

# The Jacey 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 The Jacey Practice on 18 March 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 and had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses, however actions needed to be documented for all concerns reported.
- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. There was an effective system in place for reporting and recording significant events and incidents and lessons were shared with staff to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse and staff were aware of their role and responsibilities in relation to safeguarding children and vulnerable adults. Staff were able to explain how safeguarding concerns were raised and dealt with and gave examples of outcomes. We saw one occasion where this had not been recorded. Systems were in place to ensure the safe storage of vaccinations and evidence to demonstrate that checks were undertaken to monitor the vaccines. Minor surgical procedures were carried out and the practice had robust and effective infection control procedures in place. Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services. The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The practice provided enhanced services which included personal health and advanced care planning. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and patients' needs and care were planned and delivered in line with current evidence based guidance.

The practice was proactive in completing clinical audits that demonstrated quality improvement. There was evidence that clinical audits were effective in improving outcomes for patients. The practice was proactive in ensuring staff learning needs were met and staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had recently had staff shortages due to a lack of nurses; however for continuity of service the practice had used agency staff for nursing procedures. A new nursing team leader was due to commence at the end of March 2016 and two nurses were commencing at the beginning of April 2016.

Good



# Summary of findings

There was evidence of induction plans, appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams in managing the needs of patients with long term conditions and complex needs.

## Are services caring?

The practice is rated as good for providing caring services. Data from the national GP patient survey results published in January 2016 showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

The practice offered flexible appointment times based on individual needs and we saw evidence of how the practice had responded to the needs of vulnerable patients with compassion and empathy.

Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

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 (CCG) to secure improvements to services where these were identified. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take review and commission local health services.

The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice provided an anti-coagulation service and patients could have their blood tests, medication dosage checks and reviews completed at the practice. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff at monthly meetings.

Good



# Summary of findings

## 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 meetings with the practice team. The practice closed for one hour every month to ensure that all staff were able to participate in the staff meeting. 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 was taken. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. The PPG was promoted in the waiting room and invited patients to join. There was a strong focus on continuous learning and improvement, for example one of the GPs was doing a leadership course and the practice worked closely with other practices and the local Clinical Commissioning Group.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for dementia and end of life care. The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required. Patients over 75 years of age were offered an annual face to face review with a GP and all patients had a named GP. The practice worked closely with multi-disciplinary teams so patients conditions could be safely managed in the community and with local pharmacies to support the provision of blister packs for medicines.

The practice was taking part in the Delivering Excellence in Solihull programme which incorporated elements of hospital admission avoidance and other local priorities. The practice used the urgent care dashboard IT system to monitor the patients on their unplanned admissions list, which were discussed at weekly clinical meetings. The practice worked closely with local pharmacies to support the provision of blister packs for medication and the practice telephone system had a priority bypass option for care home staff, ambulance crews and hospitals that required urgent information.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Due to the lack of nursing staff, the doctors had taken on some of the long term condition monitoring to support the agency nurses they had temporarily employed. One of the GPs had a specialist interest in diabetes and the practice did insulin initiation and monitoring. The practice ran an anti-coagulation clinic service for their patients and also carried out DMARD monitoring for patients on methotrexate and other associated medication. (DMARD monitoring involves a series of tests to check patients for adverse effects). With many of these medicines regular blood and/or urine monitoring is required to check for adverse effects on the liver, immune system etc.

Longer appointments and home visits were available when needed. All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs

Good



# Summary of findings

were being met. For those patients with the most complex needs, alerts were added to the patients records and the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice had some children with long term and life limiting conditions and worked closely with the community children's nurses. Immunisation rates were high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

The practice carried out an access audit with patients at the branch surgery to identify patients' preferences to appointment times with the increase of housing developments.

The practice's uptake for the cervical screening programme was 82% which was in line with the national average of 82%. The practice offered a full range of family planning services, including implants. The practice used a telephone triage system for patients who required advice; children were seen the same day if requested. Appointments were available outside of school hours. The premises were suitable for children and babies. The practice held nurse-led baby immunisation clinics and vaccination targets were in line with the national averages. We saw positive examples of joint working with midwives and health visitors and the midwife ran an ante natal clinic at the practice on a weekly basis.

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. The practice was proactive in offering online services such as appointment booking and repeat prescriptions services and telephone consultations, as well as emails and a contact form was available on the practice website, Facebook and Twitter for patients to use to request further information or contact with a GP. A full range of health promotion and screening that reflected the needs for this age group was also available. The practice offered Saturday morning appointments. It provided a health check to all new

Good



# Summary of findings

patients and carried out routine NHS health checks for patients aged 40-74 years. The practice provided an electronic prescribing service (EPS) which enables GPs to send prescriptions electronically to a pharmacy of the patient's choice.

