Northdown Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Northdown Surgery on 23 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said it was sometimes difficult to get through to the practice by telephone and to make an appointment with a GP. The practice was aware of this and after consultation with the patient participation group (PPG) and patients, were taking action. Urgent appointments were available on the same day for patients that needed them.
- Data from the national GP patient survey showed patients showed the practice was below local and national averages in some aspects of care. The practice was aware of these results and through consultation with the patient participation group (PPG) and patients, had formulated an action plan. The practice was in the process of implementing some of these actions at the time of the inspection.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The management structure had been recently restructured, including two joint practice managers, to reflect the changing needs of the practice. New lead roles had been created and staff felt supported by the new management team.
- The practice was responsive to the needs of older patients and gave equal importance to patients' emotional and social needs alongside their physical

Summary of findings

and health requirements. The practice had collaborated with the local clinical commissioning group (CCG) in two projects aimed at improving outcomes for this patient population group.
- The practice were proactive in identifying and supporting carers and had 330 patients recorded on the carers register (3% of the practice list).
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice team had recognised that it faced challenges linked with recruiting clinical staff and delivering services in an area that had a high prevalence of patients living in deprived circumstances. In response the practice was forward thinking and part of several local and national pilot schemes to improve services and outcomes for patients in the area.

The areas where the provider should make improvements are:

- Continue to improve systems and processes to monitor and recall patients with long-term conditions including diabetes, asthma and dementia.
- Continue to promote national screening programmes to help improve outcomes for patients.
- Continue, with the support of the patient participation group (PPG), to review and improve patients' experience of the service, including in areas such as telephone access and access to GPs.
- Continue to review the staff appraisal systems to help ensure all staff receive regular support.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to help keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the national average in some areas of care. The practice had recognised there were areas requiring improvement including diabetes, asthma and dementia care and had developed a new management structure with lead roles in the nursing team and QOF review to drive improvement.
- 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.
- Most of the staff had received an appraisal in the last 12 months; however, there were some gaps. The new practice managers were aware of this and were in the process of implementing a new appraisal cycle whereby all staff would be appraised in October every year to help ensure all staff received regular appraisals.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients showed the practice was below local and national averages in some aspects of care. The practice was aware of these results and through consultation with the patient participation group (PPG) and patients, had formulated an action plan. The practice was in the process of implementing some of these actions at the time of the inspection.
- Information for patients about the services available was easy to understand and accessible. The practice website had a translate page.
- The practice were proactive in identifying and supporting carers and had 330 patients recorded on the carers register (3% of the practice list).
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice had collaborated with the local CCG on two projects aimed at improving outcomes for older patients
- Patients said it was sometimes difficult to get through to the practice by telephone and to make an appointment with a GP. The practice was aware of this and after consultation with the patient participation group (PPG) and patients, were taking action. Urgent appointments were available on the same day for patients that needed them.
- 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.
- Patients had access to physiotherapy and counselling services on site (these services were delivered by two local healthcare providers).

Are services well-led?

Good

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

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The management structure had been recently reviewed to reflect the changing needs of the practice and its patients. New lead roles had been created and staff felt supported by the new management team.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active and told us they were aware of some of the issues at the practice and had been consulted and involved in formulating action plans to address them.
- There was a focus on continuous learning, improvement and progression at all levels within the practice.
- The practice team had recognised that it faced challenges linked with recruiting clinical staff and delivering services in an area that had a high prevalence of patients living in deprived circumstances. In response the practice was forward thinking and part of several local and national pilot schemes to improve services and outcomes for patients in the area.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients and gave equal importance to patients' emotional and social needs alongside their physical and health requirements. The practice had collaborated with the local clinical commissioning group (CCG) to run a Primary Care Visitor project to help support patients to remain in their own homes. Patients with enhanced needs were offered home visits and urgent appointments.
- The practice took part in a project in 2014/15, funded by the CCG to provide support and care to patients living in care homes. The practice used funding from this project to purchase equipment for five care homes and employ a paramedic practitioner who provided care for patients and training for care home staff aimed at improving outcomes for patients. A patient 'deterioration tool' was developed from this which was used by local care homes to help identify and monitor patients at risk of deteriorating health.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were slightly lower when compared to local and national averages. The practice had recognised the management of long-term conditions was an area that required improvement and at the time of the inspection the practice had begun to implement a program of improvements.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 78%, which was slightly below the CCG average of 83% and the national average of 82%. The nursing team had recognised this and had instigated several measures to promote the screening programme within the practice, including a designated notice board in the patient waiting room.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age patient 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 as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provided a telephone triage clinic for patients who may not be able to attend the practice during working hours.
- The practice offered Saturday morning clinics from 8am to 12.30pm for patients who could not attend during normal working hours.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages in some aspects of care. Three hundred and seven survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

