Dr Coulson and Partners

Quality Report

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Date of inspection visit: 9 February 2016
Date of publication: 25/04/2016

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Coulson and Partners practice on 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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 urgent appointments available the same day, although getting an appointment with a preferred GP was more difficult.
- 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:

- To consider more formal meetings involving all staff in the practice.

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 an effective system in place for reporting and recording significant events. Staff were all aware of this and utilised it when necessary.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- There was evidence that following 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and we saw examples of where changes had been implemented as a result of audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The GPs had daily 'Doctor's table' which allowed clinicians to discuss and communicate issues on the day.
- 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.

- Data from the National GP Patient Survey showed patients rated the practice in line with other practices in the CCG for several aspects of care.

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.
- The practice had procedures in place to identify carers at registration and offer a health assessment on joining the practice.

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, they employed a surgeon form the local hospital to carry out more complex minor surgery and also employed their own counsellor and had a walk in phlebotomy service.
- Patients said they found it easy to make an appointment, although reported that getting appointment with a preferred GP was more difficult. They told us urgent appointments were available the same day if they were needed.
- 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 partners meetings where governance issues were discussed.

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 and staff confirmed this. 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 patient participation group was active and the practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus and commitment to research and development as well as 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

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 in its population.
- A GP attended the allocated local care homes weekly to carry out ward rounds.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs as well as longer appointments if required.
- Patients were encouraged at consultations to take up flu vaccinations.

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.
- The practice offered a 'one stop' appointment to review multiple conditions at one appointment.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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&E attendances. Immunisation rates were high for all standard childhood immunisations.
- The number of patients diagnosed with asthma who had had an asthma review in the last 12 months was 82% which was above the national average.

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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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 had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice opened on Saturdays to enable those patients who were at work during the week to access the services.
- 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.

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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There was a flagging system to alert staff to patients with issues such as drug problems or alcohol abuse in families.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Summary of findings

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).

- 84% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia and carried out dementia assessment and referral to the memory clinic.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- They 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.
- They employed a councillor to allow them to refer for support as necessary.

Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published in January 2016 showed the practice was performing in line with or above the local and national averages in most areas. There were 346 survey forms distributed and 107 were returned. This was a response rate of 31% and represented under 1% of the practice's patient list.

- 75% found it easy to get through to this surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 83% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 86% described the overall experience of their GP surgery as fairly good or very good (CCG average 84%, national average 85%).
- 82% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all very positive about the standard of care received with the exception of one. Patients commented specifically on never feeling rushed and experiencing good care from both clinical and reception staff. Patients commented staff were particularly caring when they were experiencing mobility problems.

We spoke with six patients during the inspection. All patients told us they experienced good care and did not have to wait too long when arriving for their appointment. They remarked that reception staff were helpful and caring and that the GPs listened. Many patients told us of the good service they experienced from the nursing staff, that they put them at ease and were kind and caring. Patients also told us the practice was always clean and tidy.

Areas for improvement

Action the service SHOULD take to improve

- To consider more formal meetings involving all staff in the practice.

Dr Coulson and Partners

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 Dr Coulson and Partners

Dr Coulson & Partners is a GP practice which provides primary medical services under a Personal Medical Services (PMS) contract to a population of approximately 17, 300 patients living in the Wellingborough area in Northamptonshire. A PMS contract is a locally agreed alternative to the standard General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice operates from a modern, well-equipped, three storey premises, with disabled access including access to all floors via a lift. Consultations take place on the first and second floors and there are spacious waiting areas on each floor. There is also a branch practice known as Wollaston Branch Surgery, St Michael's Lane, Wollaston, Northamptonshire, which opens for GP consultations. Minor surgery is only carried out in the main surgery. The branch surgery was not inspected as part of this process.

The practice population has a higher than average number of patients aged 0 to 10 years and 25 to 35 years and national data indicates that the area has moderate levels of deprivation. The practice population is made up of predominantly white British, with an increasing number of Asian and eastern European patients.

There are eight GP partners, three female and five male, and the practice employ five practice nurses, a nurse practitioner, a health care assistant and a practice manager, who are supported by a team of administrative and reception staff. It is a teaching and training practice which provides training and support to qualified doctors who are training to be GPs as well as occasional medical students. They are also committed and involved in a variety of research and development projects and have been for many years.

The main practice is open daily Monday to Friday between 8.30am and 6pm and Saturday from 8am until 12 midday. The branch practice at Wollaston is open Monday from 3pm until 5.30pm and Tuesday, Thursday and Friday from 9am until 11.30pm. When the surgery is closed services are provided by an out of hours provider who can be contacted via the service via NHS 111.

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.

Detailed findings

How we carried out this inspection

Prior to our inspection, 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 inspection on 9 February 2016. During our inspection we spoke with a range of staff including GPs, nurses, a health care assistant, reception and administrative staff and the practice manager.

