

Hibaldstow Medical Practice

Quality Report

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Hibaldstow
Brigg
DN20 9ED

Tel: Tel: 01652 650580

Website: The practice did not have a website

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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 The Hibaldstow Medical Practice on 17 March 2016. Overall the practice is rated as good.

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

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

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure regular fire drills are carried out and appropriate records are held.

Summary of findings

- Ensure an up to date fire risk assessment is in place.
- Ensure all policies and procedures are reviewed and updated.
- Ensure dispensary staff are invited to attend clinical meetings.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed with the exception of a fire risk assessment which required review.
- There was an infection control lead in place and regular infection control audits were carried out.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice held regular clinical meeting to discuss and review patients care and needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered standard 15 minute appointments for all routine appointments.
- The practice provided an automated system for patients called 'patient partner'. This system enabled patients to book, cancel or change appointment times by an automated telephone system. The system also enabled patients to order repeat prescriptions using the same automated service.
- The practice offered combined health visitor and practice nurse baby clinics with a GP in attendance. These clinics were to provide a combined appointment to include 6-8 week baby check, first baby immunisations and an additional appointment for a post-natal check for the mother. This reduced the number of visits required to the practice.

Good



Are services well-led?

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 it.

Good



Summary of findings

- 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 had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- 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.
- The practice 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.
- Performance for diabetes related indicators was 92% which was better than the national average of 89.2%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered combined health visitor and practice nurse baby clinics with a GP in attendance. These clinics were to provide a combined appointment to include 6-8 week baby check, first baby immunisations and an additional appointment for a post-natal check for the mother. This reduced the number of visits required to the practice.

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.

Good



Summary of findings

- 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 80.1%, which was higher than the CCG average of 77.7% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided smoking cessation advice clinics.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice offered combined health visitor and practice nurse baby clinics with a GP in attendance. These clinics were to provide a combined appointment to include 6-8 week baby check, first baby immunisations and an additional appointment for a post-natal check for the mother. This reduced the number of visits required to the practice.
- 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 was 100% and five year olds from 87.5% to 100%.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided an automated system for patients called 'patient partner'. This system enabled patients to book, cancel or change appointment times by an automated telephone system. The system also enabled patients to order repeat prescriptions using the same automated service.
- The practice offered telephone consultations for patients who were unable to attend for an appointment.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided a weekly medication delivery service from its dispensary to patients who found it difficult to access the surgery such as patients with poor mobility. This service also ensured the practice had regular contact with vulnerable patients.

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).

- Performance for mental health related indicators was 90.8% which was lower than the national average of 92.8%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 232 survey forms were distributed and 124 were returned. This represented 3.71% of the practice's patient list.

- 88.57% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79.44% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 96.33% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 96.64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were positive about the standard of care received. Patients told us they were treated with dignity and respect, that the staff were caring, friendly and helpful. Patients also told us they felt listened to.

We did not speak with patients during our inspection.

Friends and Family test results showed that 95% of patients who had responded said they would recommend this practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure regular fire drills are carried out and appropriate records are held.
- Ensure an up to date fire risk assessment is in place.
- Ensure all policies and procedures are reviewed and updated.
- Ensure dispensary staff are invited to attend clinical meetings.

Hibaldstow Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice nurse specialist advisor.

Background to Hibaldstow Medical Practice

The Hibaldstow Medical Practice provides primary medical services to approximately 3,338 patients in and surrounding the village of Hibaldstow, Lincolnshire. The practice has a dispensary on site with a dispensary manager and a dispensary assistant.

It is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning, maternity and midwifery services and surgical procedures.

At the time of our inspection the practice employed three GPs, two practice nurses, one health care assistant (HCA)/receptionist, two receptionists, a dispensary manager and a dispenser. They are supported by a practice manager. The surgery is open from 8.30am to 6.30pm Monday to Friday.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering care services to local communities.

The practice has one location registered with the Care Quality Commission (CQC) which is The Hibaldstow Medical Practice, 11 Church Street, Brigg, DN20 9ED.

The practice has a higher population of patients between the ages of 44-79 years of age. 60.3% of the practice patient population has a long standing health condition which is higher than the CCG average of 55.9% and national average of 54%. The practice had a low ethnicity rate, 1.2% of the patient population were non-white ethnic groups.