## 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. We saw that there were 36 patients on the learning disability register; 20 of these patients had received an annual health check. The practice had a system in place to monitor when patients required their annual review, which was updated on a quarterly basis. The practice supported a local home that had 12 residents with learning disabilities. The practice held a register of carers and had 107 carers registered. Information about local services was available in the waiting room. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations and there was a system in place to identify patients who required additional support and extra time during appointments. Staff had received safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## 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). There were 42 patients on the dementia register and 40 had had their care plans agreed in a in the last 12 months. All the GPs were dementia friends and dementia screening was offered during flu clinics. The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact. We saw that there were 60 patients on the mental health register, 33 had had care plans agreed and the remaining patients were being invited to attend reviews. Patients experiencing poor mental health were signposted to various support groups and voluntary organisations. Staff had a good understanding of how to support patients with mental health needs and dementia and had access to psychological support through Solihull Healthy Minds (IAPT) and also had a

Good





## Summary of findings

counselling service available for all patients based at the branch surgery. The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing well above local and national averages. There were 295 survey forms distributed and 107 were returned. This represented a 36% completion rate.

- 89% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 93% described the overall experience of their GP surgery as good (CCG average 83%, national average 85%).
- 93% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection process we asked for CQC comment cards to be completed by patients prior to our

inspection. We received 28 comment cards. Patients commented on how the quality of care was excellent and how they were treated with dignity and respect. Patients said staff acted in a professional and courteous manner and described how having a duty doctor available to speak too both morning and afternoon worked effectively. Patients commented on how clean the practice was and the reception staff were polite and caring.

On the day of the inspection we spoke with four patients including two members of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. All of the patients told us that they were involved in their care and staff took time to explain their treatment. During October the PPG asked patients to complete the Family & Friends questionnaire which included a few additional questions. In total 151 forms were completed. The result was 95.4% of patients said they were “extremely likely” or “likely” to recommend the practice to others

# The Jacey 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 advisor and a practice manager specialist advisor.

## Background to The Jacey Practice

The Jacey Practice has two sites, one in Solihull and a branch surgery in Dickens Heath, during this inspection we did not visit the branch site. The practice is situated in a purpose built building which is shared with another GP practice and pharmacy. The practice provides primary medical services to approximately 9700 patients in the local community. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some directed enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The practice runs an anti-coagulation clinic for the practice patients and a full range of family planning including implants. The branch practice is also an accredited yellow fever vaccination centre and can offer this service to both the practice patients and the local population.

There are six GP partners (three male, three female). The practice is a teaching practice for the University of Warwick Medical School and also teaches medical students from Kings College and University College, London and Oxford.

The nursing team consists of a nursing team leader, who is a nurse prescriber and two practice nurses. The non-clinical team consists of administrative and reception staff, a practice manager and office manager.

The practice serves a higher than average population of children. The area served has lower deprivation compared to England as a whole and ranked at ten out of ten, with ten being the least deprived.

The practice is open to patients between 8.30am and 6.30pm Monday to Fridays and offers a Saturday morning surgery at the branch site from 9am to 11.30am. Emergency appointments are available daily. Every weekday morning the practice has a duty GP available who deals with urgent requests for appointments and queries which cannot be dealt with by reception. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. The out of hours service is provided by NHS 111 service and information about this is available on the practice website, patient leaflet and telephone line.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 38 member practices. The CCG serve communities across the borough, covering a population of approximately 238,000 people. A CCG is an NHS organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

GPs within Solihull have formed a local federation called Solihealth. This enables practice to share some costs and bid for local services that become available. One of the GPs at the practice is the chair of this federation.

# Detailed findings

## 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 inspecting, 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 inspection on 18 March 2016. During our inspection we:

- Spoke with two GPs, a trainee GP, nursing team leader, practice manager, office manager and two reception/administrative staff.
- Spoke with two patients and observed how staff interacted with patients.

- Reviewed 28 comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from two members of the patient participation group and also spoke with the PPG chair by telephone before the inspection for their feedback.

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

The practice had procedures and policies in place to record and learn from incidents and events.

