Westbury-on-Trym Primary Care 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Westbury-on-Trym Primary Care Centre on 3 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was consistently positive. Patients told us that staff went the extra mile.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example we saw an appointments system that offered extensive access to patients, including an on-line consultation scheme.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

Summary of findings

- The practice offered an online consultation service, available 24 hours a day, 7 days a week, providing a range of outcomes for patients, usually on within one working day, based on clinical needs.

The areas where the provider should make improvement are:

- Review arrangements for staff training to ensure all staff receive appropriate training and records are up to date.
- Review recruitment arrangements to ensure personnel files include a record of all necessary employment checks.
- Review arrangements for storage, issue and audit ensure the security of blank prescription paper.
- Review arrangements for temperature control of vaccine fridges to ensure accuracy of temperature recording.
- Review arrangements for chaperones to ensure consistent practice.
- Review safety of windows where cord operated blinds are fitted.
- Review arrangements for recording patient consent to ensure written record is made.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- 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 in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice had safe and effective systems for the management of medicines, which kept patients safe. Blank prescription paper was kept securely, however, there was no record of the issue of blank prescriptions to GPs. We spoke to the practice who, within 48 hours of the inspection, provided evidence that arrangements had been implemented to ensure prescription security.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We found some gaps in training records, however, the practice provided up to date records confirming that all staff had received appropriate training, including infection prevention and control, safeguarding children and adults, basic life support and fire safety.
- 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 delivered in a coordinated way.

Summary of findings

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions, including people with a condition other than cancer and people with dementia.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong 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 people and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older people who may be approaching the end of life. It involved older people 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 has worked with other local practices to establish targeted schemes to support patients over the age of 75 years. These include designated appointments; a care co-ordinator; and review and follow up of all hospital discharges.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- We saw evidence of the practice participating in innovative pilot schemes including the Retirement in Action study aimed at preventing early onset of frailty in older patients; and theTimeli dementia study offering prompt and early investigation of memory loss.

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 inlong-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to or better than the clinical commissioning group (CCG) and

national averages. For example 92% of patients with diabetes, had a blood pressure reading of 140/80 mmHg or less (within the last 12 months), compared with the CCG average of 81% and the national average of 78%.
- The practice proactively identified patients at risk of developing long-term conditions and took action to monitor their health and help them improve their lifestyle.
- 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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice provided support for premature babies and their families following discharge from hospital.
- The practice's uptake for the cervical screening programme was 80%, which was better than the clinical commissioning group (CCG) average of 71% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Summary of findings

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services, for example, on line consultations were available 24 hours a day, 7 days a week providing a range of outcomes for patients, based on clinical needs.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group. We saw evidence that the practice was proactively targeting patients aged 40, 45 and 50 years for health checks resulting in 85% uptake in 2015/16.
- The practice was participating in two research studies relevant to working age patients. These included a study of patients with a low mood who were not on antidepressants; and a study offering an herbal remedy for urinary tract infections with the aim of reducing antibiotic prescribing in future.

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. We saw examples of arrangements for homeless patients to remain registered with the practice; work with the Bristol Drugs Project; and issuing of food bank vouchers.
- 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 informed vulnerable patients about how to access various support groups and voluntary organisations. For example, the practice offered a monthly carers surgery.

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- We saw that staff were trained to add alerts to patient records where different arrangements had been agreed. For example, visually impaired patients who would be collected from the waiting area; providing letters instead of phone calls for hearing impaired patients; and specific requests not to phone patients where confidentiality was an issue.

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).

- 97% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%. Other performance indicators for mental health were also better than the national average.
- The practice specifically considered the physical health needs of people with poor mental health. For example, a weekly clinic by a Community Psychiatric Nurse provided therapy appointments in the practice.
- The practice had a system for monitoring repeat prescribing for people receiving medication for mental health needs.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example, the practice participated in research studies including one for patients with low mood and another for patients where their medication was not adequately controlling active depression.
- People at risk of dementia were identified and offered an assessment.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing better than local and national averages. 217 survey forms were distributed and 130 were returned. This represented 1.3% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared with the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared with the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received thirty one comment cards which were all positive about the standard of care received.All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Limited data had been reported on the practices friends and families test over the last 12 months. Patients indicated 77% were likely or very likely to recommend the practice and 1% were unlikely to recommend it to friends and family. Thirteen patients had rated the practice on NHS Choices giving overall rating of 4 out of 5 stars. Five patients had provided comments in the last 12 months and all were positive.