- 23% of respondents found it easy to get through to this practice by telephone compared to the clinical commissioning group (CCG) average of 55% and the national average of 73%.
- 54% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 54% and the national average of 76%.
- 68% of respondents described the overall experience of this GP practice as good compared to the CCG average of 81% and the national average of 85%.
- 58% respondents of said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

When the inspection team asked the patient participation group (PPG) and practice about the national GP patient survey results being below average, they were aware of issues such as telephone access and appointment waiting times. Members of the PPG had visited the practice during busy times to talk with patients and to obtain their views. Through consultation and partnership the PPG and practice had developed action plans to help address the issues identified from patient feedback. At the time of the inspection the practice was in the process of piloting these actions. For example, a paramedic practitioner had been employed to provide telephone consultations in the morning and home visits in the afternoon to help support GPs and reduce waiting times for patients. Changes had been made to reception rotas to help ensure more staff were available during peak times to answer phones and there were plans to add two more telephone lines. The practice was regularly auditing telephone calls, including the time taken to answer incoming calls.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards, all contained positive comments about the service provided at the practice. Patients commented positively about the courteous, efficient and caring attitude provided by all members of staff. However, 11 of the comment cards also contained some negative points. These views aligned with the GP patient survey results in that getting through to the practice by telephone was difficult during peak times and that it was sometimes difficult to get an appointment with the GP.

We spoke with six patients, including three members of the PPG. They talked positively about the personalised and responsive care provided by the practice, especially during difficult times such as end of life care. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected. The PPG members we spoke with told us they worked in partnership with the practice to improve services for all different patient groups in the practice's patient population.

Areas for improvement

Action the service SHOULD take to improve

- Continue to improve systems and processes to monitor and recall patients with long-term conditions including diabetes, asthma and dementia.
- Continue to promote national screening programmes to help improve outcomes for patients.
- Continue, with the support of the patient participation group (PPG), to review and improve patients' experience of the service, including in areas such as telephone access and access to GPs.
- Continue to review the staff appraisal systems to help ensure all staff receive regular support.

Northdown Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Northdown Surgery

Northdown Surgery provides services from purpose built premises to patients living in Cliftonville, Margate, Kent. The building is on one level and all patient areas are accessible to patients with mobility issues, as well as parents with children and babies. There are approximately 10,800 patients on the practice list. The practice's age range population profile is close to national averages. However, the surrounding area has a high prevalence of people living in deprived circumstances. For example, the practice has more patients in their patient population who are lone parents claiming income support than national averages (practice average 1.7%, national average 1.2%) and more patients claiming out of work benefits (practice average 14%, national average, 9%).

The practice holds a General Medical Service contract and consists of four GP partners (three female and one male). Together the GP partners provide 30 sessions per week. Alongside the GPs there is one paramedic practitioner (female) who provides eight sessions and an advanced nurse practitioner (female) providing six sessions. The practice has successfully recruited another paramedic practitioner to join the team. There are two nurses (female), a primary care visitor (female) one nurse apprentice (female), two healthcare assistants (female) and a phlebotomist (phlebotomists take blood samples).

The practice has undergone significant changes to the management team in the last three years; including the retirement of three GP partners and a change of practice manager. The current GPs and nurses are supported by two practice managers (who have been in post six months) and a team of administration and reception staff. A wide range of services and clinics are offered by the practice including: diabetes, minor surgery and child health/baby clinics. Patients have access to physiotherapy and counselling services on site (these services are delivered by two local healthcare providers).

The practice is open from 8am to 6.30pm Monday to Friday and provides extended hours every Saturday from 8am to 12noon.

An out of hour's service is provided by IC24, outside of the practices opening hours. Information is available to patients on how to access this service at the practice, in the practice information leaflet and on the website.

Services are delivered from: St Anthony's Way, Margate, Kent, CT9 2TR.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 August 2016. During our visit we:

- Spoke with a range of clinical staff including four GPs, the nurse manager, one practice nurse, an apprentice nurse, a primary care visitor, a paramedic practitioner and two healthcare assistants. We also talked with the two practice managers, receptionists, administrators and patients who used the service.
- Observed how reception staff talked with patients, carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to reduce the chance of the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. There were 24 significant events recorded since January 2016, the practice had analysed and learnt from these events in order to help improve safety in the practice. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident involving a patient receiving incorrect information about a test resulted in a staff training session.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner and the nurse manager were joint leads for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs, the advanced nurse practitioner and nurse manager were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. Staff from the nursing team acted as chaperones and had received appropriate training and a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual 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 vaccines, in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Data from the electronic Prescribing and Costs System 2014/15 (ePACT- is a system used to monitor prescription data) showed the practice was prescribing a higher percentage of some antibiotic medicines than local or national averages (practice average 11%, clinical commissioning group (CCG) average 7%, national average 5%). The practice was aware of this and had conducted a two cycle audit. The audit and subsequent action resulted in 199 less patients being prescribed these medicines.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical

