

Henley-In-Arden Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Henley-In-Arden Medical Centre on 8 September 2016. The overall rating for this service is good.

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

- Processes and procedures were in place to keep patients safe. This included a system for reporting and recording significant events, keeping these under review and sharing learning where this occurred.
- The practice was aware of and provided services according to the needs of their patient population.
- Staff received regular training and skill updates to ensure they had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Regular meetings and discussions were held with staff and multi-disciplinary teams to ensure patients received the best care and treatment in a coordinated way.
- Patients told us they were treated with dignity and respect and that they were fully involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand. Patients told us that they knew how to complain if they needed to.
- The practice had an active Patient Participation Group (PPG). The PPG were proactive in representing patients and assisting the practice in making improvements to the services provided.
- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from patients, which it acted on. Staff appeared motivated to deliver high standards of care and there was evidence of team working throughout the practice.

Summary of findings

- The practice was aware of the requirements of the duty of candour and systems were in place to ensure compliance with this. There was a culture of openness and accountability.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons learned were shared throughout the practice at meetings so that improvements were made and monitored.
- When there were unintended or unexpected safety incidents, patients were given an explanation and were told about any actions taken to improve processes to prevent the same thing happening again. The practice was aware of the requirements of the duty of candour and systems were in place to ensure they complied with this.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- Risks to patients were assessed and well managed.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We saw evidence that staff received appraisals and had personal development plans in place.
- Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.
- The practice had improved the quality of care and treatment it provided through clinical audit and on-going monitoring.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to or above average for the locality and the national average.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients' were treated with dignity and respect.

Summary of findings

- Results from the National GP Patient Survey published on 7 July 2016 showed that the practice was rated as average or above for results in relation to patients' experience and satisfaction scores on consultations with the GP and the nurse.
- Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.
- Information to help patients understand and access the local services was available. Information was also available in easy to read formats where needed.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Henley in Arden Medical Centre reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to make improvements to the services they provided. For example, the practice provided an enhanced service for those patients at the end of their life.
- Patients said they found they were able to make an appointment with the GPs and that there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice had responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders accordingly.
- The practice had recognised the need to cater for future patient needs with the local housing development and the growing population in their area. They had applied for funding for an extension to their building to provide additional facilities to manage this.

Good



Are services well-led?

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

- There was a clear vision and strategy to provide high quality care for all their patients. Staff were clear about the strategy and their role to achieve this.
- A clear leadership structure was in place and staff understood their roles and responsibilities. Governance systems ensured that services were monitored and reviewed to drive improvement within the practice.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. Formal clinical meetings and full team meetings were held to share best practice or lessons learnt.
- Staff felt supported by management. They told us that should they have any concerns they would be able to speak to anyone about this as everyone at the practice was easy to talk to and approachable.
- The practice was aware of and complied with the requirements of the duty of candour. A culture of openness and honesty was encouraged. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had an active Patient Participation Group (PPG) and responded to feedback from patients about suggestions for service improvements. A PPG is a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered personalised care to meet the needs of the older people in its population. It was responsive to the needs of older patients. They offered home visits and rapid access appointments for those patients with enhanced needs.
- The practice offered a range of enhanced services, for example, in dementia and end of life care.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.
- A practice nurse co-ordinated the care for elderly patients and liaised with Age UK in the over 75s project.
- The practice provided weekly ward rounds at a local nursing home to ensure continuity of care for those patients.

People with long term conditions

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

Good



- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nursing staff had received appropriate training in chronic disease management, such as asthma and diabetes.
- Longer appointments and home visits were available when needed.
- All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met.
- Clinical staff had close working relationships with external health professionals to ensure patients received up to date care.
- NHS health checks were offered for early identification of chronic disease and proactive monitoring.
- Patients were signposted to the practice website which provided links to other information websites.