Westbury-on-Trym Primary Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector supported by a GP specialist adviser.

Background to Westbury-on-Trym Primary Care Centre

Westbury-on-Trym Primary Care Centre is located in North Bristol. The practice serves a population of approximately 9,700 patients, including those in residential homes and nursing homes. The practice occupies a modern purpose built health centre, completed in 2008, with twenty two clinical rooms on the ground floor and offices and meeting areas on the first floor. The practice is on local bus routes and patients have access from the north and west areas of Bristol, with parking on site including, spaces for those with a disability. The practice has a number of rooms which it makes available to other services, including Carers Trust and community midwives.

This report relates to the regulated activities provided from:

Westbury-on-Trym Primary Care Centre,

Westbury Hill,

Bristol

BS9 3AA

Westbury-on-Trym Primary Care Centre has eleven GPs, five of whom are partners. Between them they provide 41 GP sessions each week and are equivalent to 5.9 whole time employees. GPs Eight are female (with two currently on maternity leave) and three are male. There are five practice nurses, whose working hours are equivalent to 3.4 whole time employees (WTE), including two non-medical prescribers who offer 17 sessions per week. Two health care assistants are also employed by the practice with combined hours of 1.4 WTE. The GPs and nurses are supported by 16 management and administrative staff including a practice manager, assistant manager and an apprentice studying business administration.

The practices patient population is expanding and has more patients aged under 9 years; and between the ages of 35 and 44 years than the national average. Approximately 20% of the patients are over the age of 65 years compared to a national average of 13%.

Approximately 45% of patients have a long standing health condition, which can result in a higher demand for GP and nurse appointments and this is lower than the national average of 51%. Patient satisfaction scores are above average with 91% of patients describing their overall experience at the practice as good compared to a national average of 85% and clinical commissioning group average of 86%.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the least deprivation decile. (An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. It is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). Average

male and female life expectancy for the area is 82 and 84 years respectively which is above the national and clinical commissioning group averages of 79 and 83 years respectively.

The practice is open between 8am and 6:30pm Monday to Friday. Appointments are available from 8:30am and access is available from 8am for early appointments and emergencies. The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day.

Extended hours appointments are offered on Wednesday, Thursday and Friday mornings from 7.30am to 8am and Monday, Tuesday, Wednesday and Thursday evenings usually from 6.30pm to 7pm. The practice also offers telephone consultations and now offers an on-line consultation service, available 24 hours a day. GP appointments are 10 minutes each in length and appointment sessions are typically 8:30am to 11am and 3pm to 5.30pm, with variation to meet demand. Each consultation session has 15 appointment slots.

The practice offers online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

The practice has a Personal Medical Services (PMS) contract to deliver health care services; the contract includes enhanced services such as childhood vaccination and immunisation scheme; influenza and pneumococcal immunisations; and health checks for those with a learning disability.

These contracts act as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The practice is a teaching practice and there were two registrar GPs placed with them at the time of our inspection. The practice also hosts placements for medical students. Two of the GPs are GP trainers and this provides training resilience when one of the training partners is away.

The practice has opted out of providing out-of-hours services to their own patients and patients are directed to this service by the practice outside of normal practice hours.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 August 2016.

