

Tudor 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	

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Tudor Surgery on 17 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients were positive about the standard of care they received and about staff behaviours. They said staff were supportive and caring and that their privacy and dignity was respected.
- Information about services and how to complain was available and easy to understand.

- Patients gave a mixed response about access to the practice and appointments. However, all patients were positive about access to urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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 improvements are:

- Ensure that all staff employed are supported by a formal induction process, are receiving appropriate supervision and appraisal and completing the essential training relevant to their roles. This includes infection control, health and safety and fire safety.
- Ensure the plans of action in place to resolve issues identified by the health and safety and fire safety risk assessments are fully completed.

- Ensure a robust process is in place to update and renew Disclosure and Barring Service checks (DBS checks) on staff or for the practice to assure itself that accepting dated checks on its staff from their previous employers does not put its patients at risk.
- Take steps to improve access to routine pre-bookable appointments and access to the practice by telephone.
- Take steps to ensure that in future National GP Patient Surveys the practice's areas of below local and national average performance are improved.

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

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.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed.

Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for most staff. A programme was in place to ensure all staff were appraised by March 2016.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.

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 in line with or above local and national averages for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good







 We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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.
- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice in line with local and national averages for several aspects of access and worse for others. For example, patients' satisfaction with the practice's opening hours was in line with the local and national averages, but being able to see or speak with a preferred GP was worse than average. There was a mixed response from the patients we spoke with or who left comments for us about access to the practice and appointments. Some said access to the practice by phone was reasonable and they were able to get appointments when they needed them. Others said getting through to the practice by phone could be difficult and there could be a considerable wait for pre-bookable appointments. However, all of the patients we spoke with or who left comments for us were positive about access to same day and urgent appointments at the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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.

Good





- · 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action
- The practice sought feedback from staff and patients, which it acted on. The virtual Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- Older people had access to targeted immunisations such as the flu vaccine.
- Two GP partners completed regular visits to local nursing homes to ensure continuity of care for those patients.

People with long term conditions

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

- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 93% of the points available compared to the CCG average of 91% and the national average of 89%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- Longer appointments and home visits were available when needed
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

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. Good



Good





- 80% of patients with asthma, on the register, had a review in the preceding 12 months. This was comparable to the CCG average of 76% and the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85% which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.

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.
- The practice offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was additional out of working hours access to meet the needs of working age patients. There was extended opening once a week on various days from Monday to Thursday in rotation until 8pm.

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.
- The practice offered longer appointments for patients with a learning disability and there was a GP lead for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good





- 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 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.
- Additional information was available for patients who were identified as carers and there was a nominated staff lead for these patients.
- A non-denominational lay Chaplain was based at the practice on Monday every week. This was intended as an informal and accessible counselling and befriending service for patients to use if they required it.

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).

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was higher than the CCG average of 85% and the national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national averages. The practice achieved 89% of the points available compared to the CCG average of 96% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Mental health trust well-being workers and NHS counsellors were based at the practice every week.



What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing in line with local and national averages in most areas. There were 273 survey forms distributed and 113 were returned. This represented slightly less than 2% of the practice's patient list.

- 70% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 88%, national average 85%).
- 84% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 83%, national average 78%).

We asked for CQC comment cards to be completed by patients prior to our inspection. We received seven comment cards. We also spoke with 10 patients during the inspection. From this feedback we found that patients were positive about the standard of care received. Patients said they felt staff were polite, supportive and helpful and that their privacy and dignity was respected. They told us they felt listened to by the GPs and involved in their own care and treatment.

Comments about getting through to the practice on the phone and access to appointments were more mixed. Some said access to the practice by phone was reasonable and they were able to get appointments when they needed them. Others said getting through to the practice by phone could be difficult and there could be a considerable wait for pre-bookable appointments. However, all of the patients we spoke with or who left comments for us were positive about access to same day and urgent appointments at the practice.



Tudor 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 acting as a specialist adviser.

Background to Tudor Surgery

Tudor Surgery provides a range of primary medical services from its premises at 137 – 139 Bushey Mill Lane, Watford, Hertfordshire, WD24 7PH.

The practice serves a population of approximately 6,500 and is a teaching practice. The area served is less deprived compared to England as a whole. The practice population is predominantly white British with some Asian and central and eastern European communities. The practice serves an above average population of those aged from 5 years to 9 years and 35 years to 49 years. There is a lower than average population of those aged from 20 years to 29 years.

The clinical team includes two male and two female GP partners, one female salaried GP, two practice nurses, one locum nurse, one healthcare assistant and a phlebotomist (specialised clinical support workers who collect blood from patients for examination). The team is supported by a practice manager and 11 other administration, reception and secretarial staff. The practice provides services under a General Medical Services (GMS) contract.