Families, children and young people

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

Good



Summary of findings

- Same day appointments were offered to all children under the age of five who needed to be seen urgently.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- The practice offered a number of online services including requesting repeat medicines and booking appointments.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were considered to be at risk of harm. For example, children and young people who had a high number of accident and emergency attendances.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the local and national averages of 83% and 82% respectively.
- The practice worked with midwives and health visitors to coordinate care.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- Health promotion advice was offered such as smoking cessation and nutrition, with health promotion material available at the practice and on its website.
- Extended hours appointments were available from 8.25am until 11.55am on Saturday mornings for easier access for those patients who were unable to attend appointments during daytime hours.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- Staff had been trained to recognise signs of abuse in vulnerable adults and children and the action they should take if they had concerns. There were lead members of staff for safeguarding, and GPs were trained to an appropriate level in safeguarding adults and children. All safeguarding concerns were discussed at the weekly GPs meetings.
- All staff had completed Identification and Referral to Improve Safety (IRIS) training in domestic violence. Arrangements were in place to support patients where needed.
- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability.
- Longer appointments were available for patients with a learning disability. The practice had carried out annual health checks for 60% of the patients on their register (10) so far this year.
- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients. Alerts were added to patients records for staff awareness so that longer appointments could be allocated.
- It was the practice's policy to register and treat people from vulnerable group such as travellers and those people who were homeless.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients with dementia and poor mental health.
- The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency departments where they may have been experiencing poor mental health.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found for patients with poor mental health.
- Clinical staff were trained to recognise patients presenting with mental health conditions and to carry out comprehensive assessments.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing well above local and national averages. There were 216 surveys sent to patients and 119 responses which represented a response rate of 55% (compared with the national rate of 38%). In all areas the practice was rated above the Clinical Commissioning Group (CCG) and national averages. Results showed:

- 94% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 78% and the national average of 73%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 91% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and the national average of 85%).

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and the national average of 78%).

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all extremely positive about the services provided by the practice. Patients commented that staff were very caring, helpful and professional. Although some patients commented that on some occasions they had waited a long time for their appointments they said they understood the difficulties for GPs; they knew how busy the GPs were and felt waiting times had improved recently.

We spoke with two members of the Patient Participation Group (PPG) by telephone following the inspection. A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. Patients were all very positive about the service they received. They told us this was an excellent practice and that all the staff were lovely.

Areas for improvement

Henley-In-Arden Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

Background to Henley-In-Arden Medical Centre

Henley in Arden Medical Centre is located in the small market town of Henley in Arden, South Warwickshire and serves a practice population of approximately 6,700 patients in the town and the surrounding villages. Although the practice is geographically isolated they are active members of the South Warwickshire Clinical Commissioning Group (CCG) and the GP federation. The practice area is one of lower than average deprivation with a larger population of older people compared with the county average.

The practice has three GP partners (one male and two female) and two female salaried GPs. The GPs are supported by a practice manager, an IT manager, a head receptionist, a nurse practitioner, a practice nurse, four healthcare assistants, a cleaner, administration and reception staff.

Henley in Arden Medical Centre is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. There are two GP trainers and two trainee GPs at the practice.

The practice opens on Monday to Friday each week from 8am to 1pm and 2pm to 6.30pm and also from 8.25am until 11.55am on Saturday, with appointments available between these times. When the practice is closed during lunch time, cover is provided by the duty GP.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Care UK) is available on the practice's website and in the patient practice leaflet.

Home visits are available for patients who are housebound or too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions, book and cancel appointments and to view medical records.

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

Detailed findings

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care, physiotherapy and mental health services.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

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

How we carried out this inspection

Before our inspection of Henley in Arden Medical Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 8 September 2016. During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

- Spoke with a range of staff that included three GPs, the practice manager, the nurse practitioner, the practice nurse, the head receptionist, and reception and administration staff.
- Looked at procedures and systems used by the practice.
- Spoke with two members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who work with the practice team to improve services and the quality of care.
- Observed how staff interacted with patients who visited the practice. We observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

Henley in Arden Medical Centre used an effective system for reporting and recording significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

- There was a dedicated form for staff to record details of incidents so that these could be reviewed, investigated and acted upon as required. Guidance was available for staff to follow and this included escalating incidents locally and nationally.
- The 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).
- Learning identified from significant events was shared with all relevant staff at weekly staff meetings. We saw minutes of meetings to confirm this.
- Staff told us they were encouraged to report any incident and there was a no blame culture in place to support this.
- Staff gave us an example where changes had been made following a recent incident at the practice. Following a patient collapse in the reception area, a list of appropriate doses of medicines to be used in an emergency was added to the emergency medicines trolley.
- Staff confirmed that one of the GP partners was the dedicated lead for responding to significant events.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, clear information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

Patient safety alerts were well managed.

