were approachable, committed and caring.

Knockin Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector shadowing the lead inspector, a practice manager specialist advisor and an Expert by Experience.

Background to Knockin Medical Centre

Knockin Medical Centre is located in Knockin, Shropshire. It is part of the NHS Shropshire Clinical Commissioning Group. They are a dispensing practice situated in a very rural locality between Oswestry and Shrewsbury covering a large geographic area. This can present significant challenges for the practice with secondary care providers and transport services. Patients who cannot drive can be at risk of extreme isolation. The practice covers all the surrounding villages and rural hillside farms.

The total practice patient population is 3,248, mainly in Shropshire but with approximately 150 patients living in Wales. The practice has a higher proportion of patients aged 65 years and above (36.8%) which is higher than the practice average across England (26.5%). They have a lower than average number of patients aged 0-4 years (3.5%) when compared to the practice average across England (6%). It also has a population which has a higher percentage of patients with a caring responsibility 23.9% when compared to the practice average across England 18.2%.

The staff team comprises two full time male GP partners. The practice employs a female salaried GP who provides two morning clinics per week. The practice team includes

two part time practice nurses and a part time healthcare assistant. There are two dispensing staff, a practice manager, four receptionists, administrative support staff and an apprentice on the national apprenticeship scheme. In total there are 14 staff employed either full or part time hours.

The practice is open Monday to Friday 8.30am to 6pm. They close at 1pm to 2pm however phone lines remain open. The dispensary remains open until 6.30pm Monday to Friday. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Shropdoc, the out-of-hours service provider. The practice telephones switch to the out-of-hours service at 6pm each weekday evening and at weekends and bank holidays.

The practice provides a number of clinics, for example long-term condition management including asthma, diabetes, and high blood pressure. It also offers child immunisations, travel vaccinations and minor surgery. The practice offers a walking/ exercise group health checks and smoking cessation advice and support. One of the practice GPs provides health topic talks at a local men's breakfast club which is described as being well attended, lively and popular. One of the practice staff members are also one of the community care coordinators, a local CCG initiative, where staff sign post patients or their families/carers to various local organisations to promote and enable independent living.

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver general medical services to the local community or communities. They also provide some Directed Enhanced Services, for example they are a dispensing practice, offer minor surgery and the childhood vaccination and immunisation scheme and for their patients.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

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)

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 4 November 2015. During our visit we spoke with a range of staff which included the practice manager, dispensary staff, receptionists, two GPs and we spoke with seven patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 32 comment cards where patients and members of the public shared their views and experiences of the service.

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 all staff reported directly to the practice manager who recorded and collated these on the practice's Datix computer system which enables the practice to share events with others such as secondary care.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. There had been 11 significant events reported in 2015. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice reported through their systems that a patient had been discharged from hospital and still had a cannula in situ. A cannula, often called a venflon, is a small flexible tube inserted into a vein and used to give medication or fluids when patients are unable to take these by mouth or that need to enter the blood stream directly. This was investigated and feedback was provided to the practice and the patient.

When there were unintended or unexpected safety incidents, people 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 people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients of the chaperone service. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A 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. The last audit took place in April 2015. We saw evidence that action was taken to address any improvements identified as a result. We noted there were no elbow taps for staff to use in one of the nurses treatment rooms. Assurances were gained from the practice manager and GP that this would be addressed. The service improvement plan noted that when carpeted areas needed to be replaced, such as in part of the dispensary, these would be replaced with vinyl flooring.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were robust systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice dispensary dispensed to almost 99% of the practice population, in part due to its rural location. This was managed with two qualified dispensary staff. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place

Are services safe?

standard procedures that set out how they were managed. These were being followed by the practice staff. There were arrangements in place for the destruction of controlled drugs.

- The local CCG medicines management team visited the practice and supported them to implement changes to prescribing and assist with the overall medicines spend as well as completing polypharmacy reviews (reviews of patients on multiple medicines). The practice demonstrated that 97% of patients on repeat medicines had been in receipt of at least an annual medicine review.
- There was a system in place for the management of high risk medicines such as disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results.
- We reviewed five personnel files and found that 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. The practice had up to date fire risk assessments. The practice had completed a walk through fire drills but had not completed a formal drill including evacuation. The practice manager and staff were all able to describe what they would do in the event of fire. The practice gave assurances that regular fire drills to include all staff would be completed. 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 also 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.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff in general worked regular set days with arrangements in place to cover each other in the event of staff holidays or sickness. Staff we spoke with felt there were sufficient staff available to meet patients' needs.
- The practice were aware of the reoccurring incident of pot holes in the car park and were considering further activity and a more permanent solution to rectify the problem. This particularly affected wheelchair users and patients with reduced mobility.

