

Stock Surgery

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Stock Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

We carried out an announced comprehensive inspection at Stock Surgery on 28 April 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. Information about safety was monitored, appropriately reviewed and addressed. Learning from when things went wrong was shared with staff through meetings and discussions.
- There were systems in place for assessing risks associated with medicines, premises, equipment and infection control.
- The practice had processes in place for monitoring dispensed medicines that were not collected from the pharmacy, particularly where patients had been identified as experiencing poor mental health.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. They were complimentary about the dedication of the doctors and nurses at the surgery.
- Information about services and how to complain was available.
- The practice contributed monthly to a charity called 'Stock cares.' This service provided transport to medical appointments for patients who required support.
- 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.

Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The premises were purpose built and maintained to an acceptable standard throughout the clinical areas. Access for disabled people was in place including parking for the disabled and washroom facilities.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Improve the system for the identification of patients who are carers and provide them with appropriate support and guidance.
- Ensure verbal complaints are recorded to achieve wider learning.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- When something went wrong patients received a sincere and timely apology and were told about actions taken to improve processes to prevent re-occurrence.
- The practice had processes in place for monitoring prescriptions that were not collected from the dispensary, particularly where patients have been identified as experiencing poor mental health.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. All GPs and qualified nurses were trained to child safeguarding level 3.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were in line with local and national averages. The practice had achieved 100% for the Quality and Outcomes Framework (QOF) in 2014-15. This was above the CCG average of 91.4% and the national average of 94.7%.
- Patients' care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation.
- Clinical audits demonstrated quality improvement.
- For patients with dementia, written consent for relatives to share in medical information and treatment planning was encouraged.
- Staff were qualified and had the skills they needed to carry out their roles effectively and inline with best practice.
- 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 in order to deliver care more effectively. Monthly meetings with wider members of the healthcare team were held to review more complex and vulnerable patients.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in January 2016 showed patients rated the practice higher than others for several aspects of care. For example 96% said the GP was good at listening to them compared to a CCG average of 88% and a national average of 88%.
- Staff were highly motivated to offer care that was kind and promoted patients' dignity. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patient's emotional and social needs were seen as important as well as their physical wellbeing.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- Telephone consultations were available each day so that patients could speak with a GP, rather than attending the practice for a face to face consultation.
- Longer appointments were available for patients. Double or triple appointment slots could be booked for patients with complex needs or learning disabilities.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Each GP maintained their own personal list to promote continuity of care and to establish strong relationships with individuals and their families.
- The practice provided an online appointment booking facility and online ordering of repeat prescriptions.
- Comment cards and patients we spoke to during the inspection were very positive about their experience in obtaining both urgent and routine appointments. This was reinforced by the national GP patient survey in January 2016 which found 97% patients stated the last appoint they got was convenient. This was in comparison to a CCG average of 91% and a national average of 91%.
- It was easy for patients to complain or raise a concern and they were treated compassionately when they did so. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

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

- There were clear vision and values, driven by quality and safety, which reflected compassion, dignity, respect and equality. 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 a number of policies and procedures to govern activity and held regular governance meetings.
- There was an effective governance framework, which focused on delivering good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice held regular meetings to discuss clinical issues, and general staff meetings were arranged for wider issues. Staff put forward the items for discussion at their meetings.
- There was an effective and comprehensive process in place to identify, understand, monitor and address current and future risks.
- Leaders prioritised safe, high-quality, compassionate care and promoted equality and diversity. Leaders modelled and encouraged cooperative, supportive relationships among staff so that they feel respected, valued and supported.
- The practice had systems in place for responding to notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- A full and diverse range of views and concerns from patients who use the service were encouraged, heard and acted on. Information on patients' experience was reported and reviewed alongside other performance data
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs in order to deliver care more effectively. Monthly meetings with wider members of the healthcare team were held to review more complex and vulnerable patients.
- Each GP maintained their own personal list to promote continuity of care and to establish strong relationships with individuals and their families.
- Longer appointments were available for patients. Double or triple appointment slots could be booked for patients with complex needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice contributed monthly to a charity called 'Stock cares' and this service provided transport for patients to medical appointments.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice achieved 99% for clinical indicators within QOF. This was 7% higher than the local CCG average and 5% above the national average.
- Performance for diabetes related indicators at 99.7% was above the CCG average of 79% and the national average of 89%. The level of exception reporting for diabetes patients was also noted to be lower than local and national averages.
- QOF indicators for asthma were higher than CCG and national averages. For example, 95% of patients with asthma received a review in the preceding 12 months, compared to the CCG and national averages of 88% and 89% respectively.