- The practice safety alerts protocol (dated April 2016) clearly described the process staff were to follow in responding to alerts.
- Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).

- These were coordinated by the practice manager (with a nominated person identified for when the practice manager was not available) who ensured actions taken had been recorded.
- All actioned alerts were discussed in weekly clinical meetings.
- GPs and nurses described examples of alerts where appropriate changes had been made as a result. For example, a recent alert for a medicine prescribed for patients diagnosed with diabetes had been acted upon, with medicine reviews completed for those patients affected.

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 to safeguard adults and children from the risk of abuse and reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding and staff confirmed they knew who this was. Staff demonstrated they understood their responsibilities and had received training relevant to their role.
- Safeguarding was a standing agenda item for weekly clinical meetings. Minutes of meetings showed that discussions had taken place about children who were considered to be at risk of harm. The GP safeguarding lead told us they also met with the visiting health visitor on a weekly basis and shared information accordingly.
- Staff told us they would not hesitate to share any concerns they had about patients and demonstrated their awareness of signs and indicators of potential abuse, such as domestic violence. They described an example where they had reported their concerns about a patient to the lead GP which had resulted in referrals to appropriate agencies including social services.
- A notice was displayed in the waiting room and in all consultation rooms advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Training records confirmed this. In August 2016 the practice decided that a disclosure and barring check (DBS) would be carried out on any staff member who undertook the role of chaperone within their duties. (DBS checks identify whether a person has a criminal record or is on an official list of patients' barred from working in roles

Are services safe?

where they may have contact with children or adults who may be vulnerable). It was also practice policy that all DBS applications were rechecked every three years or earlier if this was considered to be appropriate.

- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be visibly clean and tidy. The nurse practitioner was the clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were carried out and we saw that action was taken to address any improvements identified as a result. For example, the audit done in June 2016 identified that patient and staff toilet bins needed to be replaced with foot operating bins and that daily cleaning of clinical surfaces in treatment rooms should be documented. These actions had been completed.
- The nurse practitioner had delivered in-house training for all staff on Clostridium Difficile, as part of her infection control lead responsibilities. (Clostridium Difficile is a bacteria found in the digestive system which can make people ill if the bacteria multiplies).

There were suitable arrangements in place for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storing and security of medicines. Prescriptions were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs and PSDs had been appropriately signed by nursing staff and the lead GPs.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised patient records where particular high risk medicines had been prescribed to ensure the frequency of reviews was carried appropriately. These records showed that appropriate monitoring was maintained.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. A laminated poster was clearly displayed in treatment rooms to guide staff should this become necessary. The

practice had systems in place to confirm that staff were protected against Hepatitis B. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.

The practice had appropriate recruitment policies and procedures in place.

- We looked at files for different staff roles including a receptionist, a practice nurse, and a GP to see whether recruitment checks had been carried out in line with legal requirements. These files showed that appropriate recruitment checks had been carried out prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS. We saw that processes were also in place when locum GPs were employed to ensure appropriate checks had been carried out.
- There was a system in place for checking registrations for clinical staff with professional bodies routinely.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Detailed rotas were in place for each staffing group to show that enough cover was in place each day. We discussed with staff how they worked flexibly covering for each other when they were on leave or when staff were unexpectedly on sick leave. The practice had experienced long term sickness absence by some key staff during the past year and staff told us how they had worked with each other to arrange suitable cover to maintain patient care.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- All electrical and clinical equipment was checked to ensure it was safe to use and that it was working properly. The latest electrical checks had been carried out in May 2016. Equipment checks had been done in October 2015 and included equipment such as blood pressure machines and weighing scales.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection

Are services safe?

prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella check was last completed in July 2016.