conditions. GPs provided mentorship and support for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a Patient Specific Prescription or Direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The management structure had been recently reviewed to reflect the changing needs of the practice. New lead roles had been created such as Information Technology manager, Quality and Outcomes Framework (QOF) manager, nurse manager and reception team lead; both to help ensure enough staff cover and to implement and monitor the practice's rolling improvements program. Staff in lead roles managed rota systems across the practice for all the different staffing groups to help ensure enough staff were on duty. For example, in response to patients' comments about telephone access, members of staff from the administration team had received extra training to enable them to support reception staff during peak times. Three new members of staff had also been recruited to the reception team.

Arrangements to deal with emergencies and major incidents

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 96% of the total number of points available. Data from 01/04/2014 to 31/03/2015 showed:

- Performance for diabetes related indicators was lower in some areas of care when compared to the clinical commissioning group (CCG) average and national average. For example, 83% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months which was lower than the CCG average of 89% and the national average of 88%.
- Performance for mental health related indicators was also lower than the CCG and national average in some aspects of care. For example, 76% patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the preceding 12 months CCG average 85% and national average 84%.

The practice had recognised the management of long-term conditions was an area that required improvement and at the time of the inspection the practice had begun to implement a program of improvements. For example, the practice had recruited nurses and apprentice nurses to the nursing team and had training courses in areas such as asthma arranged for members of the nursing team. A new QOF manager role had just been developed to help ensure that patients with long-term conditions were systematically and efficiently recalled for reviews. The practice was unable to support the efficacy of recent improvements as at the time of inspection, they had only just been implemented.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits undertaken in the last year, two of these were completed audits where the improvements made were implemented and monitored. The practice had plans to repeat the two single cycle audits in order to complete the audit cycle.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a two cycle audit investigating the appropriateness of medicines for patients living in care homes resulted in the discontinuation of 133 medicines and implementation of 18 new medicines to reflect the needs of the patients reviewed.

Information about patients' outcomes was used to improve outcomes for patients. For example, a recent single cycle audit was used to identify patients who were prescribed a medication associated with a higher risk of bone fracture. The next stage of the audit aimed to assess risks for individual patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. To support the induction programme new members of staff were issued with an extensive 'employee handbook' which included key information in areas such as working conditions, safeguarding, health and safety and whistle blowing.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinical staff had received training in areas such as diabetes and wound care. Where there were gaps in training for the nursing team, for example,

Good

Are services effective?

(for example, treatment is effective)

asthma; the practice had recognised this and were able to demonstrate that suitable training had been booked to help ensure all patients' care requirements were being met.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Most of the staff had received an appraisal in the last 12 months; however, there were some gaps. The new practice managers were aware of this and were in the process of implementing a new appraisal cycle whereby all staff would be appraised in October every year to help ensure all staff received regular appraisals.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

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. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Patients had access to physiotherapy and counselling services on site (these services were delivered by two local healthcare providers).
- The practice's uptake for the cervical screening programme was 78%, which was below the CCG average of 83% and the national average of 82%. The nursing team had recognised this and had instigated several measures to promote the screening programme within the practice, including a designated notice board in the patient waiting room. The nursing team told us they were considering holding a Saturday morning women's clinic to help make this service more accessible for patients. There was a policy to conduct telephone reminders for patients who failed to attend for their cervical screening test. The practice ensured a female sample taker was available. There were systems to help 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

Good

Are services effective?

(for example, treatment is effective)

results. There was a female sample taker available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were similar to national averages for infants aged two and under but below national averages for five year olds. For example, childhood immunisation rates for the vaccinations given to infants aged two years and under ranged from 66% to 95% (national average 66% to 96%) and five year olds from 63% to 95% (national average 76% to 95%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Conversations between receptionists and patients could be overheard in the patient waiting areas. The receptionists were aware of patient confidentiality and we saw that they took account of this in their dealings with patients. There was access to a private area if patients wished to discuss sensitive issues or appeared distressed.

We spoke with six patients, including three members of the patient participation group (PPG).They talked positively about the personalised and responsive care provided by the practice, especially during difficult times such as end of life care. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected. The PPG members we spoke with told us they worked in partnership with the practice to improve services for all different patient groups in the practice's patient population.