Good



Summary of findings

- All patients with a long-term condition received a structured annual review to check their health and medicines needs were being appropriately met.
- For those patients with the most complex needs and associated risk of hospital admission, the practice team worked closely with the local community health providers including the community matron and respiratory team to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice provided an online appointment booking facility and online ordering of repeat prescriptions.
- Patients we spoke with on the day, and feedback received from our comment cards, stated young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The premises were suitable for children and babies. Toys were provided for children attending the surgery. Baby changing facilities were available and the practice accommodated young mothers who wished to breastfeed.
- Personal GP patient lists enabled the doctor to build family relationships, and promote continuity for patients.
- The practice held quarterly meetings with the health visitor, and also reviewed any children on a child protection plan at their own monthly clinical meeting.
- The practice provided neonatal checks, six week post-natal checks for new mothers and eight week baby checks.
- The practice's uptake for the cervical screening programme was 90% which was above the CCG average of 81% and the national average of 82%.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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.
- Telephone consultations were available each day for those patients who had difficulty attending the practice due, for example, to work commitments.
- The practice provided an online appointment booking facility and online ordering of repeat prescriptions.
- Feedback from patients was consistently positive about their experience in obtaining an appointment quickly and a time that was convenient to them. For example, the January 2016 national GP patient survey indicated that 97% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 92% and a national average of 91%.
- A text reminder service was used to help reduce non-attendance for appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Longer appointments were available for patients. Double or triple appointment slots could be booked for patients with learning disabilities.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people and informed patients how to access various support groups and voluntary organisations.
- The practice provided good care and support for end of life patients and strove to deliver high quality palliative care. Patients were kept under close review by the practice in conjunction with the wider multi-disciplinary team.
- 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- 80% of patients who had been diagnosed with dementia had a face to face review within the previous 12 months compared with the CCG average of 81 and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia for whom they carried out advance care planning.
- The practice had processes in place for monitoring prescriptions that were not collected from the dispensary, particularly where patients have been identified as experiencing poor mental health.
- Each GP maintained their own personal list to promote continuity of care and to establish strong relationships with individuals and their families.
- For patients with dementia, written consent for relatives to share in medical information and treatment planning was encouraged.
- 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.
- The practice told patients experiencing poor mental health and patients with dementia about how to access services including talking therapies and various support groups and voluntary organisations. Information was available for patients in the waiting area.

Summary of findings

What people who use the service say

During the inspection we met with three representatives of the patient participation group (PPG) and spoke with five other patients in the surgery. There were positive views from all of the patients we spoke with and those close to them about the care provided. All patients said they were happy with the care they received and thought staff were caring, approachable and treated them with dignity and respect.

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 234 survey forms were distributed and 124 were returned. This represented a 53% response rate.

- 79% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and national average of 73%.
- 87% 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 86% and national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% national average of 85%).

- 88% 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 76% and 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 42 comment cards which were all positive about the standard of care received. Patients said they were treated with compassion, staff always listen and do their best to help you. Comments included the service is excellent, from the reception staff to the doctors they are all efficient, caring and nothing is too much trouble for them.