Tudor Surgery is staffed with the phones lines and doors open from 8.30am to 6.30pm Monday to Friday. Between 1pm and 2pm the doors to the practice close but the phone lines remain open. There is extended opening once a week on various days from Monday to Thursday in rotation until 8pm. Appointments are available from

approximately 9am to midday and 4pm to 6pm daily, with slight variations depending on the doctor and the nature of the appointment. An out of hours service for when the practice is closed is provided by Herts Urgent Care.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 17 February 2016. During our inspection we spoke with a range of staff including two GP partners, one practice nurse, the practice manager and members of the reception and administration team. We spoke with 10 patients and two representatives of the virtual Patient Participation Group (the vPPG is an online group of patients who work with the practice to discuss

Detailed findings

and develop the services provided). We observed how staff interacted with patients. We reviewed seven CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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 COC 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.

- The staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of significant events. These were managed consistently over time.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following an incident of misunderstanding and miscommunication between staff and subsequently a patient, the practice had reviewed and amended its protocol, training content and advice to patients for those presenting with symptoms requiring urgent attention.

When there were unexpected safety incidents, patients received reasonable support, adequate information and were told about any actions to improve processes to prevent the same thing happening again.

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 were lead members of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their roles. GPs were trained to an appropriate level to manage safeguarding concerns.
- Notices around the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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 saw the practice was visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. One of the GP partners was the infection control 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 the clinical staff had received up to date training. A programme was in place to ensure all staff completed the training by March 2016. All the staff we spoke with were knowledgeable about infection control processes relevant to their roles. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a system in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable healthcare assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification (required for staff to obtain a practice photo card), satisfactory evidence of conduct in previous employment, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS checks). However, when we looked at the details of the DBS checks for all the clinical staff, we saw that some were



Are services safe?

from previous employers and completed up to 12 years ago. There was no risk assessment or process in place for the practice to assure itself that accepting such checks did not put its patients at risk.

 There were 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 consequence of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

• There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice carried out fire drills and had health and safety and fire risk assessments in place. Where actions were identified plans were in place to resolve these, although some actions were overdue completion. We saw that all staff were required to complete health and safety and fire safety training. Our review of records showed that most staff had not completed the training. A programme was in place to ensure all staff completed the training by March 2016 and an external trainer was booked to complete part of this on 18 March 2016. 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

- (COSHH) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). For these assessments, where risks were identified the practice responded by completing all the necessary actions and maintained records to demonstrate this.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency.
- All staff had received basic life support training.
- The practice had a defibrillator and emergency oxygen with adult and child masks available on the premises.
 These were regularly tested to ensure they were fit for use.
- 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.
- 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 to use.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

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 showed the practice achieved 97% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national averages. The practice achieved 93% of the points available compared to the CCG average of 91% and the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 83% of the points available, with 2% exception reporting, compared to the CCG and national average of 84%.
- Performance for mental health related indicators was similar to the CCG and national averages. The practice achieved 89% of the points available compared to the CCG average of 96% and the national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been 14 clinical audits completed in the last two years. All of these were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit of the care for patients with impaired glucose regulation was completed because good management of these patients could prevent or delay the onset of type two diabetes. By analysing the results and modifying its approach to the recall and dietician referral of these patients, the practice increased the amount of patients receiving blood glucose assessments, lifestyle advice and body mass index (BMI) checks. This reduced the risks to those patients of long-term health complications.

Effective staffing

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

- The practice had an informal induction programme for all newly appointed staff. It covered such topics as basic introductions to practice processes and procedures and working with a more experienced member of staff for a set period of time (shadowing).
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
 Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate role specific training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for

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Are services effective?

(for example, treatment is effective)

revalidating GPs. At the time of our inspection the system of appraisals was behind schedule, but a programme was in place to ensure all staff were appraised by March 2016.

 At the time of our inspection there were gaps in the completion of some essential training (training that each staff member is required to complete in accordance with the practice's own requirements). From our conversations with staff we found that this had not affected their knowledge and understanding in those areas. A programme was in place to ensure that all staff completed the required 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 shared information systems.

- 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 services 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, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place on a quarterly basis. However, communication and joint working between these healthcare professionals was far more regular. These patients' care plans were routinely reviewed and updated.

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.

 We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- A dietician was available at the practice once each fortnight for weight management advice and smoking cessation advice was available from a healthcare assistant.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available.

Childhood immunisation rates for the vaccinations given were slightly better than the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99% and five year olds from 93% to 98%.

The practice participated in targeted vaccination programmes. This included the flu vaccine for children, people with long-term conditions and those over 65. The practice had 1,108 patients aged over 65. Of those 819 (74%) had received the flu vaccine in the 2014/2015 year.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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

We observed that members of staff were courteous and 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

All of the seven patient Care Quality Commission comment cards we received were positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a good service and staff were polite, helpful and supportive and treated them with dignity and respect.

We spoke with two members of the virtual Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients 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 in line with or slightly above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 88% said they found the receptionists at the practice helpful (CCG average 89%, national average 87%).

Care planning and involvement in decisions about care and treatment

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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 in line with or above local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. A signing interpreting service was also available and staff knew how to access this.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting areas informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 78 patients on the practice list as carers. Annual health reviews were available



Are services caring?

for these patients. A dedicated carers' notice board in one of the waiting areas provided information and advice including signposting carers to various support services. Considerable information was also available online (through the practice website) to direct carers to the various avenues of support available to them. One of the GP partners was the practice's carers' lead responsible for providing useful and relevant information to those patients.