- The practice had an up to date fire risk assessment in place, completed in November 2015.
- Regular fire drills were carried out.
- Staff had completed fire training in May 2016.
- There was a health and safety policy available with a poster in the reception office.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all the practice's computers which alerted staff to any emergency.
- All staff had received annual basic life support training.
- Emergency medicines and equipment were easily accessible in an area of the practice and all staff knew of their location. Medicines were available to treat a range

of emergencies including those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely.

- There was a system of checks in place to ensure all medicines and equipment was safe to use at all times. For example, all equipment was checked on a weekly basis or following use.
- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available with appropriate equipment and these had been regularly checked and maintained. A first aid kit and an accident book were available.
- A disaster plan was in place to deal with a range of emergencies that may affect the daily operation of the practice. Risk assessments were completed for potential risks and readers were signposted to the relevant sections of the plan for ease of access. For example, procedures were in place to guide staff should the need for alternative premises become necessary. Copies of the plan were kept within the practice and offsite by key members of the practice (GPs and practice manager). Contact details for all staff were included.

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.

- There were systems in place to ensure all clinical staff were kept up to date. They had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- Records showed that the practice ensured guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results for the practice for 2015/2016 were 98.9% of the total number of points available, compared with the local average of 98.8% and the national average of 95%.

Data showed the practice performed mainly in line with local and national levels:

- Performance for diabetes related indicators were above average. For example, patients who had received an annual review including a foot examination was The practice exception rate of the Clinical Commissioning Group (CCG) average of and the national average of Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition. The practice told us that historically they had low exception reporting rates. had impacted on the management of patients with diabetes clinics. The practice had taken action to address this through additional GP training and the availability of additional nurse hours. An audit of

patients with a diabetes diagnosis had also been carried out. The results of the audit found that changes were needed to patients records to ensure that appropriate coding was applied.

- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 95% which was 2% above the CCG average and 7% above the national average. The practice exception rate was 9% which was below the CCG and national averages by 2% and 5% respectively.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months the practice exception rate was 3% below the CCG and the national averages.

The practice had a system in place for completing clinical audits where they considered improvements to practise could be made.

- At the time of the inspection the practice had completed eight audits for the previous 12 months with three completed audit cycles for minor surgery, contraceptive implants and for coil fittings. All audits demonstrated that where the improvements had been identified they had been implemented and monitored.
- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. For example, an audit had been carried out on the control of blood pressure for patients with diabetes. The audit was completed in June 2015 and found that of 322 patients on the practice register 117 had inadequate blood pressure control as recommended by NICE guidance. Further review of these patients had identified coding errors and that changes were required in areas such as diagnosis and recall codes. Changes had been made by the practice to address the improvements identified in the audit. A re-audit was planned to monitor the changes and ensure the improvements identified had been made.

Effective staffing

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

- There was a comprehensive, well-structured training programme in place for all staff.

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety, bullying and harassment and complaints.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included on-going support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- Staff received appropriate training to meet their learning needs and to cover the scope of their work. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The practice nurses attended annual updates for cervical screening. Staff who administered vaccines kept up to date with changes to the immunisation programmes, through access to online resources and discussion at practice meetings.
- Staff had access to and made use of e-learning training modules and in-house training. This included safeguarding, fire procedures, basic life support and confidentiality.
- Protected learning time was made available for staff.
- Education meetings were held at the practice.
- The practice was an approved training practice for trainee GPs with two GP trainers. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. There were two trainee GPs at the practice at the time of the inspection.
- Staff told us that the GPs had always been supportive of their training needs and were happy to arrange training opportunities for them as they become available.

Coordinating patient care and information sharing

The practice had systems in place to provide staff with the information they needed through the practice's patient record system and their intranet system.