We spoke with five patients during the inspection. All five patients said that they were satisfied with the care they had received and that staff were committed and caring. They told us that GP consultations were easy to book, and they never had to wait more than two or three days for a routine appointment. Patients told us that they were seen on time. Individual patients gave accounts of how they had received personalised care at a difficult time which helped them to understand and deal effectively with their condition.

Areas for improvement

Action the service SHOULD take to improve

- Improve the system for the identification of patients who are carers and provide them with appropriate support and guidance.
- Ensure verbal complaints are recorded to achieve wider learning.

Stock Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor. As this was a dispensing practice we had arranged telephonic support from a pharmacist if required.

Background to Stock Surgery

Stock surgery is a three doctor dispensing practice providing medical services to about 4,000 patients living in and around the village of Stock. The practice is housed in a modern, purpose-built building, with a waiting area with many facilities for patient care. Wheelchair access is available throughout the ground floor clinical areas. There is ample car parking facilities situated adjacent to the surgery with disabled spaces located close to the entrance. At the time of our inspection, the practice list was open to new patients.

The practice has two female and two male GPs. There are four part time practice nurses and two health care assistants. There is also a practice manager, administrative and reception staff.

The practice population is slightly higher than the national average for patients over 65, 75 and 80 years. Economic deprivation levels affecting children, older people and unemployment are lower than the practice average across England. Life expectancy for men and women is slightly higher to the national averages. The practice patient list is slightly higher to the national average for long standing health conditions and lower disability allowance claimants.

The surgery is open Monday to Friday from 8am until 6.30pm. Telephone access is available from 8am. They offer both face-to-face and telephone appointments. Patients also have on line options to book appointments.

Emergency appointments are available throughout the day. The practice has opted out of providing GP out of hours services. Unscheduled out-of-hours care is provided by the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service. This information is also available on their website and the NHS choices website.

The practice provides the following directed enhanced services:

- Childhood immunisations and vaccinations.
- Dementia screening.
- Flu vaccinations.
- Unplanned hospital admissions avoidance.
- Improving on-line access.

Minor surgery

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 April 2016. During our visit we:

- Viewed information provided by the practice, which included feedback from people using the service about their experiences.
- Spoke with a range of staff (receptionists, practice nurses, practice manager, administrators and doctors) and spoke with patients who used the service.
- 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
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

Are services safe?

Our findings

Safe track record and learning

There was an open culture in which all safety concerns raised by staff and patients were highly valued as integral to learning and improvement.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events, and findings were regularly discussed at staff meetings. Records showed a total of three significant events had been recorded over the last 12 months. We saw that learning had been applied when unintended errors or unplanned events had occurred. For example, when a medicines dosage error was identified by the dispensary the clinician was contacted immediately to check dosage and correct prescription. This incident was investigated and actions identified to mitigate reoccurrence.
- The practice had a robust approach to information received from the Medicines and Healthcare Regulatory Agency (MHRA). The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. A clear audit trail was maintained to demonstrate the effectiveness of the system in place. The practice provided evidence of how they had responded to alerts in checking patients' medicines and taking action to ensure they were safe.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. Quarterly meetings took place between the GP safeguarding lead and the health visitor to discuss any vulnerable children, and these meetings were documented. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs and qualified nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. Nursing staff acted as chaperones, and all these staff had undertaken a disclosure and barring check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. An annual infection control audit had been undertaken and we saw evidence that action was taken to address improvements identified as a result. The practice had contracted an external provider to clean the premises and had developed cleaning schedules with regular monitoring arrangements to ensure high standards were maintained. We saw evidence that staff had received vaccinations to protect them against hepatitis B.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Medicines Management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, dispensing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Prescription pads and printer prescription stationery were securely stored and there were systems in place to monitor their use.
- The practice had a designated GP lead for the dispensary. The dispensary had documented processes which they referred to as Standard Operating Procedures (SOPs). All staff involved in the procedure had signed, read and understood the SOPs and agreed to act in accordance with its requirements. Standard Operating Procedures cover all aspects of work undertaken in the dispensary. The SOPs that we saw would satisfy the requirements of the Dispensary Services Quality Scheme (DSQS). The SOPs had been reviewed and updated in the last 12 months and there was a written audit trail of amendments.
- Records showed that all members of staff involved in the dispensing process had received appropriate training. We spoke with the dispensary technician and practice manager who had records to demonstrate that the dispensers' competence had been checked regularly. When we spoke with the dispensary staff they were aware that their competence had been checked since they obtained their qualifications.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice and dispensary staff.
- The practice had processes in place for monitoring prescriptions that were not collected, particularly where