We spoke with patients who attended the practice on the day and observed how staff assisted patients and their relatives both in person and on the telephone. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

We reviewed the practice systems and processes, policies and procedures and looked at an anonymised care plans and treatment records of patients and staff records.

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

- The practice had an effective system in place for reporting and recording significant events. There was a standard form for completion and all staff we spoke with were aware of this. All staff told us they would inform the practice manager of any incidents and were encouraged to report significant events and we saw examples of incidents reported from staff at all levels. There was a recording form available on the practice's computer system as well as hard copy and the practice manager told us this was soon to be standardised. There had been 47 significant events reported, in the last year which had been investigated and actions implemented and we saw a summary log to demonstrate this as well as documentation of the original recording.
- We saw that the practice carried out a thorough analysis of the significant events and evidence of this through clinical practice meeting minutes. Significant events involving administrative, reception and nursing staff were conveyed via the practice manager. Staff also told us that the importance of significant event reporting was part of the staff induction process.
- The practice had a system for notifying staff of incident reports and national patient safety alerts, and these were cascaded from the practice manager to all individual GPs responsible although there was no feedback system to show what actions had been taken if any. However, following our inspection the practice informed us they had introduced a system which lists all alerts and subsequent actions on the practice intranet and had included these as an agenda item at partners meetings when actions were required.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following a significant event, patients with the same name had been read coded so that staff were alerted to this in the future. There were also alerts on the patients records for GPs when prescribing high risk medicines.
- We saw from significant event audits that patients received information, support and a verbal and written apology when there had been unintended or unexpected safety incidents. Patients had been told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs always provided reports where necessary for other agencies. All staff we spoke with demonstrated they understood their responsibilities and had received training relevant to their role. The practice manager and the lead GP were trained to deliver safeguarding training and the practice manager ensured that all new staff were aware of all procedures, contact numbers and alerted to signs of abuse whilst awaiting their scheduled training. We saw there were red flags on the system to alert staff to those patients at risk of abuse and staff confirmed they were aware of this.
- There were notices in all areas of the practice which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and whilst non-clinical staff had not received a Disclosure and Barring Service check (DBS check) we saw the practice had carried out a robust risk assessment. This highlighted that patients would never be left alone with chaperones. Staff also confirmed this. (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).
- We observed the premises to be visibly clean and tidy. The practice maintained appropriate standards of cleanliness and hygiene which were evident throughout. The practice nurse was the infection control clinical lead who had carried out a recent audit with appropriate actions. There was an infection control protocol in place and staff had received up to date training. The practice

manager ensured that cleaning of the practice was carried out by an external contractor and carried out a regular walk around to ensure the quality of the cleaning service.

- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use, although we noted the handwritten prescription numbers were not recorded. Following our inspection the practice manager told us this had now been implemented and discussed with the GPs and staff and provided the protocol to demonstrate the process in place.
- The practice had an advanced nurse practitioner who was able to prescribe medicines as part of this role. Patient Group Directions had been adopted by the practice to allow the nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable the health care assistant to administer vaccinations after specific training when a doctor or nurse were on the premises. We saw that staff had had immunisation update training in 2015.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, proof of previous employment, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and the practice manager was responsible for all issues relating to health and safety in the practice. The practice had up to date fire risk assessments and we saw a record of fire drills which were carried out regularly. 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and we saw evidence of regular water temperature testing and a gas safety record.
- 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 were on duty, and staff issues were discussed at partner meetings to identify solutions and we saw evidence to confirm this.

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.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room and a system in place to check they were within their expiry date.
- 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 found to be in date.
- 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. Both GPs and nurses had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For examples we saw that following a complaint regarding care, the practice reviewed whether NICE guidance had been followed and were able to confirm it had.