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. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Not all staff were aware of the business continuity plan and the practice manager suggested that they could discuss the plan at one of the next practice meetings.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 peoples' 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 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 94.9% of the total number of points available, with 3.7% all domain exception reporting. We found the practice clinical exception reporting to be 1.1 percentage points above the CCG average and 0.5 above the England average. (The QOF includes the concept of exception reporting to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a side-effect).

The practice performance for diabetes in five out of the six related indicators was similar to the Clinical Commissioning Group (CCG) and national averages. The one area for improvement showed that the percentage of diabetic patients with a record of a foot examination and risk classification within the preceding 12 months (01/04/2013 to 31/03/2014) was 65.14% when compared with the national average of 88.35%. The practice has access to an in-house podiatrist and patients received information to attend but the uptake of these offers was reported as poor. The practice referred all newly diagnosed diabetic patients into the Xpert Diabetic Programme. This is a programme of education for people with or at risk of, diabetes with aim to lead patients to improved health and quality of life.

The ratio of reported versus expected prevalence for Coronary Heart Disease in the period April 2013 to March 2014 was 0.43 which was lower than the national average of 0.72. The practice completed drug searches and reviewed patients but the prevalence remains low. The practice had been proactive and had discussed these prevalence findings in meetings with the local CCG and keeps this under constant review.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2013 to 31/03/2014 showed;

- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national averages.
- Performance for mental health related indicators was better than to the national average. For example: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% when compared with the national average of 86.04%.
- The dementia diagnosis rate was better than the national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% compared with the national average of 83.82%.

Clinical audits demonstrated quality improvement. For example:

- There had been 13 clinical audits completed in the last two years, as well as numerous monthly clinical audit review searches completed. Two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit following an alert to establish if any patients were taking a particular combination of medicines, and if so to complete a medicines review. The practice found that eight patients were on this combination of medicines. They wrote to these patients explained the reason for the audit, and invited them to see a GP to discuss the options. All patients attended. One patient remained on the medicine combination out

Are services effective?

(for example, treatment is effective)

of choice and understood the risks; their choice was recorded in the patient's record. A second audit was completed in July 2015. Two patients including the one who stayed on the medicine combination were identified. This demonstrated an improvement in the monitoring of patients on a particular medicine combination from -eight patients, to one new patient, who had a medicine review booked.

- There had also been recent action taken as a result of an audit of pregnant patients who did not have a valid prescription exemption card as the GPs had not always completed the particular exemption form with the patient. A patient had been fined by the Prescription Pricing Authority for not paying for prescription when in fact with a prescription exemption card they would not have been required to do so. The practice found that of 24 eligible patients, 13 did not have exemption cards, these were then completed. The dispensary staff were also made aware to check that all eligible pregnant patients ensured they ticked the exemption box on the prescription form and had a valid exemption card. Whilst it is the patient's responsibility to ensure they have a valid exemption card when they sign a prescription, the medical staff recognised the need to complete appropriate forms when they first see a patient with a new pregnancy.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support

during sessions, one-to-one meetings, appraisals, supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place formally on a three monthly basis as a minimum for palliative care patients and that care plans were routinely reviewed and updated. District nurses had used of a room within the practice building which enabled regular communication. The practice had access to and regular communication with the community matron and with the physiotherapist and counsellor who held weekly sessions at the practice. The diabetic retinopathy screening team (diabetic retinopathy is when damage occurs to the retina of the eye due to diabetes. It can eventually lead to blindness) and the abdominal aortic aneurysm (AAA) screening teams visited the practice each quarter to enable the practice support their local registered population and this included co-ordinated shared patient information. (AAA screening is a way of detecting a dangerous swelling (aneurysm) of the aorta – the main blood vessel that runs from the heart down through the abdomen to the rest of the body).

Are services effective?

(for example, treatment is effective)

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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. The practice staff told us that communication and knowledge of their patients

within the local community was the key to effective health promotion and prevention. The practice had regular updates of health topics on their website and notice boards.