During our visit we:

- Spoke with eleven staff in a range of roles (including GPs, nurses, healthcare assistants and management and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- older people

Detailed findings

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw evidence of daily discussions in the practice huddle, including learning from a significant event to improve diagnosis where cognitive decline was apparent and encourage continuity of care for patients with complex histories.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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). However, the chaperone policy did not specify where the chaperone should stand during consultations. We spoke to the practice who, within 48 hours of the inspection, provided a revised policy for chaperones to ensure consistent practice.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the most recent one completed on 28 July 2016, 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 kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored, however, we found gaps in the systems to monitor their use. For example, there was no record of issue of blank prescription paper to GPs. We spoke to the practice who, within 48 hours of the inspection, provided evidence that monitoring arrangements had been implemented to ensure prescription security.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship

and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice did not hold stocks of controlled drugs. We saw a risk assessment of the storage and administration of controlled drugs that included, for example, arrangements for access to emergency pain relief medicines for patients.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, we found some gaps in the records. For example, two files had only one written reference; and one file had no references and no other evidence of satisfactory conduct in previous healthcare employment. We spoke to the practice who provided evidence that all personnel files had been reviewed to ensure all included a complete set of information.
- There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, we found that some windows in office areas were fitted with cord operated blinds. We spoke to the practice who told us they would ensure a risk assessment of all windows would be carried out to ensure safety of staff and patients.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.5% of the total number of points available compared with the clinical commissioning group (CCG) average of 96.4% and national average of 94.8%. The practice had higher than average exception reporting at 14.1% compared with the CCG Average of 12.3% and national average of 9.2%. Higher rates of exception reporting related clinical domains for asthma, (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was better than the CCG and national averages. For example 92% of patients with diabetes, had a blood pressure reading of 140/80 mmHg or less (within the last 12 months), compared with the CCG average of 81% and the national average of 78%; and 97% of patients with diabetes had a record of a foot examination in the last 12 months, compared with the CCG average of 91% and the national average of 88%.
- Performance for mental health related indicators was better than the CCG and national average. For example, 97% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared with the CCG average of 87% and the national average of 84%; and 100% of patients with mental health conditions had an agreed care plan documented in their records in the last 12 months, compared with the CCG average of 91% and the national average of 88%.

There was evidence of quality improvement including clinical audit:

- There had been eleven clinical audits completed in the last two years and four of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included evidence of a reduction in the prescribing of broad spectrum antibiotics and an increase in prescribing within clinical guidelines.

Information about patients' outcomes was used to make improvements such as increased awareness of cases of concern over vulnerable children and more productive discussions in meetings.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw evidence of training enabling in house specialist management of diabetes by the nursing team.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Good

Are services effective?

(for example, treatment is effective)

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. 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. However, we found gaps in training records. For example, eleven administrative staff had no record of training in infection prevention and control and update training was overdue for two nursing staff. There was no record of training in safeguarding children for two administrative staff and two nursing staff; and for three other nursing staff update training appeared to be overdue. It was unclear from the records what training had been provided to any staff on safeguarding adults, including the mental capacity act. The records indicated that update training was overdue for eight staff on both fire safety and information governance. We spoke to the practice, who told us they would review training records and ensure all staff receive up to date training in safeguarding, infection prevention and control and fire safety. We subsequently received evidence confirming that the records had been updated and all staff had received relevant training or updates.

Coordinating patient care and information sharing

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

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

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

The practice ensured that end of life care was delivered in a coordinated way, using the Gold Standard Framework, which took into account the needs of different people, 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. However, we found gaps in the recording of consent. For example, only verbal consent was recorded for minor surgical procedures. We spoke to the practice who, within 48 hours of the inspection, provided evidence that the more detailed template and written consent form had been introduced.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. For

Good

Are services effective?

(for example, treatment is effective)

example, the practice used the Gold Standard Framework for end of life care; and senior nurse acted as champion for chronic disease management and offered specialist management of diabetes.

- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The practice was participating in two research studies relevant to working age patients. These included a study of patients with a low mood who were not on antidepressants; and a study offering a herbal remedy for urinary tract infections with the aim of reducing antibiotic prescribing in future.

The practice's uptake for the cervical screening programme was 85%, which was comparable with the clinical commissioning group (CCG) average of 80% and the national average of 82%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 98%, compared with the CCG averages that ranged from 81% to 97%; and for five year olds from 95% to 97%, compared with the CCG averages that ranged from 88% to 97%.

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. We saw evidence that the practice was proactively targeting patients aged 40, 45 and 50 years for health checks resulting in 85% uptake in 2015/16. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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.
- Same sex clinicians were offered where appropriate.