Management, monitoring and improving outcomes for people

- The practice offered almost all enhanced services including counselling, family planning, minor surgery, cervical cytology and smoking cessation. They 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 showed the practice had achieved 99% of the total number of points available, with 11.9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The exception reporting was slightly above the CCG average of 10.7%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed the practice was above the CCG and national average in all disease areas, which included, chronic obstructive pulmonary disease, asthma, dementia and heart disease.
- Diabetes was the area where full achievement had not been reached, although achievement was above the CCG and national average. However, the practice had identified this and was addressing ways of improving achievement further. For example, they had reviewed their system and introduced one appointment to review multiple long term conditions at a time to prevent the need to return for another review. They had also introduced pre-diabetes appointments to educate patients regarding lifestyle and diet with the aim of preventing the onset of diabetes. We saw templates which recorded appropriate information and reflected best practice for conditions such as diabetes and asthma.
- The practice had robust systems in place for the monitoring of patients taking high risk medicines with alerts on the system. There was a system to notify the practice if blood tests were overdue. The practice had systems in place to ensure the call and recall of patients with long term conditions. Discussions with clinical staff demonstrated knowledge of and commitment to the management of these conditions and disease registers were checked and validated annually.
- Clinical audits demonstrated quality improvement. There had been several clinical audits completed in the last two years, we looked at two of these and noted they were completed audits. We saw they had been revisited and there was evidence that improvements had been made as a result. For example, record keeping for patients receiving specific contraception methods had improved and adherence to NICE guidance in the assessment and management of patients with dementia had been re-enforced.
- The practice participated in local audits, national benchmarking, accreditation and peer review and had been involved in research projects for 17 years. Patients benefited from more nurse and doctors time and access to treatment that would not normally be available to them.
- Information about patients' outcomes was used to make improvements in care and treatment for conditions such as diabetes. For example, the practice introduced a system of three monthly reviews for patients whose blood glucose levels were unstable.

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 which was specific to clinical and

Good

Are services effective?

(for example, treatment is effective)

non-clinical staff groups. It was a comprehensive programme which covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, bullying and harassment, significant events and complaints.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff we spoke with 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 protected learning time meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw the practice had developed a training needs assessment to identify any areas where there were gaps in knowledge. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation. All staff had had an appraisal within the last 12 months.
- Staff had access to and had completed a wide range of training that included, infection control, safeguarding, fire procedures, basic life support and information governance awareness. Staff also had access to and made use of e-learning training modules and in-house training. The practice manager and some of the GPs also delivered training to staff when appropriate.

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. The GPs received and acknowledged letters received from secondary care and took appropriate action where necessary. When GPs were on leave the practice had a 'buddy' system to ensure these were dealt with in a timely way.

Risk assessments, care plans, medical records and investigation and test results were shared with all relevant staff and information such as NHS patient information leaflets were also available. Within the practice, referrals were discussed and the practice carried out retrospective audits of referrals. The practice shared relevant information with other services, for example, when referring patients to other services such as secondary care.

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.

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 (MCA). Staff demonstrated an awareness of MCA through discussions with them and there was evidence of the practice involving the independent mental capacity advocate (IMCA).
- The practice used a detailed record for patients who did not require resuscitation with the facility to record all appropriate necessary information.
- 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 practice carried out minor surgery and fitting of intrauterine contraceptive devices and gained written consent which we saw had been scanned and stored in the patient's record.

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

Good

Are services effective?

(for example, treatment is effective)

diet, smoking and alcohol cessation and we saw they had introduced a register which identified patients who were at risk of dementia. Patients were then signposted to the relevant service.

A dietician was available on the premises following referral from a GP and smoking cessation advice was available from the health care assistant who was trained in this. There was also access to the well-being service for patients who needed support regarding their mental health and a councillor was available for patients who had been referred by the GPs. The midwife attended the practice weekly to antenatal care and support to women during pregnancy.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice also offered chlamydia screening to patients between 15 and 24 years of age.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and five year olds from 84% to 97%.

The practice offered flu and shingles vaccinations to all patients who were eligible and patients had access to appropriate health assessments and checks. These included health checks for new patients and carers. 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 that reception and clinical members of staff treated patients with dignity and respect and were friendly and courteous. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff told us that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 14 patient Care Quality Commission comment cards all of which were positive with the exception of one which was non-specific. Patients commented on receiving good care and that the GPs and nursing staff were caring and compassionate. They commented that reception staff were helpful when trying to book urgent appointments and that the doctors took time to listen to their concerns.

We spoke with six patients who attended the practice during our inspection. Patients specifically commented on the high standard of care from the nursing team and that they found them very helpful and efficient. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients reported they were treated with compassion, dignity and respect. The practice was comparable with the CCG and national average for its satisfaction scores on consultations with GPs and above average for response to treatment and care from nurses and reception staff. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 85%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 84% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 98% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 97% said they found the receptionists at the practice helpful (CCG average 86%, 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:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%)
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

There was a selection of notices in the patient waiting room which informed patients how to access a number of support groups and organisations. For example, dementia support, Alzheimer's and Age UK.

The practice's computer system alerted GPs if a patient was also a carer and we saw that the practice had previously identified that the number of carers registered was low. In response to this they had proactively sought carers by texting all patients to ask them to make themselves known to the practice if they were a carer. This had resulted in an increase in the register from 100 to 300. Carers were invited

Good

Are services caring?

for flu vaccinations and they were given information for the carers association. 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 the staff responsible for GP visits informed their usual GP who would speak with the bereaved patient if appropriate and provide information and signpost to support organisations such as CRUSE.

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. For example, the practice was involved in a pilot project with public health to try to reduce antibiotic prescribing.