patients had been identified as experiencing poor mental health. Some patients were prescribed weekly prescriptions and these patients were closely monitored. If they did not collect their prescription this was highlighted to the GP who contacted the patient for a welfare check. If they were unable to be contacted this was escalated to the mental health team.

- Patients on high risk medicines for example warfarin, methotrexate and azathioprine were reviewed in a timely way. When the medicine review date was reached the dispensary contacted the patient to inform them they were due a review and they ensured a blood test was carried out. This was to check that the medicines remained safe to prescribe. If patients did not get their bloods checked there was a system in place to follow this up with the patient.
- All older patients on regular medicine had an annual review of their health. This was prompted by their medicine review date and followed up as a safety net by the dispensary team. The dispensary team alerted the GPs to patients who were over-due a review. Other patients were picked up opportunistically if they attended the practice.

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).
- 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. Non-clinical support staff

Are services safe?

were trained in the various roles required by the practice to ensure they could provide cover in times of sickness and absence. The practice used locum GPs to cover periods of leave for the GPs. A regular GP locum was used for continuity. Nursing staff were part time and often covered for colleagues when on annual leave.

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 was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

People's care and treatment was planned and delivered in line with current evidence based guidance (including National Institute for Health and Care Excellence (NICE) best practice guidelines), standards, best practice and legislation. This included during assessment, diagnosis, when people were referred to other services and when managing people's chronic or long-term conditions, including for people in the last 12 months of their life. This was monitored to ensure consistency of practice.

- 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 and audits.

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 reflected that the practice had achieved 100% of the total number of points available.

Performance for diabetes related indicators was 99.7%. This was above the CCG average of 79% and the national average of 89%. The level of exception reporting for diabetes patients was also noted to be lower than local and national averages. This indicated that the practice ensured all identified patients received their checks For example;

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 87% compared to the CCG of 72% and national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 82% compared to the CCG of 74% and national average of 78%

- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 91% compared to the CCG of 75% and national average of 81%
- The percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months was 87% compared to the CCG of 82% and national average of 88%.

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as nerve damage, heart disease and stroke are identified and minimised where possible.

The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions and respiratory illness was above or within the range of national average for example:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 91% compared to the national average of 83%.
- Those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, the percentage of patients who are currently treated with an ACE-I or ARB medicines was 100% compared to the national average of 98%.
- The percentage of patients with asthma who had a review within the previous 12 months was 77% compared to the national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was 95% compared with the national average of 90%.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition were higher than GP practices nationally. For example:

- 100% of patients with a diagnosis of schizophrenia, bi-polar disorder and other mental health disorders had an agreed care plan in place compared to the CCG of 83% and national average of 88%. Exception reported by the practice as 7% compared to CCG average of 14% and National of 13%
- 100% of patients with a diagnosis of schizophrenia, bi-polar disorder and other mental health disorders had

Are services effective?

(for example, treatment is effective)

a record of their alcohol consumption compared to the national average of 89%. Exception reported by the practice as 7% compared to CCG average of 13% and National of 10%

- 80% of patients who had been diagnosed with dementia had a face to face review within the previous 12 months compared with the CCG average of 81 and national average of 84%.

