Ashburton Surgery

Quality Report

1 Eastern Road
Ashburton
Devon
TQ13 7AP
Tel: 01364 652731
Website: www.ashburtonsurgery.co.uk

Date of inspection visit: 9 February 2016
Date of publication: 10/03/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ashburton Surgery on Tuesday 9 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- GPs at the practice made weekly visits to a local care home. This provided continuity of care, and developed strong relationships with the residents, managers and staff.
- Clinical risks to patients were assessed and well managed.
- The practice was a small practice and the staff knew patients well, and were familiar with their family situations, those who were socially isolated, and those who were carers. This enabled staff to recognise that something may be wrong at an earlier stage.
- 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.
- Staff said Ashburton surgery was a good place to work.
- Patient feedback was consistently good. 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.

Summary of findings

- The practice provided proactive management for potential health crises, for example, patients with chronic obstructive pulmonary disease (COPD) had home action plans/rescue packs to assist them to recognise any deterioration in their condition.
- 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:

- Review the competency assessment for dispensary staff to ensure it covers all aspects of the Dispensary Services Quality Scheme
- Ensure the records kept of significant events reflect the investigation, action and learning that took place.
- Review systems are in place to ensure that the process of monthly expiry checks in the dispensary are performed
- Ensure the complaints register reflects the outcome and learning that takes place.

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?

Good

The practice is rated as good for providing safe services.

- There was a system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- 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.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent.
- There were suitable arrangements for the efficient management of medicines.
- The practice was clean, tidy and hygienic. We found suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a high standard.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and reassurance that care and treatment was appropriate.
- 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.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- Views of external stakeholders were very positive and aligned with our findings.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, signposting to and working with a local charity who provided support, befriending and transport for vulnerable people. The practice also supported a local food bank.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

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

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was in development but the practice used social media to enable more patients from different patient groups to offer their opinion.
- There was a strong focus on continuous learning and improvement at all levels.
- A systematic approach was taken to working with other organisations to improve care outcomes, tackle health inequalities and obtain best value for money. For example, providing medical cover at the community hospital.

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

Good

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 and had a range of enhanced services. For example, in dementia and end of life care.

The practice were responsive to the needs of older people, and offered home visits and rapid access appointments for those with complex needs.

All patients receiving regular medicines were seen for regular reviews. The practice was a small practice and the staff knew patients well, and were familiar with their family situations, those who were socially isolated, and those who were carers. This enabled staff to recognise that something may be wrong at an earlier stage.

The practice participated in the unplanned admissions enhanced service. Systems were in place to identify the top two percent of the practice population who were judged to be most at risk. Patients were made known to staff and placed on a 'blue bed' frailty scheme. GPs held monthly reviews of these patients with a multi-agency team and voluntary organisation to proactively co-ordinate their care, perform medicine reviews and dementia reviews. Systems were in place to ensure patients had prompt access to treatment,regular updates of care plans and treatment escalation plans, which were then shared with out of hours providers.

GPs at the practice made weekly visits to a local care home. This provided continuity of care, and developed strong relationships with the residents, managers and staff. Feedback from the Clinical Commissioning Group, patients and family members was also positive.

Practice staff formally discussed 'admission avoidance' with the multidisciplinary (MDT) community team each month to help maintain patient independence and enabled patients to remain at home, rather than be admitted to hospital. The MDT team were also able to refer patients to other health and social care services. A member of the local voluntary service also attended these meetings to assist with befriending or to offer ways to reduce social isolation.

Patients admitted to hospital were identified and the named GP was informed to review them following their discharge. Patients needing end of life care were managed in a coordinated way with the

palliative care nurse and community team which meant patient wishes for end of life care could be planned. Feedback from patients whose relatives had received palliative care informed us that the service had been supportive, sensitive and caring.

People with long term conditions

Good

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. These patients had a structured annual review to check that their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Patients' needs were communicated and met using an integrated and coordinated approach. Patients with long term conditions told us they had confidence in the care and treatment they received from the GPs and nursing staff.