We saw that the practice notified staff of all recent patient deaths. From speaking with staff, we found there was no practice wide process for approaching recently bereaved patients. Each GP was responsible for approaching patients individually. The GPs we spoke with said they would always attempt to contact the family of each deceased patient offering an invitation to approach the practice for support.



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.

- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. DESMOND is an NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition.
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. Enhanced services are those that require a level of care provision above what a GP practice would normally provide. As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 103 patients (2% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Two GP partners at the practice completed weekly visits to local nursing homes to ensure continuity of care for those patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible toilet facilities for all patients, a
 hearing loop was provided and translation services were
 available. As there was no lift in the premises, the
 practice provided all but one of its consultation and
 treatment rooms on the ground floor for those patients
 who requested it or who were identified as requiring it.
- The ground floor waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the ground floor treatment and consultation rooms.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.

- Counselling services were available for patients with mental health issues. A mental health trust well-being worker was based at the practice on Thursday every week. Patients could self-refer to these. An NHS counsellor was also available on Thursday every week. Patients could access this service to obtain psychological and emotional counselling and advice through referral from the GPs.
- A non-denominational lay Chaplain was based at the practice on Monday every week. This was intended as an informal and accessible counselling and befriending service for patients to use if they required it.
- There were six week post-natal checks for mothers and their children.
- The practice provided a phlebotomy (the taking of blood) service for its patients.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Between 1pm and 2pm the doors to the practice were closed but the phone lines remained open. The practice offered extended opening hours once a week on various days from Monday to Thursday in rotation until 8pm. Appointments were available from approximately 9am to midday and 4pm to 6pm daily, with slight variations depending on the doctor and the nature of the appointment. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages in some areas and worse in others.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 70% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 46% of patients said they always or almost always saw or spoke to the GP they preferred (CCG average 63%, national average 59%).

The patients we spoke with or who left comments for us gave mixed responses about access to the practice and appointments. Some said access to the practice by phone



Are services responsive to people's needs?

(for example, to feedback?)

was reasonable and they were able to get appointments when they needed them. Others said getting through to the practice by phone could be difficult and there could be a considerable wait for pre-bookable appointments. However, all of the patients we spoke with or who left comments for us were positive about access to same day and urgent appointments at the practice.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

Listening and learning from concerns and complaints

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

• A complaints procedure was available and adhered to.

- There were two designated responsible persons who handled all complaints in the practice. These were the practice manager and one of the GP partners.
- We saw that information was available to help patients understand the complaints system. An overview of the practice's complaints procedure was available on its website. A complaints procedure leaflet was available from reception and notices on how to make a complaint were displayed around the practice.

We looked at the details of five complaints received since April 2015. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice had reviewed its procedures and updated its staff appropriately following a patient not being given a suitable appointment based on their known symptoms.

Are services well-led?

(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 vision statement to treat patients as individuals and be sensitive to their needs, support the training and professional development of its staff and provide a clean, safe environment among other things.
- The monthly partners meeting attended by the GP partners and the practice manager was used to discuss, implement and monitor the direction of the practice throughout the year. This allowed the practice's strategy to evolve and develop over time and the records of these meetings formed the practice's strategic plan.

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. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GP partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the

practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

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 knowing about notifiable safety incidents.

When there were unexpected safety incidents:

- The practice gave affected people reasonable support and truthful information.
- They 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.

- There was a regular schedule of meetings at the practice for individual staff groups and multi-disciplinary teams to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There were some examples of named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with learning disabilities and diabetes. There were also nurse led clinics for patients with asthma and chronic obstructive pulmonary disease. The leads showed a good understanding of their roles and responsibilities and with the exception of infection control, all staff knew who the relevant leads
- Systems of staff appraisal and essential training (training that each staff member is required to complete in accordance with the practice's own requirements) were



Are services well-led?

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

in place. However, at the time of our inspection both were behind schedule, but a programme was in place to ensure all staff were appraised and appropriately trained by March 2016.

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 virtual Patient Participation Group (the vPPG is an online community of patients who work with the practice to discuss and develop the services provided) and through surveys and complaints received. The vPPG assisted in analysing patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had distributed a patient survey in October and November 2015. From the responses received, the vPPG had worked with the practice to develop priority areas including improving patient access to the practice by phone. We found the practice had employed an additional morning receptionist in February 2016 to assist in providing improved access for patients by phone at peak times.

The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and

treatment. The results from October to December 2015 showed that 20 of the 22 respondents were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

The practice had gathered feedback from staff through meetings, discussions and appraisals. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was a GP teaching practice and maintained high standards for supporting its students. The practice was preparing to become a GP training practice and one of the GP partners was a qualified GP trainer. The practice management demonstrated forward planning in preparing for the additional consultation space required to accommodate GP trainees and we saw that building work was being completed to that effect.

Through strategic monitoring the practice was aware of and acted on the need for additional resources in its nursing and administration teams. Throughout 2015 the practice had employed an additional nurse, a phlebotomist (specialised clinical support workers who collect blood from patients for examination) and an assistant practice manager to diversify and increase the capacity and resources within those teams.