Clinical audits demonstrated quality improvement. Clinical audits were a standing item on the clinical meeting agenda. This raised awareness of salient issues and to avoid duplication. There were several completed audits and others in progress.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, a recent audit had identified high usage of a particular class of antibiotics. The practice used antibiotic toolkit audits from the Royal College of General Practitioners. The findings were presented at the clinical meetings and this led to a reduction in the use of those antibiotics.

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, nursing staff reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme had undergone extended training and updates to ensure nationally recognised evidence based guidance is being incorporated in their care delivery.
- The practice nurses had undertaken significant preparation to meet requirements for the revalidation of nurses. Both GPs had achieved revalidation and regularly attended a GP update course. Revalidation is a scheme to provide assurance that clinicians have kept up-to-date with their practice, and can demonstrate they work within recognised quality standards.
- All clinical staff were kept up to date with relevant training, accreditation and revalidation. All staff had

undergone an appraisal within the last 12 months. Appraisals provided staff with the opportunity to review/ evaluate their performance and plan for their training and professional development.

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

Coordinating patient care and information sharing

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

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

Practice staff worked with other health care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. In order to review and plan care for older people, those with long-term conditions, vulnerable patients, and those patients at risk of unplanned hospital admission, the practice had developed a meeting programme. This involved a review of patients by the practice team to identify their current needs. This was followed by a meeting to discuss and action these issues. A further meeting with the multi-disciplinary team (MTD) would discuss the patients and review and plan their care requirements. The practice staff would then discuss new cancer patients and those patients with ongoing palliative care needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- 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.
- For patients with dementia or reduced capacity, written consent for relatives or carers to share in medical information and treatment planning was encouraged in order to facilitate discussions when patients may not be able to do this for themselves.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 90% which was above the CCG average of 81% and the national average of 82%. This rate had been achieved by a proactive approach, for example, by raising awareness with patients at contraceptive reviews, and identifying new patients from overseas who may have never been previously screened, to encourage uptake. 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.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer uptake for both were slightly higher than CCG average and national averages.

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 77% Compared to the CCG of 76% and national of 72%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 64% Compared to the CCG of 62% and national of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 100% and five year olds from 91% to 95%. The practice achieved 100% immunisations for the meningitis C immunisation for 12 month old infants (CCG average 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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

There was a strong, visible, person-centred culture within the practice. Staff were highly motivated to offer care that was kind and promoted patients' dignity. We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with respect. Relationships between patients, those close to them and staff were strong, caring and supportive. Staff worked hard to recognise and respect the totality of people's needs. They always took people's personal, cultural, social and religious needs into account.

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

Feedback from patients and those close to them were continually positive about the way staff treated them. Patients told us that staff would often go the extra mile and the care received exceeded their expectations. All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they were treated with compassion, staff always listen and do their best to help you.

All feedback highlighted that staff responded compassionately when patients needed help and provided support when required.

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 86% 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 95% and the national average of 95%.

- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We also spoke with an additional four patients who were attending the practice at the time of our inspection. All of the patients we spoke with during the course of the inspection gave us positive feedback about the service they received from the GPs, practice nurses and reception staff. Staff were commended for their commitment, professionalism and compassion. One patient told us they genuinely could not think of one negative experience at the surgery in the last 15 years; another commented they felt very lucky to have such a good service from all the staff.

Patients repeatedly referred to the service as caring, respectful, fantastic, efficient and the best surgery for miles. Many comments included examples where the staff had gone above and beyond what was expected. For example:

- One patient told us they were treated with such compassion after feeling anxious; they could not complement the reception team and GPs enough.
- A patient who suffered with a chronic condition that required frequent medical support told us they had received outstanding care from the GP and staff at the practice. They felt all staff went above and beyond the call of duty in assisting them to successfully manage their condition.
- Dispensing staff monitored patients that were vulnerable to misusing their medicine. These patients were on a weekly prescription and the dispensing team monitored them referring back to the GP if they identified any issues for example if prescriptions were not being collected.

Patients also appreciated the friendly, professional, kind staff and said the facilities were clean and tidy. Patients referred to being very impressed, reassured and grateful for the attention and care they received.