Patients were able to access urgent and same day appointments and were able to book 20 minute appointments to discuss long term conditions. All of the eight patients we spoke with on the morning of our inspection told us they had made their appointments that day.

The practice had a thorough recall system for reviewing patients with long term conditions. Patients told us that this system worked well and that longer appointments were available. The practice had also recently expanded the skills in their team through the recruitment of a pharmacist to further improve the management of patients with a chronic disease.

The practice was effective in the management of diabetes and had developed a system to review patients with pre-diabetes or multiple risk factors for chronic disease annually, using the recall system.

The practice providedproactive management for potential health crises, for example, patients with chronic obstructive pulmonary disease (COPD) had home action plans/rescue packs to assist them to recognise any deterioration in their condition. Staff also provided information on how to access help. The practice maintained information for health care professionals on the out-of-hours system to ensure timely and appropriate care for these patients when the practice was closed.

All clinical staff were encouraged to screen for depression in patients with long term conditions. Patients with complex co-morbidities or palliative care needs were also discussed at the monthly MDT meeting.

Summary of findings

Practice staff referred patients to the lower limb therapy service at the community hospital where complex wounds were dressed. This saved patients travelling to the acute hospital.

Families, children and young people

Good

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&Eattendances or those that did not attend for appointments.Practice staff worked closely with health visitors who visit the practice regularly and found this useful when discussing safeguarding concerns or families of concern.

The practice was conscious that the childhood immunisation uptake of 70% was lower than national averages due to the alternative lifestyles of significant numbers of parents in this locality. We saw many initiatives provided to attract more parents. For example, flexible appointments, promotion of benefits advertised on social media sites and offering opportunistic immunisations.

The practice held midwife led antenatal care at the practice and had areas if mothers wished to feed their baby in private.

A full range of contraception services and sexual health screening, including cervical screening and chlamydia screening was available at the practice.

Working age people (including those recently retired and students)

Good

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 has adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Pre booked appointments were available three months in advance and appointments were also abavialable on the day. There were evening appointments on alternate Tuesday and Wednesday evenings.

Patients were offered a choice of either face to face appointments or telephone consultations if more convenient. Patients were able to access a text reminder service for appointments and order their medicine online if they chose. Patients could also request prescriptions to be sent to a pharmacy of their choice.

Summary of findings

Practice nurses offered travel advice and vaccinations and patients were able to complete their initial travel forms online.

The practice offered NHS health checks to patients aged 40-70, smoking cessation clinics and provided dietary advice to patients.

People whose circumstances may make them vulnerable

Good

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

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 contactrelevant agencies in normal working hours and out of hours.

Those patients identified as vulnerable were highlighted as such on the clinical system. These patients might include those who are living in vulnerable circumstances including those with a learning disability, domestic violence patients, patients with drug and alcohol addictions, the frail elderly, homeless, patients with mental health issues, and those with complex health problems. The practice supported patients until they had registered at a new practice.

Patients identified on the Unplanned Admissions service or by health care professionals or notifications were reviewed regularly, discussed at the monthly MDT meetings and managed with a primary care team and voluntary sector approach.

The practice referred patients with drug and alcohol issues to RISE (Recovery and Integration Service) a recovery orientated drug and alcohol service delivered across Devon.

Translation phone services were used to accommodate language needs if requested.

The practice had a learning disability register and offered annual health checks for this population with a specialist learning disability nurse.

People experiencing poor mental health (including people with dementia)

Good

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

73.7% of patients experiencing poor mental health had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the local Clinical Commissioning Group average of 72%.

The practice was flexible with appointments for patients with mental health needs and those with dementia and offered longer

appointments or telephone consultations if needed. Staff were familiar with patients and were able torecognise behaviours when patients were not so well or where they missed appointments. Where patients attended on the wrong day or at the wrong time they were fitted in for review if possible. Patients who failed to attend had been telephoned and offered a follow up appointment or seen at home. Where there were concerns about a patient's capacity to attend for appointments, or understand their care and treatment, communication with relevant parties took place.

