Walnut Tree Surgery

Quality Report

14 Carlton Road,
Southampton
SO15 2HQ,
Tel: 023 8033 3326
Website: www.walnuttreesurgery.nhs.uk

Date of inspection visit: 11 May 2017
Date of publication: 26/06/2017

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Walnut Tree Surgery on 11 May 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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 the requirements of the duty of candour.

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.

- From the sample of documented examples we reviewed, we found there was an effective system 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 were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

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 at or above average compared to the national average. For example 100% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example over 75 years old patients receive an annual review by a better care nurse and know how to contact her if required.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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 evidence from examples reviewed 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example the practice had quarterly care plan reviews and shared health records with Community Care Teams.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice had a dementia GP lead, a frailty GP lead and GPs make regular nursing home visits.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- For the period 2015-2016 the practice scored 100% for diabetes care. There was a high exception rate of 16% overall. This figure has been reduced in 2016-2017 to a comparable figure to the clinical commissioning group.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Summary of findings

- All these patients had a named GP and there was a system to recall patients for 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.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

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 these populations 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, extended opening hours and Saturday appointments.
- 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 offered extended hours on a Monday and Thursdays, for working patients who could not attend during normal opening hours.
- The practice had self-help advice posters and leaflets in the surgery and on their website.

Summary of findings

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 homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example there were reminders on patient's notes for aggression issues and the practice had an awareness of frequent attenders.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs. The practice held daily prescription arrangements for monitoring purposes with regular follow ups.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.

Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 359 survey forms were distributed and 100 were returned. This represented 2% of the practice's patient list.

- 84% of patients described the overall experience of this GP practice as good compared with the CCG average of 83% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 74%.
- 99% of patients said they would recommend this GP practice to someone who has just moved to the local area.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 95 comment cards which were all positive about the standard of care received.

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

We reviewed the results of the friends and family test for April 2017. All the comments were very positive and patients replied that the practice was very good, friendly and helpful, very professional and patient centred. 99% were extremely likely or likely to recommend the practice to others.

Walnut Tree Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Walnut Tree Surgery

Walnut Tree Surgery, located at 14 Carlton Road, Southampton, SO15 2HQ is a converted dwelling that was converted prior to the practice moving to the location in 2001. The practice is located close to the centre of Southampton.

The practice works under a general medical service contract from the Southampton Clinical Commissioning Group and provides services to about 5,000 patients in the north area of the city. In the last years there has been a substantial increase in patient numbers with an Increase in student population, hostels, Social housing and multi-national patients. The practice also provides GP care to a local nursing home – Northlands House which has 90 residents.

The practice population is a lot higher than the national average for males and females in the 20 years to 30 years. This is due to the high number of patients attending city universities.

Care and treatment is provided by four GP partners, comprising of one male and three female partners providing 15 clinical sessions in practice and two clinical sessions in a local nursing home. The practice has two practice nurses, a practice manger and is supported by four receptionists/administrators.

The practice is open from 8.00am to 6.30pm Mondays to Fridays. The practice offers appointments with GPs or nurses from 9.00am to 11.30am and 4.00pm to 5.30pm Mondays to Fridays. Extended hours appointments are available on Mondays from 7.30am to 8.00am and 6.30pm to 7.00pm. Thursday 7.30am to 8.00am and on one Saturday in the month.

Consultations were by appointment and could be made in person at reception, over the telephone or online. The practice offered advice by telephone. Patients were advised that if the wanted some advice to let the receptionist know and a telephone consultation with either a doctor or a practice nurse as appropriate would be arranged.

Out of Hours urgent medical care was provided via the NHS 111 service when the practice was closed.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations for example the local clinical commissioning group to share what they knew. We carried out an announced visit on 11 May 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, practice manager, receptionists and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Good

Are services safe?

Our findings

Safe track record and learning.

There was a system 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).
- From the sample of 15 documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient booked an urgent appointment. There were two patients with same name and the wrong one was put on the appointment screen. The situation was rectified and patient apologised to. The matter was reported and to try and prevent the same thing happening again all staff were instructed to check the address of patients when booking or date of birth. Further information governance training for staff took place in March 2017. The relevant policy was updated to check two items of identification if multiple patients show up with name search.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes.