They had reviewed the practice population and identified that obesity was a significant problem and that there was a numbers of patients with diabetes who were not well controlled. As a result they had introduced more regular reviews with the aim of reducing patient's blood sugar levels. They had also changed their long term conditions clinic approach to include 'a one stop clinic' where more than one condition could be reviewed at the same appointment.

- The practice offered extended hours appointments on a Saturday from 8am until 12noon for patients who worked and those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, long term conditions and those patients who were involved in research projects.
- Home visits were available for any patients who were unable to attend the surgery.
- The practice visited a local care home weekly and carried out a ward round to address any health issues.
- Same day appointments were available for children and those with who needed to see a GP urgently.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice had a lift to allow patients easy access to appointments on the first floor.
- The practice had employed their own councillor to provide a service for those patients with mental health problems.
- A walk in phlebotomy service was also available to allow patients easy access and prevent the need to go to the local hospital.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday at the main practice and from 3pm until 5.30pm on Mondays and from 9am until 11.30am on Tuesdays, Thursdays and Fridays at the branch practice. Extended surgery hours were offered on Saturdays from 8am until 12 noon. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 75% patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 33% patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 59%).

The lower than average response for patients being always able to see their preferred GP was thought to be explained by the fact it was a training practice and that the practice had a significant number of trainees as well as part time GPs.

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns and there was a complaints policy to support the process. This was in line with recognised guidance and contractual obligations for GPs in England.

The practice manager was the designated responsible person who handled all complaints in the practice and appropriate records had been kept. We saw that information was available to help patients understand the complaints system such as leaflets in the reception areas.

We looked at the 31complaints received in the last 12 months and found they had been satisfactorily handled and dealt with in a timely way. We saw examples of where the practice had addressed the complaints openly and

Good

Are services responsive to people's needs?

(for example, to feedback?)

contacted patients with an apology where necessary and kept them fully informed during the process. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care and shared with staff.

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 with a strong emphasis on development and research. The staff knew and understood the values of the practice and demonstrated commitment to achieving these. The practice had a strategy which reflected the vision and values and considered the strengths of the practice and the challenges for the future.

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 and staff we spoke with were aware of these and how to locate them.
- A comprehensive understanding of the performance of the practice was maintained and we saw evidence of this from meetings held.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The practice had a 'doctors table' where the GPs met daily which allowed them to communicate about daily clinical issues.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice were committed to education, learning and supporting staff and GPs in training as well as ensuring high quality care. They prioritised safe, high quality and compassionate care and encouraged innovation and were open to developing new ways of working to achieve best practice. 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.

The GP registrars told us they were always well supervised and able to ask questions and seek support when required. They also told us they were taught for half a day each week by one of the GP trainers.

The provider demonstrated an awareness of and complied with the requirements of the Duty of Candour and we saw evidence of this as a result of a significant event where the appropriate actions had been taken. The partners encouraged a culture of openness and honesty and all disciples of staff confirmed this.

When there were unexpected or unintended safety incidents we saw that the practice and given affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management. Staff told us the practice manager communicated daily using email, wipe board and using face to face communication and the team met monthly for their protected learning session. They told us there was an open culture within the practice and they had the opportunity to raise any issues at any time and felt confident in doing so and felt supported if they did.

Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us they felt involved in discussions regarding changes in the practice and the reception staff gave examples of when they had made suggestions for improvements. The practice had listened and implemented them. For example, following staff suggestions they had introduced a ticket system for patients waiting to have blood taken. They had also suggested registration of new patients took place at certain times when staff had protected time to carry out this process to make it easier for patients.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG and we

Are services well-led?

Good

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

spoke with a member of the group who told us they met regularly every six weeks, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had requested that the practice review the appointment system to make it easier for both staff and patients. In response to this the practice had made available more appointments which could be booked further in advance. The PPG attended the surgery and conducted surveys and interviewed patients and feedback to the practice. They also produced a newsletter and liaised with the practice manager to get up to date information to report. They told us that the practice manager always attended their meetings and sometimes a GP would also be in attendance.

The practice had gathered feedback from staff through appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they enjoyed working at the practice and felt involved, although some staff told us they felt they would benefit from more formal whole practice meetings.

Continuous improvement

All GPs we spoke with at the practice demonstrated a strong commitment to research and development, as well as continuous learning at all levels within the practice. The practice had been involved in research for many years and had provided patients with the benefits of extended consultations and additional investigations and tests above and beyond normal clinical practice. They were able to give many examples of where patients had received an earlier diagnosis and subsequent treatments of some serious conditions through their involvement in research trials, as well as empowering patients through better involvement and education of their condition.

The practice had achieved recognition for their work and had been awarded leadership status allowing them to be ambassadors for primary care research. They also provided in-house education sessions for interested practices in the area including nurses to raise awareness of research.