- There was a significant event policy in place and staff would complete a significant event record form if they needed to report an issue. The event would be discussed at a monthly meeting with all staff. The practice had recorded five significant events in the past 12 months. From the examples we reviewed we saw that the practice acted appropriately.
- The practice carried out a thorough analysis of the significant events. Senior staff understood their roles in discussing, analysing and learning from incidents and events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient received an injection, but this was not documented in the patient's record. This was discussed at the clinical meeting and highlighted the importance of appropriate documentation.
- When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology 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 and contact information was clearly displayed on staff noticeboards. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. For example, GPs

were trained to level 3 in safeguarding children and adults. During the inspection we found a safeguarding concern that had been reported to one of the GPs, this had not been recorded appropriately, but we saw evidence that appropriate action had been taken to minimise any risk to the patient and the recording procedures had been discussed with all staff.

- A notice behind reception advised patients that chaperones were available if required and we also saw notices displayed in the consulting rooms. 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 observed the premises to be clean and tidy. The practice liaised with the local infection prevention teams to keep up to date with best practice and the newly appointed nursing team leader was the infection control lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that Solihull CCG had completed an audit with the practice in March 2016, the practice scored 99%.
- All single use items were stored appropriately and were within their expiry date. Equipment was appropriately cleaned when used and logs were completed. Spillage kits were available and clinical waste was stored appropriately and securely and was collected from the practice by an external contractor.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and security of medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use. The new nursing team leader had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Mentorship and support was offered from the medical staff for this extended role.

## Are services safe?

- We reviewed three 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.
- 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 result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and fire drills were carried out once a year. Fire alarms were inspected on a quarterly basis the last inspection was in March 2016, the alarms were also tested weekly. Emergency lighting checks were done every six months; the last one was completed in March 2016. All fire equipment was checked by an external contractor on an annual basis. All electrical equipment was checked in January 2016 to ensure the equipment was safe to use and clinical equipment was calibrated in January 2016 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 electrical installation condition (the last review was carried out in September 2015) and legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). The latest legionella testing was carried out in July 2015.

- 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 that enough staff were on duty and staff were shared across the group if required to ensure adequate staffing levels were maintained. Staff had a flexible approach towards managing the day to day running of the practice and team leaders would also provide cover as and when needed.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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 also kept medicine to treat anaphylaxis (severe, potentially life-threatening allergic reaction) in all of the treatment rooms.
- 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. A copy of the plan was kept in the administration office and additional copies were held off site by the managers and senior GP partner. In the event of an emergency the premises of the branch surgery in Dickens Health could be used.

# 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on accident and emergency attendance, emergency admissions to hospital, outpatient attendance. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- The practice nurses had lead roles in chronic disease management for example, diabetes and asthma and patients at risk of hospital admission were identified as a priority.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.1% of the total number of points available with 8% 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). Data from 2014/2015 showed:

- The overall performance for diabetes related indicators was higher than the CCG and national average. The

practice had achieved 99.9% of the total number of points available, with an exception reporting rate of 10%, compared to 96.2% CCG average and 94.8% nationally.

- The percentage of patients with hypertension having regular blood pressure tests was in line with the CCG and national average. The practice had achieved 82.08% of the total number of points available, compared to 82.68% CCG average and 83.65% nationally.
- Performance for mental health related indicators was higher than the CCG and national average. The practice had achieved 97.7% of the total number of points available, with an exception reporting rate of 9.4% compared to 90.7% CCG average and 88.3% nationally.

The practice maintained a register for carers, patients requiring end of life care, patients with a learning disability, mental health condition and patients with a cancer diagnosis.

Clinical audits demonstrated quality improvement and the practice participated in local audits, national benchmarking, peer review and research.

- We reviewed two audits where the improvements made were implemented and monitored. For example, an audit was completed of patients who had been prescribed blood thinning medication in the last three months and whether they had a recent blood test. The audit resulted in three patients being identified who required their routine check. The practice will continue to perform this audit every three months to ensure warfarin prescribing is safe.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety, basic life support and information governance.
- The practice could demonstrate how they ensured role-specific training and updates for relevant staff, for example, for those reviewing patients with long-term conditions. 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



# Are services effective?

## (for example, treatment is effective)

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding; fire procedures; basic life support; infection control and information governance awareness. Staff had access to in-house training and were encouraged to take part in training delivered by external organisations.
- The practice had a clear system in place to support and manage medical students. The practice had a nominated GP trainer in place and all students received weekly GP tutorials.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and safeguarding concerns were discussed and care plans were routinely reviewed and updated at these meetings, the last meeting was held in February 2016.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