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. From the sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room and on the website advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure

Good

Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients.

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available. The last assessment took place on 5 April 2017.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The last calibration of medical equipment took place on 3 January 2017.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. .

Arrangements to deal with emergencies and major incidents.

The practice had adequate arrangements 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 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.

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 2015-2016 were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 94% and national average of 96%.

The practice had an exception rate of 18% which was higher than the national average. The practice was aware of this and had made improvements in the current year for example the exclusion rate for diabetes for the last 12 months was 4% compared to a national average of 9%.

Exception reporting is intended to allow contractors to pursue the quality improvement agenda without being penalised for patient specific clinical circumstances or other circumstances beyond the contractors control which lead to failure to achieve the indicator. For example, where a medication cannot be prescribed due to a contra-indication or side-effect, where patients do not attend for review or where secondary care services are not available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015-2016 showed:

- Performance for diabetes 94% related indicators was higher than the CCG at 91% and national averages at 92%.
- Performance for mental health related indicators 100% was higher than the CCG 88% and national averages 89%.

There was evidence of quality improvement including clinical audit:

The practice provided a list of 16 audits. 10 of these were completed cycle audits.

They had shared a single cycle audit on the new anticoagulant medications (NOACS) and patients receiving the correct dose for their weight and kidney function. They identified 16 patients taking NOACS. 11 of these were on the correct dose. 5 patients required a change in dose. In one of these cases the practice was awaiting the guidance of a cardiologist. They plan to re-audit in 6 months.

They provided a copy of a two cycle audit of patients taking thyroxine medication for under active thyroid conditions. The first cycle, on 18/05/2016, identified 86 patients taking thyroxine. They identified three patients who had not had a blood test within one year. These three patients were asked to come in for blood testing. A repeat audit in December 2016 revealed that 100% of patients had had blood tests within one year.

They had done a three cycle audit of minor surgery, histology, complications and consent. This showed a quality improvement between each cycle. The last audit dated 31/01/2017 showed 100% written consent for cutting minor surgery.

They also demonstrated over 10 prescribing audits, several of which were completed cycles.

They run a six monthly audit of cervical smears. The last audit (17/02/2017) of 118 patients revealed only one inadequate smear.

We also saw evidence of the practice participating in the National Cancer Diagnosis Audit and evidence of the practice taking part in eight pieces of research with the clinical commissioning group.

Effective staffing.

Evidence reviewed showed that staff had the skills and knowledge 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.

Good

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. The practice nurse provided her appraisal and revalidation file with evidence of recent training in basic life support, immunisation, fire training, cervical smears and safeguarding.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. For example, the practice nurse was a cervical smear assessor / trainer for the clinical commissioning group. 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 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 and nurse. 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.
- From a sample of documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example the practice invited diabetic patients using the "9 point letter". This is a CCG initiative aimed at promoting self-care and awareness in patients.

It is recommended by the National Institute for Health and Clinical Excellence (NICE) that patients with diabetes should receive nine key tests during their annual diabetes review. This ensures that important markers for diabetes are well controlled and are designed to prevent long term complications. The nine tests are: weight, blood pressure, smoking status, HbA1c, urinary albumin, serum creatinine, cholesterol, eye examinations and foot examinations.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 and signposted them to relevant services. 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.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages.

The practice's uptake for the cervical screening programme was 91%, which was above the national average of 81%. There was a policy to offer telephone or written 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 breast cancer.

There were systems 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.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion.

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 95 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients, they told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 88%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 85% 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%.
- 68% of patients said the nurse was good and 30% said neither good nor poor at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 90%.
- 65% of patients said the nurse gave them enough time and 28% were neither good nor poor compared with the CCG average of 91% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 59% of patients said the last nurse they spoke to was good and 28% said they were neither good nor poor at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% 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.

Children and young people were treated in an age-appropriate way and recognised as individuals. 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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 88% 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%.
- 68% of patients said the last nurse they saw was good and 30% said neither good nor poor at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.