Are services caring?

Care planning and involvement in decisions about care and treatment

Patients told us through discussions and in comment cards that they felt listened to and involved in making decisions about the care and treatment they received. Results from the national GP patient survey reflected this as the practice had scored consistently higher than local and national averages for patient satisfaction. For example:

- 96% said the GP was good at listening to them compared to a CCG average of 88% and a national average of 88%.
- 92% said the last GP they saw was good at explaining tests and treatments (CCG average of 84%, national average of 86%).
- 94% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average of 85%).

The same questions about nursing staff were higher than average. For example:

- 99% said the last nurse they saw or spoke to was good at listening to them (CCG average of 92%, national average of 91%).
- 98% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 90%, national average of 90%).
- 93% said the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average of 87%, national average of 85%).

Staff told us that translation services were available for patients who did not have English as their first language. They also told us the information available to patients could be provided in alternative language or formats if this was required by the patients.

Patient and carer support to cope emotionally with care and treatment

Patient's emotional and social needs were seen as being as important as their physical wellbeing. There was a large amount of information leaflets available in the waiting area. These provided information on how patients could access a number of support groups and organisations and included signposting patients to counselling services and advocacy services. Information about health conditions and signposting information was also available on the practice website.

Carers were encouraged to make themselves known to the practice so that appropriate support and advice could be offered. Information was available in the reception area advising them of external organisations they could contact. The practice had a low number of carers on their register. We discussed this with the GPs and they told us they only put paid carers on this register but if relatives were carers they had an individual care plan. They told us they would look into re coding these patients.

The practice provided good care and support for end of life patients and strove to deliver high quality palliative care. Patients were kept under close review by the practice in conjunction with the wider multi-disciplinary team. Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card to offer their condolences. The sympathy card contained an offer of support if required. Details of external organisations that could provide support were on display in the reception area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were tailored to meet the needs of individual patients and were delivered in a way that promoted flexibility, choice and continuity of care. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to improve the service provided. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were at risk and developing care plans with them to prevent an unplanned admission.

GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Robust systems were in place to ensure referrals to secondary care and results were followed up.

- Longer appointments were available for patients. Double or triple appointment slots could be booked for patients with complex needs or learning disabilities.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The GPs triaged home visit requests to ensure these were appropriate.
- A text reminder service was used to help reduce non-attendance for appointments.
- Although the practice was a partnership between two GPs and a salaried GP, each GP maintained their own personal list to promote continuity of care and to establish strong relationships with individuals and their families. However, any patient could request to see the doctor of the opposite sex for a particular issue or a sensitive health concern.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Comment cards and patients we spoke to during the inspection were very positive about their experience in obtaining both urgent and routine appointments. This was reinforced by the national GP survey in January 2016 which found 97% patients stated the last appointment they got was convenient. This was in comparison to a CCG average of 91% and a national average of 91%.

- 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.
- Dosette boxes were given to patients that were identified as needing support with self-medication. Dosette boxes are individualised boxes containing medicines organised into compartments by day and time, to simplify the taking of them, especially in patients with several different medicines. The practice also arranged delivery of medicines to their patients that were unable to collect them.
- The practice contributed monthly to a charity called 'Stock cares.' This service provides transport to medical appointments (GP or hospital appointments), for Stock residents, who do not have family or friends to assist them to travel.
- The practice held quarterly meetings with the health visitor, and also reviewed any children on a child protection plan at their own monthly clinical meeting.
- The practice provided neonatal checks, six week post-natal checks for new mothers and eight week baby checks.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12pm every morning and 2pm to 6pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

All patients who expressed a preference said that they could see the GP that they wanted to in a timely way. We saw that the next routine, pre-bookable appointment was available in two days' time and that there were same day appointments still available.