### 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, homeless people, those at risk of developing a long-term condition and those requiring advice on their diet, access to exercise programmes and smoking and alcohol cessation. Where appropriate patients were signposted to the relevant service.
- The practice had an electronic information screen available which promoted health education, for example keep warm, keep well, which encouraged patients to keep warm during the winter months to avoid influenza.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 81.83%.
- The practice had achieved 76.9% for breast cancer screening in the last 36 months of females aged 50-70 years, which was higher than the national average of 72.2%.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for two year olds and under was 94.3% to 99.2%, and five year olds from 89.1% to 93.3%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40-74 years. New patients to the practice completed a questionnaire during new patient registration and were offered health checks. Appropriate follow-ups on 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 members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Partitions 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 and room to discuss their needs.

We received 28 CQC patient comment cards and they were all 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 received feedback from two members of the patient participation group. 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 and provided support when required.

Results from the national GP patient survey published in January 2016 showed overall patients felt they were treated with compassion, dignity and respect. The practice scored higher in comparison to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 95% said the GP gave them enough time (CCG average 87%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).

- 93% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey results 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 local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. The practice also had a hearing loop available for patients who had difficulty hearing.

### Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 107 patients as carers, which represented 1.1% of the practice patient list. The practice had a system in place for all new patients to identify themselves as carers when registering.

We spoke with one patient who had needed extra support and care and told us that the practice had been very supportive, kind and regularly monitored her needs and offered first class care.

## Are services caring?

There was information available in the waiting room on how to access the Samaritans and Macmillan cancer 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. For example, the practice offered an anti-coagulation service and patients could have their blood tests, medication dosage checks and reviews completed at the practice.

- The practice offered extended hours on a Saturday morning for working patients who could not attend during normal opening hours.
- 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.
- Same day appointments were available for children and those with serious medical conditions.
- A duty GP was available each morning to offer advice and assess patients who required urgent appointments.
- Patients were able to receive travel vaccinations available on the NHS and the branch practice was an accredited yellow fever vaccination centre.
- There were disabled facilities and translation services available. There was a hearing loop available and the practice had systems in place to identify patients who required assistance.
- There was good access into the practice for wheelchairs and prams for example an automated door and ramp into the building.
- Staff were aware of the need to recognise equality and diversity and acted accordingly.
- The practice used notes and reminders on patient records to alert staff of patients with known visual, physical or hearing impairments.
- The practice had baby changing facilities, space for prams, suitable waiting areas for children and a room would be offered if a baby required feeding.
- There were electronic check-in kiosks available for patients.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments with a GP were from 8.30am to 1.10pm every day and from 3.30pm to 6.10pm. In

addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments and telephone consultations with a GP were also available for people that needed them. A duty GP was available each morning to offer advice to patients and assess patients that required urgent same day appointments. Extended hours were offered on a Saturday morning at the branch surgery from 8.30am to 11.30am for patients who were unable to attend the surgery during the week.

Due to new housing developments near the branch surgery the practice carried out an appointment access survey with patients to review current availability and plan new services to meet patients' needs.

Results from the national GP patient survey results published in January 2016 showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages.

- 84% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 95% of patients said the last appointment they got was convenient (CCG average 92%, national average 92%)
- 64% of patients said they usually get to speak to their preferred GP (CCG average 55%, national average 59%).

### Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The locality 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 available on the practice website and information was displayed in the waiting area.

We looked at five complaints received and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency with dealing with complaints. Apologies were offered to patients when

# Are services responsive to people's needs?

(for example, to feedback?)

required. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care and discussed with all staff at monthly meetings.

# 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 and staff knew and understood the values.
- The practice had a robust strategy which reflected the vision and values and were regularly monitored.

### 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
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff had lead roles and they prioritised safe, high quality and compassionate care. As part of the CCG plans to improve standards in healthcare, one of the GPs had taken part in the development of a leg ulcer service for the local community. 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.

The practice 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 or unintended safety incidents:

- The practice gave affected people reasonable support and a verbal and written apology.
- 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.

- The whole practice met as a team once a month and the clinical team met weekly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at departmental meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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), Friends and Family Test results and through comments and complaints received. The practice liaised with the PPG for their input, for example, the PPG had designed the practice website
- The practice had gathered feedback from staff through appraisals and regular staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

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

## Are services well-led?

Good 

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

The practice has signed up to a new local CCG pilot project for multi-disciplinary team meetings that will bring together mental health services, community matrons and social services to improve communication and patient outcomes.