Data showed that the practice managed annual physical health checks and medicine reviews for patients with mental illness well. There was an attitude of 'seizing the moment' to attend to the patient's needs when they were in the practice rather than asking them to rebook for further tests or consultations. Patients appreciated this. The practice worked well with the crisis resolution team and offered in house counselling.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing better than local and national practices. 235 survey forms were distributed and 112 (47.6%) were returned. This represented 1.7% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group average of 79% and a national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89% and national average 85%).
- 96% of patients described the overall experience of their GP practice as good (CCG average 89% and national average 85%).
- 91% of patients said they would recommend their GP practice to someone who has just moved to the local area (CCG average 82% and national average 78%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received seven comment cards which were all positive about the standard of care received. All comments were positive about the care and treatment at the practice and feedback was complimentary about staff at the practice. Patients described the service they had received as 'fantastic', 'very good', and 'excellent'. Comment cards described staff as supportive, helpful, polite and thorough.

We spoke with eight patients during the inspection. All eight patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The practice manager shared the results from the last years friends and families test. Of the 1134 results 924 said they would be extremely likely or likely to recommend the practice. Only 13 patients said they would be extremely unlikely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- Review the competency assessment for dispensary staff to ensure it covers all aspects of the Dispensary Services Quality Scheme
- Ensure the records kept of significant events reflect the investigation, action and learning that took place.
- Review systems are in place to ensure that the process of monthly expiry checks in the dispensary are performed
- Ensure the complaints register reflects the outcome and learning that takes place.

Ashburton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, and a practice manager specialist adviser.

Background to Ashburton Surgery

Ashburton Surgery was inspected on Tuesday 9 February 2016. This was a comprehensive inspection.

Ashburton surgery is situated in a rural town on the edge of Dartmoor national park and provides a primary medical service to approximately 6279 patients of a diverse age group. The practice is a dispensing practice. (A dispensing practice enables patients who live remotely from a community pharmacy to receive their medicines directly from the practice.)

The practice is a training practice for doctors who are training to become GPs and for medical students, and is a research centre.

There are five GP partners, two male and three female. Partners hold managerial and financial responsibility for running the business. The team is supported by a practice manager, nurse practitioner, three practice nurses, two phlebotomists, an assistant practitioner and additional reception, administration and dispensary staff.

Patients using the practice also had access to other health care professionals visit the practice on a regular basis. These include community nurses, midwives, mental health teams and counsellors.

The practice is open to patients between Monday and Friday 8.30am – 6.00pm. Patients could access pre-booked consultations or on the day appointments and could request telephone consultations. The practice is also open until 8pm on alternate Tuesdays and Wednesdays.

Outside of opening times patients were directed to contact the Devon doctors out of hours service by using the NHS 111 number.

Patients are able to book their face to face or telephone appointments using the website so that services can be accessed outside normal working hours and used text messages extensively for appointment reminders.

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

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 9 February 2016.

Detailed findings

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the GP, nurse manager or practice manager of any incidents and there was a recording form available on the practice's computer system. Staff explained that any events were discussed there and then informally and again at a formal meeting where significant events are part of the agenda.
- The practice carried out a thorough analysis of the significant events and took action where appropriate. For example, it had been noted that the way some vaccines had been recorded for administration purposes had been incorrect. The practice looked at this as a significant event and had changed the way information had been captured on the computer system.