The practice offers on-line services for patients including ordering repeat prescriptions and booking routine appointments.

The practice lies within the NHS Lincolnshire West Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Why we carried out this inspection

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

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 17 March 2016

Detailed findings

During our visit we:

- Spoke with a range of staff which included two GPs, a practice manager, practice nurse, a receptionist, a dispenser and a health care assistant/receptionist.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 45 comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that significant events were discussed in practice meetings. During our inspection we reviewed ten significant events which had taken place between September 2015 and February 2016. We saw evidence that lessons were shared and action was taken to improve safety in the practice. We also saw evidence that significant events were raised based on the outcomes of complaints raised. For example, a significant event had been reported because a patient had notified the practice that they had not received an appointment within a two week wait timescale for an urgent suspected cancer referral. Upon investigation the referral had not been sent by the practice, this had led to a four week delay in the patient being seen. The practice reviewed its referral processes and policies and implemented an effective system to ensure all two week wait referrals were tracked to ensure all referrals were processed. The administration team were responsible for following up all referrals to ensure all patients had been allocated an appointment by secondary care services.

Clinical staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) directly by email. We saw evidence that clinical staff signed that they had read and understood alerts. We saw evidence of numerous, recent alerts which had been circulated by the practice. We also saw evidence that an alert had been actioned in a medicine called Methylphenidate Hydrochloride following an alert received, documentation was signed to show all practice stock of this medicine had been checked.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Practice nurses and dispensary staff were trained to Level 2.
- The practice had a discreet and effective system in place to alert clinical staff via the electronic patient care record of any patients who were either vulnerable, had safeguarding concerns or suffered with a learning disability. We saw evidence of this during our inspection.
- 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. However, at the time of our inspection, not all staff who acted as a chaperone had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may

Are services safe?

have contact with children or adults who may be vulnerable). The practice applied for DBS checks shortly after our inspection for staff who acted as a Chaperone and provided evidence this had been done.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that the last infection control audit was carried out in January 2016. The practice employed the services of a contract cleaning company who cleaned the practice on a daily basis.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. During our inspection we saw there was a policy in place for the security of blank prescriptions.
- The practice had an effective system in place to follow up all patients who had attended the practice for blood tests. The practice contacted all patients within one week of attendance to ensure they received the results of their blood tests. A GP would also write to patients whose blood test results were abnormal to encourage them to contact the surgery, to make an appointment to speak with a GP regarding their results.
- During our inspection we saw that vaccinations and immunisations were stored appropriately. We saw evidence of a cold chain policy in place which had been reviewed in August 2015. (cold chain is the maintenance of refrigerated temperatures for vaccines).
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw evidence of numerous PGDs during our inspection which were all signed and dated.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of an annual dispensary audit completed by the practice.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. At the time of our inspection, not all members of staff who had direct contact with vulnerable adults and children had received the appropriate checks through the Disclosure and Barring Service. However, the practice applied for DBS checks shortly after our inspection to ensure all practice staff who had direct contact with patients had received a DBS check. We were provided with evidence that this had been done.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.

Are services safe?

- The practice had a fire risk assessment in place however this had last been revised in June 2010 and required review. A fire audit had been carried out by Humberside Fire Service in 2012. We were told by members of staff that the practice carried out regular fire drills. However, the practice did not hold records of fire drills undertaken. We saw evidence that the fire alarm was tested on a weekly basis. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). During our inspection we saw evidence that the last Legionella risk assessment had been carried out on 1 March 2016. The practice also had a risk management policy in place which was last reviewed on 30 April 2015.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. We saw evidence of staff rotas during our inspection.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95.7% of the total number of points available. The exception reporting rate was 9%. (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 2014-15 showed:

- Performance for diabetes related indicators was 92% which was better than the national average of 89.2%.
- Performance for mental health related indicators was 90.8% which was lower than the national average of 92.8%.

There was evidence of quality improvement including clinical audit.