Good

Are services caring?

- 60% of patients said the last nurse they saw was good and 30% said neither good or poor at involving them in decisions about their care compared to the national average of 85%

Prior to this main patient survey the practice had arranged for the practice nurse to undertake a formal patient and staff feedback analysis. The results of this however showed that the patients asked were positive of their experience with the nurse and were over 85% satisfied with comments specifically including, always find really helpful. No further action had been deemed necessary. The practice also employed a second nurse to help with patient choice.

All the GPs (that were in practice in 2016) have undertaken a patient satisfaction and colleague feedback. The practice continues to monitor friends and family questionnaires and continue to receive positive comments with no negative trends seen. The practice manger does monitor but does not respond to comments on NHS choices.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff that might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified just over 1% of the practice list as patients who were happy to register as a carer. The practice population is a lot higher than the national average for males and females in the 20years to 30years age bracket. This is due to the high number of patients attending city universities and may account for why the practice was having difficulty raising the carers list to over 2% of the practice population.

Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs.

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday and Thursdays, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice identified and supported five transgender patients who were currently transitioning.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service.

The practice was open from 8.00am to 6.30pm Mondays to Fridays. The practice offered appointments with GPs or nurses from 9.00am to 11.30am and 4.00pm to 5.30pm Mondays to Fridays. Extended hours appointments were available on Mondays from 7.30am to 8.00am and 6.30pm to 7.00pm. Thursday 7.30am to 8.00am and on one Saturday in the month.

Consultations were by appointment and could be made in person at reception, over the telephone or online. The practice offered advice by telephone. Patients were advised that if the wanted some advice to let the receptionist know and a telephone consultation with either a doctor or a practice nurse as appropriate would be arranged.

Out of Hours urgent medical care was provided via the NHS 111 service when the practice was closed.

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.

- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 88% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the clinical commissioning group (CCG) average of 84% and the national average of 85%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 72% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 73% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 52% and the national average of 58%.

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

The practice had a system to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Home visit requests were put on the appointment screen. These were monitored by the GPs as they came in. If a receptionist had any concerns or was unsure of the urgency of a visit request they contacted a GP immediately. GPs would telephone triage a visit request to assess the urgency or need for a visit. Patients were not forced to give a reason for a visit request.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints.

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. We saw posters displayed and a summary leaflet was available.

We looked at 14 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency when dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. There is evidence of learning and of review meetings in March 2016 and March 2017.

Are services well-led?

Good

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

Our findings

Responding to and meeting people's needs.

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday and Thursdays, for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice identified and supported five transgender patients who were currently transitioning.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service.

The practice was open from 8.00am to 6.30pm Mondays to Fridays. The practice offered appointments with GPs or nurses from 9.00am to 11.30am and 4.00pm to 5.30pm Mondays to Fridays. Extended hours appointments were available on Mondays from 7.30am to 8.00am and 6.30pm to 7.00pm. Thursday 7.30am to 8.00am and on one Saturday in the month.

Consultations were by appointment and could be made in person at reception, over the telephone or online. The practice offered advice by telephone. Patients were advised that if the wanted some advice to let the receptionist know and a telephone consultation with either a doctor or a practice nurse as appropriate would be arranged.

Out of Hours urgent medical care was provided via the NHS 111 service when the practice was closed.

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.

- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 88% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the clinical commissioning group (CCG) average of 84% and the national average of 85%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 72% of patients described their experience of making an appointment as good compared with the CCG average of 74% and the national average of 73%.
- 73% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 52% and the national average of 58%.

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

The practice had a system to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Home visit requests were put on the appointment screen. These were monitored by the GPs as they came in. If a receptionist had any concerns or was unsure of the urgency of a visit request they contacted a GP immediately. GPs would telephone triage a visit request to assess the urgency or need for a visit. Patients were not forced to give a reason for a visit request.

Are services well-led?

Good

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

Listening and learning from concerns and complaints.

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. We saw posters displayed and a summary leaflet was available.

We looked at 14 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency when dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. There is evidence of learning and of review meetings in March 2016 and March 2017.