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. Discussions with staff confirmed that detailed action and sharing with external stakeholders took place appropriately. However, records did not always reflect this level of detail.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. There were posters and a policy which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding adults and children and staff knew who these were. 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 that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. Patients said the practice always looked clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with current practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that the last audit in January 2016 had resulted in spillage policies being updated and the identification of roles being reviewed.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice and dispensary kept patients safe. Checklists were in place to ensure emergency medicines were within date. However, monthly checks of dispensary medicines had not taken place for two months resulting in 12 boxes of medicines being found which had past expiry dates of January 2016. The dispensing staff demonstrated that these medicines would not be dispensed to patients because of the electronic bar code warning system used. Storage areas were uncluttered and tidy. There were clear procedures for the ordering, safe storage and disposal and return of medicines.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had expanded the skills in their team through the recruitment of a pharmacist to further improve the prescribing at the practice and the management of patients with a chronic disease.
- Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Good

Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

There were failsafe systems in place to ensure test results were received for minor surgery, cervical screening programme. There was a buddy system in place for GPs to check that any results were followed up should the GPs be absent.

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. We saw the health and safety risk assessment which was under review. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment had been checked in July 2014 to ensure the equipment was safe to use. Clinical equipment was checked each year to ensure it was working properly and was due for retest in April 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella test and risk assessment had been performed in July 2014 and we saw weekly tests to run hot water through showers to reduce the risk of bacteria developing.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff was on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available. All staff we spoke with knew of the whereabouts of this equipment.
- 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. There were checklists of emergency medicines to ensure they were in date and fit for use. However, this list did not include emergency equipment. We saw that a suction tube and pair of gloves had passed expiry date. These were replaced immediately and the checklist amended to include equipment.
- 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.

Good

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 patient's needs. For example, staff explained they regularly referred to guidelines for asthma, chronic obstructive pulmonary disease and diabetes. Staff used online resources to ensure care and treatment was current. For example, travel advice.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Staff explained that any updates were shared during clinical meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.4% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 95.9%. The practice exception reporting figures were 9.1% which compared to the local CCG average results of 11.6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 showed:

- Performance for diabetes related indicators was better than the Clinical Commissioning Group (CCG) and national average. For example, 96.5% compared to a CCG average of 91.4% and national average of 89.2%
- The percentage of patients with hypertension having regular blood pressure tests was 92.3% which was better than the CCG average of 84%.

Clinical audits demonstrated quality improvement.

- We saw examples of seven clinical audits completed in the last two years and saw an example of an audit that had been repeated in the last two years where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, an audit in December 2014 looked at patients who were taking blood thinning medicines to ensure they were being managed correctly. The audit found that 20% of patients were not within therapeutic range. Action including changing medicines and giving patients health information leaflets. A repeat audit performed in January 2016 showed that only 8% of patient were not within therapeutic range and demonstrated the actions had improved the outcomes for patients.
- The practice participated in local audits, national benchmarking, accreditation, peer review and were currently setting up as a research centre.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. This induction included all staff including locum staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us there was an encouraging environment for learning and education and there were no restrictions on access to training. Staff had access to appropriate training to meet their

Good

Are services effective?

(for example, treatment is effective)

learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. We saw that the competency of dispensing staff had been assessed but records did not demonstrate that this assessment had included all the recommendations within the dispensary services quality scheme.

- There was a training matrix demonstrating what training staff were expected to complete. Staff had received mandatory 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. Nursing staff told us they shared any learning from education sessions with colleagues during clinical meetings.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Patients with long term conditions told us communication between the practice and healthcare professionals was done well and helped with continuity of care.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was obtained through the use of templates found on the computer system.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 80.9%, which was comparable to the Clinical Commissioning Group (CCG) average of 82% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme. 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 slightly lower than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 91% compared to a CCG range of 79% to 96.9%. Immunisation rates for five year olds ranged from 80.6% to 86.6% compared to a CCG range of 89.4% to 96.1%. The practice was aware that the immunisation uptake was lower than national averages due to the alternative lifestyles of a significant number of parents in this locality.

Good

Are services effective?

