

Dr Kothari, Dr Nanda, Dr Brezina, Dr Hart and Dr Metcalfe (Also known as The Puzey Family Practice)

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Kothari, Dr Nanda, Dr Brezina, Dr Hart and Dr Metcalfe, also known as The Puzey Family Practice on 5 May 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. All staff understood this system and significant events were routinely discussed with all staff to ensure improvements were made.
- Risks to patients were continually assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. There was a robust system in place to ensure new guidance was received and implemented by all staff.
- The practice worked with external organisations to provide a multidisciplinary approach to patient care. We received positive feedback from these organisations.
- 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 in several formats and was easy to understand. The practice proactively reviewed complaints at staff meetings and improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments and walk in appointments available the same day.
- Extended hours provided a range of appointments times for all patients. Home visits were routinely provided to ensure care for more vulnerable patients.

Summary of findings

- Health checks, vaccinations and joint injections were all offered as home visits when patients were unable to attend the practice.
 - A free acupuncture service was offered to patients when suitable in an attempt to reduce the use of analgesics.
 - The practice had good facilities and was well equipped to treat patients and meet their needs.
 - The practice was a training practice for medical students, doctors and nurses and staff were passionate about continuous professional development.
 - The practice had strong, visible clinical and managerial leadership and governance arrangements. There was a clear leadership structure and staff felt supported.
 - The practice proactively sought feedback from staff, the patient participation group and patients, which it acted on.
 - The provider was aware of and complied with the requirements of the duty of candour.
- An area where the provider should make improvement is:
- Continue to identify carers and offer these patients additional support.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events which all staff understood and they were encouraged to identify such events.
- Significant events and safety alerts were standing items on the agenda of staff meetings to ensure lessons were shared regularly to make sure action was taken to improve safety in the practice.
- When things went wrong patients 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 was well equipped to deal with medical emergencies.
- There were clear systems in place to monitor infection control and actions were taken when needed to mitigate any risks.
- Prescriptions were all stored securely and there was a system in place to monitor their use.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, staff had a good understanding of their roles and responsibilities and knew where to get further guidance if required.
- Risks to patients were assessed, monitored and well managed.
- Recruitment checks were carried out in line with legislation to ensure staff were suitable for the role and to keep patients safe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance. There was a robust system in place to ensure all staff received updates to guidance, this was then routinely discussed at staff meetings and changes were implemented to protect patient safety.
- A continual programme of clinical audits demonstrated quality improvement.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment, the practice encourage staff to maintain their on-going professional development and supported this with protected time to learn.
- There was evidence of appraisals and personal development plans for all staff.
- A lead GP for palliative and multidisciplinary care worked with other health care professionals to understand and meet the range and complexity of patients' needs. This information was then shared with all clinical staff and patient records were updated.

Are services caring?

The practice is rated as good for providing caring services.

- All staff in the practice were highly motivated to offer compassionate care. When patients required additional support, this was offered and several services such as vaccinations, health checks and joint injections were offered at home.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice routinely contacted families who had suffered bereavement to offered support and advice.
- The practice identified carers where possible; however staff acknowledged these patients could be offered additional support.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. GP partners had close links with these organisation and ensured practice level issues were raised and discussed to secure improvements.
- 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. There were also walk in appointments available and extended hours to offer early morning, evening and weekend appointments.

Good



Summary of findings

- The practice offered home visits for patients as well as offering house-bound patients services such as health checks and vaccinations at their home address.
- Additional services such as free acupuncture were provided by a GP in the practice.
- Information about how to complain was available in many formats and was easy to understand. Evidence showed the practice responded efficiently to issues raised. Learning from complaints was regularly shared with staff at monthly meetings and with other stakeholders when required.

Are services well-led?