- During our inspection we looked at four clinical audits carried out by the practice. One of these were completed audits where the improvements made were implemented and monitored. For example, the practice carried out an audit of all patients being prescribed Methotrexate by a secondary care provider and being

monitored by the practice, to ensure they were being monitored in line with local and national guidelines. The audit identified the practice did not always receive information in relation to blood test results where patients bloods had been taken in a secondary care setting. The practice implemented a system to flag patients on their clinical care record if the patient did not have the appropriate blood tests results held. The patient would then be contacted by the practice to arrange for appropriate blood tests. All dispensary staff were made aware to ensure then when dispensing Methotrexate to patients, they would check if the patient required blood tests arranging.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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. We saw evidence of an induction and recruitment policy during our inspection and a comprehensive staff handbook was in place.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. A practice nurse we spoke with had completed a Degree in Practice Nursing and had completed additional training in chronic obstructive pulmonary disease (COPD) and Asthma. She was also in the process of completing Spirometry training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. We saw evidence that a practice nurse had completed cytology training at Derby University and completed a three yearly update course, we saw evidence that she had attended update training in 2015. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

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

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 80.1%, which was higher than the CCG average of 77.7% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and diabetic eye screening. The practice's uptake for the bowel cancer screening programme was 61.5% which was higher than the CCG average of 58.1%. The practice's uptake for the diabetic eye screening programme was 96.8% which was higher than the CCG average of 82.7%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 100% and five year olds from 87.5% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 45 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.

The practice did not have a patient participation group (PPG) in place at the time of our inspection. However, the practice told us that they were in the process of developing a PPG.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90.1% and the national average of 89%.
- 92.6% of patients said the GP gave them enough time compared to the CCG average of 88.9% and the national average of 87%.
- 96.7% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96.2% and the national average of 95%.
- 92.54% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 99.48% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91.1% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88.9% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.5% and the national average of 86%.
- 90.71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 96.12% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 47 patients as

carers (1.4% of the practice list). The practice also offered telephone consultations for carers if they required this. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation 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.

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.

- There were longer appointments available for patients with a learning disability.
- The practice offered standard 15 minute appointments for all routine appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered telephone consultations for those patients who required this, which included carers.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided an automated system for patients called 'patient partner'. This system enabled patients to book, cancel or change appointment times by an automated telephone system. The system also enabled patients to order repeat prescriptions using the same automated service.
- The practice offered combined health visitor and practice nurse baby clinics with a GP in attendance. These clinics were to provide a combined appointment to include 6-8 week baby check, first baby immunisations and an additional appointment for a post-natal check for the mother. This reduced the number of visits required to the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately
- There were disabled facilities, a hearing loop and translation services available.
- There was a wheelchair available for patients who required this.
- Automated doors were in place for ease of access to the premises.

- There were baby changing facilities available.
- There were children's toys available in the waiting room.
- The practice provided smoking cessation clinics in-house.
- Information for patients was available in Braille and large print for patients who were blind or suffered with poor vision.
- Patient information leaflets were available in numerous languages for those patients whose first language was not English.
- 'Language Line' telephone translation services were available for patients whose first language was not English.
- Health promotion information was available in the patient waiting room.

Access to the service

The practice was open between 8.30am and 5.45pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments, home visits and telephone consultations were also available for people that needed them.

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

- 90.11% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 88.57% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Comments received from CQC comments cards on the day of the inspection told us that patients were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.
- The practice held a register of all complaints received, both verbal and written. An annual audit was carried out on all complaints received.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. The practice had a complaints policy in place and information was available to patients to advise them on how to make a complaint. 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 had a mission and vision statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We looked at 19 policies during our inspection which included safeguarding adults and children, chaperone, consent, health and safety, security of prescriptions and collection and disposal of controlled drugs policies.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw examples of numerous clinical audits and audits specifically related to the dispensary during our inspection.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

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

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

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

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

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

- The practice had gathered feedback from patients through patient surveys and complaints received. During our inspection, we saw an example of a patient survey which was continually carried out specifically for the dispensary. Patients were encouraged to return a completed survey when ordering their next repeat order of medication. The survey asked patients if they understood their medications and the reasons why they

Are services well-led?

Good 

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

were taking it. It also asked patients if they wished to raise any issues about their medication. The survey gave details of a named person in the dispensary should they wish to speak to someone regarding their medications.

- The practice carried out a regular patient survey, we saw evidence of an action plan produced following a previous survey. For example, the practice had increased the amount of telephone consultations available for patients as a result of this survey. Information was also displayed in the waiting room for patients advising them how to obtain test results and other types of information.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.