(for example, treatment is effective)

We saw many initiatives provided to attract more parents. For example, flexible appointments, opportunistic immunisations and promoting the benefits of immunisation programme on social media sites.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

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

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice. Comment cards highlighted that staff were efficient and responded promptly when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 90% of patients said the GP gave them enough time (CCG average 90% and national average 87%).
- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 96% and national average 95%).
- 94% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88% and national average 85%).
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92% and national average 91%).
- 99% of patients said they found the receptionists at the practice helpful (CCG average 89% and national average 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 on the comment cards we received was also positive and aligned with these views.

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

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

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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 3.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. One carer said that the support they had received was sensitive and had proved very useful. They had appreciated the health check and said the staff always asked about them as well as the person they cared for.

Good

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. One patient we spoke with said their spouse had received palliative care from the practice and the GPs had facilitated the patient receiving pain control at a local hospice, the practice had then supporting this patients decision to die at home. The patient said the care and support they had continued to receive had been very good from all staff at the practice.

Good

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 evening appointments until 8pm on alternate Tuesdays and Wednesdays for patients who could not attend during normal opening hours.
- Patients could book face to face and telephone consultations using the practice website.
- There were longer appointments available for patients on request or those that needed one.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccinations available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open to patients between Monday and Friday, 8.30am until 6.00pm. The practice was open until 8pm on alternate Tuesdays and Wednesdays. Patients could pre-book appointments, have a telephone consultation or get a same day appointment. Patients could also access pre-booked consultations and could request telephone consultations using the website.

Results from the January 2016 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 76% and national average of 75%.
- 98% of patients said they could get through easily to the practice by phone (CCG average 79%and national average 73%).
- 73% of patients said they usually get to see or speak to the GP they prefer (CCG average 62%and national average 59%).

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

Listening and learning from concerns and complaints

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, we noted that the policy in place did not reflect the process followed at the practice. For example, the policy referred to a lead GP but staff were unaware that there was a lead GP for complaints.
- We saw that information was available to help patients understand the complaints system. For example, there were leaflets available and information on the website.

We looked at eight complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way. Discussions with staff confirmed that lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had experienced a long wait after they had not been informed of a change of appointment time. The patient had received a full apology and staff had been reminded to inform patients of delay. We noted that the complaints register did not always reflect the level of detail of the lessons learnt from the investigations carried out.

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 staff met for lunch daily to discuss matters on an informal basis but also regularly met to discuss their strategy and supporting business plan which reflected the vision and values.

Staff said it was a good place to work and sad there was a culture of Inclusion, Investment and support.

Governance arrangements

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

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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Feedback from all staff was very positive in regard to the management and leadership at the practice. Staff demonstrated a mutual sense of respect and said the working atmosphere was calm, supportive and encouraging.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

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

- The practice had struggled to gather feedback from patients using a patient participation group (PPG), but had used opportunistic opportunities, the friends and family results, national patient survey feedback and complaints received. There was a small core group of patients the practice used for feedback but the practice manager had set up a social media page to inform patients of news and to gather feedback. Reviews and monitoring of this page showed that it was increasing in audience numbers. The website advertised for new PPG members and posters were displayed asking patients to get in touch if they were interested.

Are services well-led?

Good

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

- The practice had gathered feedback from staff through day to day contact, meetings, appraisals and discussion. Staff told us the GPs and practice manager had open door policies and were always willing to listen and discuss any concerns or issues. Staff were aware of the whistleblowing policy and said that the leadership and management were always open to challenge or receptive to new ideas.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was a training practice for doctors who wanted to become GPs, for medical students and for nursing students. Staff said there was a culture of development and education at the practice. We spoke with medical students who said the support and guidance they received was very good. The practice also developed administration staff. For example, employing an apprentice who had become a phlebotomist.

There was a programme of succession planning for staff. There was a low turnover of staff and we were informed recruitment was never an issue. For example, two new partners had been recruited in the last four years and two new practice nurses had been recruited in the last two years.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, The practice had expanded the skills in their team through the recruitment of a pharmacist to further improve the prescribing at the practice and the management of patients with a chronic disease.