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

- The practice had a clear vision to offer a caring, quality, professional service accessible to all patients. The vision was promoted throughout the practice and staff had been involved in determining this vision and were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the GPs and the practice manager. The practice had a number of detailed, practice specific policies and procedures to govern activity and discussed clinical governance regularly at staff meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, through discussion, surveys and complaints. We saw evidence of this feedback being acted on. The patient participation group played an active role in driving improvements for patient experiences within the practice.
- The practice had a strong focus on continuous learning and, as a training practice, offered a suitable environment for medical students, doctors and nurses to train.

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

Good



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

- The practice had a growing population of older people and adapted their services to provide proactive, personalised care to meet their needs.
- New guidance was routinely implemented to ensure the appropriate care and treatment of older people.
- The practice took pride in never declining a request for a home visit.
- In addition to routine home visits, patients who were unable to visit the practice were offered vaccinations, health checks and joint injections at home.
- Additional services such as Doppler vascular assessments were available to promote the diagnosis of vascular disease.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to local and national averages.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management such as diabetes and COPD. COPD reviews were offered at home for patients unable to attend the practice.
- Patients at risk of hospital admission were identified as a priority and monitored to reduce this risk.
- Data from 2014/2015 showed the practice performance for diabetes indicators was generally in line with local and national averages. For example, 80% of patients with diabetes, on the register, whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less, this was comparable to the CCG average of 77% and the national average of 81%.
- Longer appointments and home visits were proactively offered when needed and staff felt supported in offering these services.
- 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, a lead GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. This information was

Summary of findings

routinely shared with all clinical staff to ensure records were up to date. We also received positive feedback from external organisations with regards to palliative and multidisciplinary care.

Families, children and young people

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

- There were systems to ensure GPs identified and followed 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. A lead GP for safeguarding had a good awareness of vulnerable patients and shared this information with clinical staff.
- Immunisation rates were in line with or above local averages 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. Staff had a good understanding of Gillick competency.
- The practice performance for cervical screening was comparable to local and national averages; 82% of women aged 25-64 had a record of a cervical screening test performed in the preceding five years (01/04/2014 to 31/03/2015), compared to a CCG average of 87% and a national average of 82%.
- Appointments were available outside of school hours, early in the morning, after school and at weekends. The premises were suitable for children and babies.

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).

- 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.
- Extended hours offered appointments at times convenient to patients who worked full time. Walk-in appointments were also available and a flexible flu vaccination programme allowed working aged people to attend when convenient.

Good



Summary of findings

- The practice was proactive in offering online services such as appointment booking and prescriptions. There was a range of health promotion and screening that reflected the needs for this age group.
- A free acupuncture service was provided when suitable to reduce the need for analgesia, which may have interfered with patient's ability to work or drive.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There was an open door policy for registering patients with no fixed address and the practice prioritised these vulnerable patients.
- There was a lead GP for patients with learning disabilities who ensured health checks were carried out.
- The practice offered longer appointments for patients with a learning disability and provided 30 minute appointments for health checks. When these patients were unable to attend the practice, health checks were carried out as a home visit.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and ensured this information was shared with relevant staff or organisations when required.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were all trained to a suitable level in safeguarding and 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.
- The practice had identified patients who were carers but acknowledged they could offer these patients additional support.

People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015); this was above the CCG average of 77% and the national average of 88%.
- There was a lead GP who regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and ensured advanced care planning for patients with dementia.
- A CCG counselling service was offered at the practice for patients experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and information was available in the waiting area.
- 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 in January 2016. The results showed the practice was performing above local and national averages. 295 survey forms were distributed and 127 were returned. This represented a 43% completion rate.

- 78% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 69% and the national average of 73%.
- 93% 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 85% and the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 93% 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 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards, 40 of which were positive about the standard of care received and the professional caring approach from all staff.

We spoke with eight patients during the inspection. All eight patients said they were very happy with their experiences at the practice; they told us all staff provided a professional and caring service.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to identify carers and offer these patients additional support.