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

There were systems in place to enable the practice to work effectively with other services to provide the care patients needed.

- Clinical staff worked with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. For example, when patients were referred to other services such as secondary care and following their discharge from hospital.
- Multi-disciplinary meetings took place monthly where frail patients and patients approaching their end of life were discussed. These meetings were attended by GPs, hospice at home, Macmillan and district nurses.

Consent to care and treatment

Practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- Staff had access to the consent protocol (dated September 2016) for guidance on obtaining consent for treatment, immunisation or investigation.
- We saw evidence that showed informed consent was documented. The completed form was scanned to patient records.
- Staff demonstrated they 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 patients', assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The GPs and practice nurses understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

Are services effective?

(for example, treatment is effective)

- The practice kept a register of all patients with a learning disability (10 patients were registered) and ensured that longer appointments were available for them when required. The practice nurse was the lead for patients with a learning disability.
- Staff told us that being a small practice they got to know their patients well and would be able to use this knowledge and their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, they would carry out opportunistic medicine reviews and encourage patients to attend for screening or immunisations.

Cervical screening and child immunisation results for 2015/2016 showed the practice was comparable to local and national averages.

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100% and five year olds from 94% to 100%. This compared with local averages of 84% to 99% and 95% to 99% respectively.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the local average of 83% and the national average of 82%. The practice exception rate was 4% compared with local rates of 5% and national rate of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and patients were reminded at appointments to make arrangements for the screening to take place.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening, with results which were in line with or higher than local and national averages. Published data available at the time of the inspection (for 2014/15) showed:

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 76% which was in line with the local and the national averages of 76% and 72% respectively.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months at 63% was in line with the local average of 64% and above the national average of 58%. Unpublished data supplied by the practice showed that screening for these patients had increased to 75%.

It was practice policy to offer a health checks to all new patients registering with the practice, to patients who were 40 to 75 years of age and also some patients with long term conditions. The practice had completed 34 of the 2319 patients eligible for health checks for the year 2015/2016. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years.

The practice had trained and up-skilled two additional health care assistants in order to improve the number of health checks they offered and completed. Two healthcare assistants were attending specific training courses at the time of the inspection.

There were processes in place for GPs and practice nurses to follow to ensure that patients were followed up within two weeks if they had risk factors for disease identified at the health checks. GPs described the processes in place to schedule further investigations if needed.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients were treated with dignity and respect.

- We spent time in the waiting area observing how staff engaged with patients. We saw that staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We received 27 comment cards which were very positive about the standard of care received by patients. Patients were very complimentary about the practice and commented that:

- Staff were very friendly and helpful.
- Patients could always get an appointment when they needed one.
- Patients received an excellent service from the GPs and the nurses, and the treatment they received was first class.
- Patients said that staff listened to them and that they were given enough time by GPs and that they really cared about their patients.
- Patients were pleased with the level of GP knowledge and their thoroughness.

Results from the National GP Patient Survey published in July 2016 showed that overall the practice scored in line with or slightly above average results in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they were fully involved in their treatment including making decisions about their care and treatment options.

Results from the National GP Patient Survey published in July 2016 showed that patients surveyed had responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The practice provided support so that patients could be fully involved in decisions about their care.

- Care plans were in place for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns. Information was available in different formats, such as large print and picture format.
- GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any

Are services caring?

treatment or intervention even if they were with a carer or relative. The nurses told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

- Interpreter and translation services were provided should patients need these.

Patient and carer support to cope emotionally with care and treatment

There were notices and leaflets available in the waiting area which explained to patients how to access a number of support groups and organisations.

The practice maintained a register of those patients who were also carers and the practice's computer system

alerted GPs if a patient was also a carer. The register showed that at the time of the inspection there were 188 carers registered with the practice (2.9% of the practice population).

The practice worked with Dementia UK and told us they provided a good network of support for patients locally. The practice had a register of patients with dementia and carried out annual reviews of their care. Three members of staff were Dementia Friends. The practice staff were aware of local dementia cafes and signposted patients and their carers to these.