- We found that 242 patients had been offered smoking cessation advice in the previous 12 month period and that 30 patients had stopped smoking.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. This included a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice's uptake for the cervical screening programme was 84.78%, which was comparable to the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.2% to 100% and five year olds from 97.1% to 100%. Flu vaccination rates for the over 65s were 75.7%, and at risk groups 62.65%. These were comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 32 patient CQC 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 also spoke with seven patients. They also told us they were happy 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 doctors and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 92.9% and national average of 88.6%.
- 94.2% said the GP gave them enough time (CCG average 92%, national average 86.6%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 97.1%, national average 95.2%).
- 92.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 90.4%, national average 85.1%).

- 97.7% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.4%, national average 90.4%).
- 92.3% said they found the receptionists at the practice helpful (CCG average 90.1% national average 86.8%).

Care planning and involvement in decisions about care and treatment

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

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

- 95.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90.6% and national average of 86.0%.
- 96.6% said the last GP they saw was good at involving them in decisions about their care (CCG average 87.8% and national average 81.4%).

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23.9% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability. Most of the practice staff lived within the local community and so were aware of vulnerable patients and were able to highlight issues that might not otherwise have come to light. The practice were able to give numerous examples of how they supported their more vulnerable patients both in and out of the practice. For example, the GP on their way home noticed a patient walking in the dark and stopped to give them lift home as they knew they must have missed the last bus. Another member of staff, recognised a patient with Alzheimer's sitting in a ditch and offered them a lift home to be greeted by the patient's worried family and police.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice offered a 'one-stop shop' for multiple conditions to minimise the inconvenience of multiple practice visits.
- GPs conducted telephone consultations for patients assessed by the GP and agreed by the patient as not requiring a physical examination or requiring interim advice. The GPs also completed telephone triage calls (determining the priority of patients' treatments based on the severity of their condition).
- The practice provided minor surgery for joint injections and in the treatment for example of infected cysts.
- The practice offered family planning services including the insertion of contraceptive devices.
- There were disabled facilities; a hearing loop was on order and translation services available.
- The practice provided a phlebotomy (blood taking) service for its patients on Wednesday and Thursday mornings. When required phlebotomy appointments could also be made with the practice nurse.

- One of the GPs attended and offered health topic talks at a local men's breakfast group.
- The practice provides a dispensary service for its registered population.
- Patients had direct input from the diabetic podiatrist once a month.
- The physiotherapist held weekly sessions at the practice.
- The practice provided its own in-house counsellor who held weekly sessions at the practice.
- The diabetic retinopathy screening team and the abdominal aortic aneurysm screening teams visited the practice each quarter to enable the practice support their local registered population.
- The practice had recently decided to purchase a number of blood pressure monitoring devices for those patients who had difficulty tolerating a 24 hour blood pressure monitor.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments to see the GPs were from 9am to 11am every morning and 3.30pm to 5.30pm daily. There were two GPs available at the practice in the morning and one in the afternoon. The practice monitored the appointments to ensure they responded to patients' needs and meet demand. Should the demand for appointments increase the practice added extra appointments onto the existing clinics or in rare circumstances consider a locum GP to cover additional sessions. Appointments were all bookable and each GP surgery had two allocated same day emergency appointment slots. Should more be required they were added as required. Urgent appointments were available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages. Patients told us on the day of the inspection they were able to get appointments when they needed them.

- 82.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 74.9%.
- 98.1% of patients said they could get through easily to the surgery by phone (CCG average 85%, national average 73.3%).

Are services responsive to people's needs?

(for example, to feedback?)

- 91.5% patients described their experience of making an appointment as good (CCG average 82.1%, national average 73.3%).
- 80.8% patients said they usually waited 15 minutes or less after their appointment time (CCG average 64.9%, national average 64.8%).
- 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 in the practice waiting room and at reception in the form of complaints summary leaflets.

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.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency when dealing with complaints. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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 staff were unaware as to whether the practice had a written mission statement but staff knew and understood the practice ethos and values. The practice strategy was to continue to provide a safe, quality service to their patients and local community. The practice did not have a documented business plan but held regular meetings as partners, management and staff meetings to monitor, learn and where necessary improve service provision to their patients.

Governance arrangements

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

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

Leadership, openness and transparency

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

The provider was aware of and complied with the requirements of the Duty of Candour. (This where the provider is open and transparent with people who use the practice in relation to their care and treatment. It also sets

out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong).

When there were unexpected or unintended safety incidents:

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

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

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

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

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

- It had gathered feedback from patients through patient's comments, surveys, complaints and suggestions but had yet to develop a patient participation group (PPG). The practice were mindful of their obligations to do so and made assurances that a PPG would be established in 2015.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.