Dr Kothari, Dr Nanda, Dr Brezina, Dr Hart and Dr Metcalfe (Also known as The Puzey Family Practice)

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Kothari, Dr Nanda, Dr Brezina, Dr Hart and Dr Metcalfe (Also known as The Puzey Family Practice)

Dr Kothari, Dr Nanda, Dr Brezina, Dr Hart and Dr Metcalfe is also known as The Puzey Family Practice. The practice is located centrally in the town of Rochford in Essex. There are good commuter links with a nearby train station; there is also ample pay and display car parking immediately outside the practice.

The practice is located in a building which is shared with a second practice.

At the time of our inspection the practice had a patient list size of 12,600.

There are four partner GPs; one female and three male as well as three salaried GPs; two female and one male. The nursing team are made up of an advanced nurse practitioner, four nurses, a healthcare assistant and two phlebotomists. The non-clinical team includes a practice manager, a team of receptionists, administrative staff and medical secretaries.

The practice has been a training practice since 2010, one GP is qualified as a trainer, there is also an associate trainer and two GPs enrolled on an associate trainer course. The practice provides training for medical students, GP trainees, F2 doctors and nurses.

The practice is open from 7am to 7pm Monday to Friday and from 8.30am to 11am on Saturdays. Appointments are available throughout these opening hours. In addition, the practice is a member of the local GP Alliance which offers appointments on Saturdays and Sundays at an alternative location.

When the practice are closed, patients are directed to 111 for out of hours services provided by IC24.

The patient demographics are very similar to national averages, the practice has a higher than average deprivation score than the CCG average but lower than average when compared nationally.

Detailed findings

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 5 May 2106. During our visit we:

- Spoke with a range of staff including GPs, nurses and non-clinical staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with 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
- 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 effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or a GP of any incidents, there was a recording form available on the practice's computer system and all staff we spoke with knew how to access this. 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).
- When things went wrong with care and treatment, patients were made aware of the incident. The practice provided reasonable support, an honest account, an apology and told those affected 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 this was a standing item on the agenda of staff meetings to encourage learning.

We reviewed safety records, incident reports, MHRA alerts and patient safety alerts which had been received, recorded and distributed to all clinical staff. Patient safety alerts and medicine alerts were received, recorded on a computerised tracker and distributed to all clinical staff. These alerts were a standing item on the agenda of staff meetings and we saw minutes of these meetings where they were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

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. Detailed, practice specific policies were accessible to all staff via a shared drive on the practice computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

There was a lead GP as well as a deputy lead GP for safeguarding adults and children who had a good awareness of vulnerable patients within the practice. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, one GP was trained to level 5. All other clinical staff received level two training and non-clinical staff received level one training.

- A notice in the waiting room, and in every clinical room, advised patients that chaperones were available if required. Only clinical staff acted as chaperones, these individuals were suitably experienced for the role and had received a Disclosure and Barring Service (DBS) check, in line with the practice policy. (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 visibly clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams within the CCG to keep up to date with best practice. There was an infection control protocol in place, staff had received up to date training and shared new guidance as it became available. Annual infection control audits were undertaken, a new infection control audit was being implemented in line with best practice and we saw evidence that action was taken to address any improvements identified as a result. We saw evidence that issues regarding infection control were regularly discussed at practice meetings.
- 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 medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank

Are services safe?

prescriptions were securely stored and there was a policy and system in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the advanced nurse practitioner and the GPs 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 direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available as well as annual environmental risk assessments. The practice had up to date fire risk assessments and had carried out a recent fire drill. We also witnessed the practice being evacuated efficiently on the day of our inspection due to a nearby incident. 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 and staff were multi-skilled to enable cover to be provided.

Arrangements to deal with emergencies and major incidents

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

- The practice used a computerised patient record system which provided an instant messaging system on the computers in all the consultation and treatment rooms to alert staff to any emergency.
- All staff had received annual basic life support training. There were emergency medicines available in a bag stored in the reception area; this emergency bag was shared with the second practice located in the building. All staff knew of the location of emergency medicines and all the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises which was also shared with the second practice within the building. There was emergency oxygen available with adult and child masks. A first aid kit and accident book were also available.
- 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, local organisations and essential suppliers.