We received feedback from thirty three patients who we spoke to or who completed Care Quality Commission comment cards and all 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.. Comments highlighted that staff listened, communicated clearly and responded compassionately when they needed help and provided support when required.

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

- 91% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared with the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 87% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 91% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared with the CCG average of 88% 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 88% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

Good

Are services caring?

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 90 patients as carers (1% of the practice list). A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Written information was available to direct carers to the various avenues of support available to them. Elderly carers were offered timely and appropriate support. For example, a carers surgery is held once a month offering patients who are carers specific advice and support.

Staff told us that if families had suffered 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:

- GPs, nurses and administrative staff held a daily huddle meeting to exchange information ad decide the most appropriate response to patient needs. For example, a visual red, amber, green traffic light system was used to help prioritise and appointment system was varied to meet demand by offering different types and lengths of patient contacts and consultations.
- The practice offered 'Commuter's Appointments' on Wednesday to Friday mornings from 7.30am to 8am; and Monday to Thursday evenings, usually from 6.30pm to 7pm for working patients who could not attend during normal opening hours.
- The practice offered an online consultation service where patients could submit requests for help 24 hours a day, 7 days a week. We saw examples where patients had given information on their problem, current condition and current health and the practice had responded within one working day. After reviewing the information a GP would offer a prescription (and a receptionist would inform the patient); signpost them to an alternative service (such as pharmacy); phone the patient; or book a face to face appointment.
- 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. For example, the practice offered an express service clinic offering on the day consultations with a nurse practitioner or nurse prescriber. Reception staff were trained to identify young children who needed for urgent review.
- A care coordinator contacted patients who had been discharged from hospital to offer support and advice.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments are available from 8.30am and access is available from 8am for early appointments and emergencies. The practice operates a mixed appointments system with some appointments available to pre-book and others available to book on the day.

Extended hours appointments were offered on Wednesday, Thursday and Friday mornings from 7.30am to 8am and Monday, Tuesday, Wednesday and Thursday evenings usually from 6.30pm to 7pm. The practice also offered telephone consultations and an on-line consultation service. GP appointments are 10 minutes each in length and appointment sessions are typically 8:30am to 11am and 3pm to 5.30pm, with variation to meet demand. Each consultation session has 15 appointment slots. The practice offered online booking facilities for non-urgent appointments and an online repeat prescription service. Patients need to contact the practice first to arrange for access to these services.

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.

- 74% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 78%.
- 77% of patients said they could get through easily to the practice by phone compared with the CCG average of 73% and the national average of 73%.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system in place to assess:

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

For example, the practice held a daily huddle meeting to review how best to meet demand; and offered an express service clinic offering on the day consultations with a nurse practitioner or nurse prescriber. 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.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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, for example, posters were displayed and a summary leaflet was available.

We looked at records of 28 complaints received in the last 12 months and found these had been were satisfactorily handled and dealt with in a timely way, with openness and transparency. 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.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a statement of aims and values which was displayed in the waiting areas and staff knew and understood the values; and we saw that it had been discussed in staff meetings.

The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. We saw evidence of a five year strategic plan including individual actions led by both clinical and administrative staff to ensure involvement and progress.

We saw that all staff took an active role in ensuring high quality care on a daily basis and behaved in a kind, considerate and professional way.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, for example, chronic disease management, including diabetes.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a meetings structure that allowed for lessons to be learned and shared following significant events and complaints. We saw examples of thorough and effective analysis of significant events and sharing of learning as a result.

Leadership and culture

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

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

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

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted whole practice meetings were held quarterly and other teams met regularly. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Are services well-led?

Good

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

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

- The practice had gathered feedback from patients through a virtual patient participation group (PPG) and through complaints received. The PPG received regular communications by email from the practice; and a monthly drop in session was in place for any patient to meet with the practice manager.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions including the daily huddle. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking, there was evidence of strong team working and the practice was part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was piloting on line consultations offering 24 hour, 7 days a week access for patients; undertaking research studies; and was developing joint working with other local practices, including a common phone system providing mutual cover to meet peaks in demand.