The practice had a system in place to assess:

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

The practice had a policy that all patients would be seen and that additional patients would be fitted in on the day. The practice did not offer extended hours appointments; however we were told they would often see patients outside of normal working hours in extenuating circumstances.

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 on the practice's website and in their information leaflet. Information about how to make a complaint was also displayed on the wall in the waiting area. Reception staff showed a good understanding of the complaints procedure.

We noted that not all verbal complaints had been recorded and so the potential to achieve wider learning from these had been lost. We looked at four written complaints received in the last 12 months and found that these had been fully investigated and responded to within an appropriate timescale. Apologies were provided where appropriate. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. Patients we spoke with had not had any cause for complaint.

A summary of each complaint included; details of the investigation, the person responsible for the investigation, whether or not the complaint was upheld, and the actions and responses made. We saw that complaints had all been thoroughly investigated and the patient had been communicated with throughout the process.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed on their web site, in the waiting areas.
- The practice had a clear vision and strategy supported by a business plan. The plan was kept under review in order to provide flexibility to manage any unforeseen or new requirements. The practice team had contributed to the development of the practice strategy and were aware of the values to promote and deliver effective family healthcare to the highest available standards.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had used the opportunity to prepare for their inspection to reflect on what they did well, and areas where they could improve. This had resulted in the practice identifying five key areas for future development including taking a more proactive approach with audit, rather than in response to a potential area of concern.

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, staff were aware of their roles and responsibilities. This included designated lead roles for staff to ensure accountability. Staff we spoke with felt valued and supported by the GPs and management team and described an open culture throughout the practice.
- There was a comprehensive range of practice policies to ensure the safe and effective running of the practice. There was a schedule in place to ensure policies were regularly reviewed or reviewed when required. The schedule ensured policies were up to date and where appropriate were in line with the relevant guidance. Staff had access to policies and were trained to ensure the policies were implemented appropriately.

- A comprehensive understanding of the performance of the practice was maintained. The practice used a range of information which included peer review, performance data, feedback on quality, information and feedback from staff and patients to continually monitor its performance and assess areas for improvement.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice held monthly clinical governance meetings which all staff attended, where audits, NICE guidelines, prescribing updates, recent deaths, new cancer diagnoses and acknowledged errors and mistakes were discussed. In addition these were used for staff training and team building.

Leadership and culture

The partners and practice manager had the experience, capacity and capability to run the practice and ensure high quality care. The partners and manager were visible in the practice and staff told us that they 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, information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Weekly clinical staff meetings were held. Meetings were held for the reception and administration team every week, and the GPs would attend these if a relevant issue was listed for discussion. Full staff meetings took place approximately every eight weeks.

Are services well-led?

Good 

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

- Staff told us that there was an open culture within the practice and they were able to select the issues for discussion at the team meetings. Staff told us they felt confident and supported to raise issues, and that these were acted upon.
- Staff said they felt valued and supported by the partners in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following a patient survey conducted in 2014, the practice identified that patients had reported difficulties accessing the practice through its current telephone system. In response, the practice upgraded the telephone system, purchased new software and reorganised staff rotas to improve patient experience.

- We met with three members of the patient participation group (PPG). They confirmed they felt listened to by staff at the practice.
- The practice gathered feedback from staff through informal discussions and appraisals. Staff told us they felt supported and would not hesitate to give feedback and discuss any concerns or issues with colleagues and GPs. They told us how good work was acknowledged by the partners and they spoke positively about their experience of working for the GPs, evidenced by their low turnover of staff. Staff told us they felt involved and engaged with regarding how the practice was run. They received annual reviews of their performance and were encouraged to develop their skills. Each member of staff had a personal development plan file. Clinicians also received appraisal through the revalidation process. Revalidation is where licensed GPs are required to demonstrate on a regular basis that they are up to date and fit to practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff we spoke with provided us numerous examples of where the practice had supported them to improve their professional practice, for example; nursing staff had attended various courses. GPs had special interests in palliative care, mental health and non-surgical vasectomies.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.