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. Guidelines from NICE were distributed to all staff who used this information to deliver care and treatment that met patients' needs. New guidelines were discussed at staff meetings and changes to care plans were made to ensure patient's received appropriate treatment.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, an audit had been carried out concerning the prescribing of co-proxamol in accordance with new guidance. In response to this, prescribing was stopped and a re-audit showed no patients were taking this medicine as per the recommendation.

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 from 2014/2015 showed the practice achieved 93% of the total number of points available; this was comparable to the CCG average of 90% and the national average of 95%. The practice had overall exception reporting of 7% which was comparable to the CCG average of 7% and the national average of 9%. (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).

Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to local and national averages. For example, 85% of patients on the diabetes register had a

record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015); this was comparable to the CCG average of 85% and the national average of 88%.

- Performance for mental health related indicators was generally above local and national averages, for example 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015), this was above the CCG average of 77% and the national average of 88%.

There was evidence of quality improvement including a comprehensive programme of clinical audit.

- There had been 10 clinical audits completed in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- All GPs were proactive in identifying areas for improvement and shared information to drive improvement in patient outcomes.
- The practice participated in local audits, national benchmarking, peer review and training.
- Findings were used by the practice to improve services. For example, an audit was carried out with regards to antibiotic prescribing and following a re-audit, we saw evidence to show the practice as being one of the best practices within the CCG for antibiotic prescribing.

Effective staffing

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

- The practice had a basic induction programme for all newly appointed staff. This had only recently been implemented and therefore existing staff had not received an induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff had dedicated training sessions with the CCG and took responsibility for their continuous professional development.
- 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

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, training updates 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, protected time to learn through the CCG, 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, infection control, basic life support and information governance. Staff had access to and made use of e-learning training modules, external 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. All staff had a very good understanding of these systems and were able to access information easily.

- 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.

There was a lead GP for palliative care and multidisciplinary care. Meetings took place with other health care professionals, including social services, community matrons and district nurses, on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We received positive feedback from external organisations with whom the practice worked to deliver this multidisciplinary approach.

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. Clinical staff had a good understanding of Gillick competency.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 82%, which was slightly lower than the CCG average of 87% and comparable to the national average of 82%. There was no policy to offer additional telephone reminders for patients who did not attend for their cervical screening test; the practice relied on the central organisation to remind patients. When we discussed this with the practice, staff were very receptive to trialling a reminder service to increase 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example:

- The percentage of childhood PCV vaccinations given to under one year olds was 97% compared to the CCG percentage of 97%.
- The percentage of childhood PCV booster vaccinations given to under two year olds was 99% compared to the CCG percentage of 97%.

Are services effective?

(for example, treatment is effective)

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. The healthcare assistant carried out these health checks and appropriate follow-ups for the outcomes were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were kind, 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.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We witnessed staff communicating with patients in a way to ensure their dignity was respected.

Almost all of the 41 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was always respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients said the GP was good at listening to them compared to the CCG average of 84% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 96% 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%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that clinical staff were very thorough when explaining any treatment options and they felt involved in decisions about their care. They also told us they felt listened to and supported by all staff and always 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.

Results from the national GP patient survey, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% 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 to the CCG average of 87% 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.
- A hearing loop was available in the reception area.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of local and national support groups and organisations. Information about a variety of support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 114 patients as carers which represented 0.9% of the practice list. These patients were routinely offered a flu vaccination. Additional

information was available to carers, upon request, providing details of support organisations and additional services. The practice acknowledged that they could offer additional support or services to carers.

Staff told us that if families had suffered bereavement, the duty GP contacted them directly by telephone to offer help, advice or support as required as well as an opportunity to make an appointment for a consultation.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One of the GP partners is a GP board member with the CCG and regularly raises practice level issues with external organisations.