Staff told us that when families experienced bereavement the GPs telephoned them and often visited to offer support and information about sources of help and advice. Leaflets about bereavement support were available in the patients waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.

- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma and heart disease.
- Specialist services available at the practice included: physiotherapy, midwifery, a continence advisor, a mammography screening unit outside the practice every three years, and an Improving Access to Psychological Therapies (IAPT) counsellor.
- Systems were in place to maintain the level of service provided.
- The practice understood the needs of the patient population and had arrangements in place to identify and address these.
- The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this.
- Same day appointments were available for children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- Letters were available in an easily readable, picture format for patients to understand. For those patients who were unable to read the practice staff communicated with them by telephone.
- There were facilities for patients with disabilities and translation services available. Baby changing and breast feeding facilities were available. A lowered desk for easier access was also available in reception for patients who used wheelchairs.
- Home visits were available for patients who were too ill to attend the practice for appointments.

- Weekly visits to a nearby nursing home were carried out. The practice had provided this service for over 15 years and had also worked closely with the nursing home's staff team to provide continuity of care, improve repeat prescribing and to reduce prescribing waste. Feedback from the nursing home confirmed the effective working relationship with the practice and that patients received excellent support from the GPs at all times.
- There was also an online service which allowed patients to order repeat prescriptions, book and cancel appointments, obtain test results and access medical records.
- The practice was conscious of the difficulties certain patient groups could face when accessing healthcare, providing services for patients whose circumstances made them vulnerable. They had a small population of traveller families who had been registered with the practice for many years. They tended to book or just arrived for emergency appointments rather than routine ones, and the practice told us they facilitated seeing them whenever they arrived as far as possible. They supported patients with alcohol or substance misuse problems and signposted them to the relevant services to obtain help.
- A hearing loop was available for hearing impaired patients and the practice welcomed guide dogs for patients who were partially sighted. There was suitable access for patients who used wheelchair and a wheelchair was available for patients who struggled to walk into the practice.
- Information for teenagers on confidentiality was available in the practice leaflet, a poster on display in the waiting area and on their website.
- The practice worked in partnership with patients to help them to live with their chronic disease. For example, they provided rescue packs of medicines for patients with chronic lung diseases.

Access to the service

The practice opened Monday to Friday each week from 8am to 1pm and 2pm to 6.30pm, with appointments available between these times. The practice was closed at weekends. The main reception closed each weekday between 1pm and 2pm but there was a receptionist available and a GP on call for emergencies at all times.

Extended hours were provided on Saturday mornings from 8.25am until 11.55am for pre-booked appointments only. There was one GP on duty for the extended hours. The

Are services responsive to people's needs?

(for example, to feedback?)

practice had been providing routine appointments on a Saturday morning for many years and they told us these had been well received by patients. The practice had also responded to comments on NHS Choices that there were not enough evening appointments available for working people. The practice had extended appointment times until 6pm so that evening appointments were available each week day for patients who had difficulty attending during daytime hours.

The practice did not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Care UK) was available on the practice's website and in the patient practice leaflet.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages. For example:

- 94% of patients said they could get through easily to the practice by telephone which was above the CCG average of 78% and the national average of 73%.
- 86% of patients described their experience of making an appointment as good which was above the CCG average of 81% and the national average of 73%.
- 55% of patients said they usually waited 15 minutes or less after their appointment time which was below the CCG average of 69% and the national average of 65%.

Patients we spoke with told us they were happy with the appointments system and were able to make appointments without any difficulty. They told us they could always see a GP if the appointment was urgent. We received 13 comment cards which were all positive about the appointment system and availability at the practice.

The practice had a system in place to assess requests for a home visit. This included deciding whether a home visit

was clinically necessary and the urgency of the need for medical attention. All urgent visit requests were assessed by the duty GP as they were received. Appropriate arrangements were made according to the assessment. There were protocols in reception for staff to follow and staff were clear about their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person for responding to non-clinical complaints.
- We found that there was an open and transparent approach towards complaints.
- Accessible information was provided to help patients understand the complaints system on the practice's website and in the complaints form made available at the practice.