- The practice offered early morning appointments from 7am and evening appointments until 7pm, Monday to Friday, for patients who could not attend during normal opening hours.
- The practice also offered appointments on Saturdays between 8.30am and 11am and was signed up to the local GP Alliance which offered patients weekend appointments at an alternative location.
- Walk in appointments were available between 7am and 8am on weekdays and between 8.30am and 11am on Saturdays.
- Walk in appointments were available for flu vaccinations to encourage uptake of this service.
- There were longer appointments available for patients with a learning disability. These patients were offered health checks either at the practice or at home.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice accepted all requests for home visits as there was a dedicated duty GP for this purpose.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. The practice was also a Yellow Fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- Additional services were offered to patients registered at the practice, these included counselling services provided by the CCG as well as practice funded services such as Doppler vascular assessments, 24 hours blood pressure monitoring and a free acupuncture service. Smoking cessation advice was offered to patients by the healthcare assistant.

Access to the service

The practice was open between 7am and 7pm Monday to Friday and between 8.30am and 11am on Saturdays. Appointments were available throughout these hours. In addition to pre-bookable appointments that could be booked up to six weeks in advance and walk in appointments, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% 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 and were very satisfied with the range of opening hours.

The practice accepted all requests for home visits and had a dedicated duty GP to carry out these visits. There was a system in place to triage the visits to prioritise the importance of the home visit and to assess the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. All 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, this information was contained within a practice leaflet and a specific complaints leaflet as well as on the practice website.
- There had been no complaints escalated beyond practice level in the last five years.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice routinely recorded verbal complaints as well as written complaints.
- Complaints were a standing item on the agenda of staff meetings for discussion amongst all staff.

We looked at ten complaints, both verbal and written, received in the last 12 months and found these were recorded in detail and responded to in a timely and professional way. Apologies were given when appropriate

and patients were made aware of actions taken to improve the situation. Complaints were routinely discussed at time to learn meetings. Lessons were learnt from individual concerns and complaints and also from an analysis of trends. Actions were taken as a result of complaints to improve the quality of care, for example changes to the way information was recorded were implemented to encourage accurate sharing of information.

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; 'to offer a caring, quality, professional service accessible to all patients'. This statement was clearly displayed in the waiting and reception areas. This mission statement had been agreed and implemented following a whole practice meeting to encourage all staff to feel ownership and to promote understanding.
- Although there was no business plan in place, we saw evidence of future plans being regularly discussed and documented at staff meetings.

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 as well as the roles and responsibilities of others.
- Detailed practice specific policies were implemented and were available to all staff on the practice computer system.
- A comprehensive understanding of the performance of the practice was maintained through locally and nationally acquired data. The practice was aware of areas for improvement and took actions to implement change.
- A robust programme of continuous clinical and internal audit was used to monitor quality and to make improvements, all staff were engaged with this programme and results were discussed.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. All staff shared the responsibility of identifying such risks and alerting management as required.

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. We witnessed a professional approach to the running of the

practice and all staff were well respected. 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, they also told us how happy they were to work within a strong, dedicated team.

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 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.

- Staff told us the practice held monthly team meetings which were open to all staff. These meetings had several standing items on the agenda to ensure subjects such as significant events, safety alerts and complaints were always discussed.
- 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. Staff told us they were able to discuss concerns on an ad-hoc basis with any GP and the practice manager who were all open to suggestions and feedback.
- Staff told us they felt involved and engaged to improve how the practice was run. There was a strong team approach within the practice which encouraged staff to spend social time together. In addition the practice held a Christmas lunch every year to which staff, the PPG and external organisations were invited.
- Staff said they felt respected, valued and supported, particularly by the partners and the practice manager. All staff were involved in regular discussions about how

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG suggested the practice purchased chairs for the waiting room with arms to assist older patients who found it hard to stand without support; the practice

implemented this suggestion and received positive feedback. Although the PPG had not conducted a survey, the practice had done, for example a survey was carried out to seek patient's opinions on extended hours.

- The practice had gathered feedback from staff through appraisals, staff meetings and on an on-going, day to day basis. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and felt supported in doing so.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. All staff felt passionate about providing training to medical students, doctors and nurses and were driven to grow this provision in the future.