We looked at the one complaint the practice had received during 2015 and 2016. The complaint had been fully investigated in accordance with the practice's complaints policy and procedure, in an open and transparent way. The practice told us they would respond to both formal and informal complaints according to their procedures. The procedures in place for handling complaints ensured that where lessons were learned these were recorded and shared accordingly.

We saw that informal (and often anonymous) comments were made through the practice suggestion box. We saw that each of the comments had been responded to and this information was routinely shared with the Patient Participation Group (PPG).

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 experienced significant changes in recent years. A GP partner had retired four years previously, with the long term sickness of a practice nurse and a salaried GP more recently. These situations had brought about changes within the practice including training and up skilling staff to take up specific areas of responsibility. For example, the GP who retired had held the lead for the management of diabetes care within the practice. A partner has since completed training to take on this lead.

The practice had a business development plan in place which set out their forward vision for the next five years. The plan was shared with all staff at the practice so they were informed about the practices progress, including plans for what they were doing and what they wished to do. Staff told us they were aware of the plan and that information had been shared with them.

We looked at the practice's statement of purpose which detailed the aims of the practice. This included:

- A commitment to provide a high quality and accessible service for all patients, promoting patient participation wherever possible.
- To offer a high quality of care to their patients through a commitment to training, education and learning.
- Development of the skills and knowledge within the practice team to meet the needs of patients and the advances in primary care.
- To provide a friendly, welcoming practice in a safe and suitable environment.
- To involve patients in service provision to ensure their needs were met.

Governance arrangements

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

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services it was

performing mostly above or in line with local and national standards. We saw that QOF data was regularly discussed at monthly meetings and action taken to maintain or improve outcomes.

- 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.
- Appropriate arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions. The practice held meetings to share information, to look at what was working well and take action where improvements needed to be made. We saw minutes of these meetings and noted that complaints, significant events and patient safety alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.

Leadership, openness and transparency

During the inspection the GPs and the management team demonstrated that:

- The GPs and the management team at the practice had the experience, capacity and capability to run the practice and ensure high quality care.
- They prioritised safe, high quality and compassionate care.
- The provider was aware of and had systems in place (policy dated July 2016) to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice encouraged a culture of openness and honesty.
- There was a low staff turnover which gave stability to the staff teams.

The GPs and the practice manager were visible in the practice:

- Staff told us that they were approachable and always took the time to listen to all members of staff.
- Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at their regular team meetings.
- They told us they were confident they would be supported if they needed to raise any issues or concerns.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG). PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- The average age of the PPG members was over 60 years but the practice told us that given their patient demographics this could be expected.
- The PPG met every three months with the practice manager and a GP partner.
- The PPG were instrumental in the organisation of the practice patients survey in approving the questions and analysing the data. Results of surveys were discussed at the PPG meeting (March 2016) with actions agreed for the coming year. Actions included: continue to review ease of parking; promote and support on-line appointment booking and repeat prescription requests; improve website to reflect ease of access to on-line services; and continue to improve promotion of opening times.
- The PPG had agreed that the same survey should be run each year so that comparisons could be made in order to measure the effectiveness of the previous year's objectives.
- Minutes of PPG meetings were made available to patients in the waiting area and on the practice website.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice provided services for patients.
- A zone board had been introduced to encourage staff to feedback on what they felt the practice did well and what they thought could be changed or improved. The practice manager showed us comments recently added to the board which were to be discussed at the next staff meeting. Staff told us they had used the board and felt this was a positive way to share their views.
- Many of the staff who worked at the practice were long serving members of the team. They told us they enjoyed their job and felt everyone was supportive of each other and worked well as a team.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice:

- The practice had submitted a bid for funding through the Estates and Technology Transformation Fund to enable them to extend the practice building to provide two additional consulting rooms, a library and additional waiting room space. The plans were in preparation for the likely increased patient need with the expanding local housing developments. They told us they had been successful to the second stage of the process and awaited the decision on their application.