Results from the national GP patient survey showed respondents felt they were treated with compassion, dignity and respect. However, the practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 72% of respondents said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 85% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%
- 75% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 85%.
- 86% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 72% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The PPG and practice were aware of the issues in reception and appointment waiting times. Members of the PPG had visited the practice during busy times to talk with patients and to obtain their views. Through consultation and partnership the PPG and practice had developed action plans to help address these issues. At the time of the inspection the practice was in the process of implementing these actions. For example, a paramedic practitioner had been employed to provide telephone consultations in the morning and home visits in the afternoon to help support GPs and reduce waiting times for GP appointments. In a recent audit the practice found that there was a significant increase in incoming calls per month in 2016 compared to 2015, increases ranged from 31% to 63% per month. Call duration averages had also increased from between 37% to 75% in 2016. In response changes had been made to reception rotas to help ensure more staff were available during peak times, there were plans to add two more telephone lines and three more receptionists had been recruited to support the reception processes. Finally the practice had introduced reception team leaders to drive and monitor improvements.

Care planning and involvement in decisions about care and treatment

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

Good

Are services caring?

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

- 74% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 73% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice was aware that the results from the national GP patient survey were below average and were taking steps to explore and address the findings. With the support of the patient participation group (PPG), the practice had conducted a patient survey to explore these issues and ask for patient suggestions. The PPG and practice used recurring themes and patient suggestions to formulate the 2016 joint action plan. This included actions to promote online services, review GP and advanced nurse practitioner availability, evaluate and where possible improve reception services and promote new services such as the Primary Care Visitor project.

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

- Staff told us that translation services were available for patients who did not have English as a first language. The website contained a translate page.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice was proactive in identifying and supporting carers and had 330 patients recorded on the carers register (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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 had collaborated with the local CCG on two projects aimed at improving outcomes for older patients. The first project concentrated on improving outcomes for patients living in care homes. The practice had used funding through this project to purchase equipment for five care homes and employ a paramedic practitioner to provide care for patients and training for care home staff. A patient 'deterioration tool' was developed from this project, which was used by local care homes to help identify and monitor patients at risk of deteriorating health. The second project, the Primary Care Visitor project, was aimed at helping patients with enhanced needs stay at home.

- The practice offered Saturday morning clinics from 8am to 12.30pm for patients who could not attend during normal working hours. There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice gave equal importance to patients' emotional, social, physical and health needs. The Primary Care Visitor collaborated with other healthcare providers, and local charitable organisations to help ensure that patients' needs were holistically assessed and managed, through bespoke care plans, in order to help support patients to remain in their own homes. Data supplied by the practice (not validated by the CQC) indicated a reduction in hospital Accident and Emergency (A&E) visits. For example, there were 235 A&E visits recorded between January 2015 and July 2015 which had reduced to 193 between January 2016 and July 2016.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments with the GPs were from 8.50am to 11am every morning and 2pm to 4.40pm every afternoon. Patients had access to telephone appointments with the paramedic practitioner every morning. Extended hours appointments were offered every Saturday between 8am and 12.30pm. Appointments could be booked up to four weeks in advance and urgent appointments were available on the day for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 68% of respondents were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 23% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 55% and the national average national average of 73%.

The practice was aware of these results and after consultation with the patient participation group (PPG) and patients, were taking action. This included auditing telephone response times which showed increases in both the amount of calls coming into the practice and the duration of time spent on calls. The practice responded to the audit findings by supporting the reception staff during busy times. Lead reception roles were introduced to manage rotas and monitor processes to help ensure telephones were answered as quickly as possible. Three new members of staff were recruited to the reception team and there were plans to introduce two new telephone lines.

Most patients told us on the day of the inspection that they were able to get appointments when they needed them. However, some also commented that getting an appointment with a GP could be challenging. The practice told the inspection team that in the last three years, three GP partners had retired and recruiting new GPs to replace them had been extremely challenging. In response the practice had introduced innovative ways to address this through staff skill mix, to reduce the burden on GP appointment times. This included two paramedic practitioners, one advanced nurse practitioner and the

Good

Are services responsive to people's needs?

(for example, to feedback?)

primary care visitor. The practice had also been successful in a bid to with the Primary Care Workforce Team to obtain funding to introduce a scheme for 'Recruiting Returning Doctors Scheme'. One of the GP partners was in the process of becoming a GP trainer.

The practice had systems to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of leaflets and material on the practice's website.

The practice had recorded 30 complaints this year. We reviewed these and found they were handled with openness and transparency. Records demonstrated that lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint where a patient felt a member of staff had not been helpful resulted in additional training.

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.

- There was a 'practice charter' which was displayed on the practice website. Staff we spoke with talked positively about how they were able to use the practice values to improve quality and outcomes for patients.
- The practice had a robust strategy and supporting business plans which reflected the challenges their geographical and patient demographics presented including in areas such as GP recruitment.

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 and ensured that:

- There was a clear staffing structure, which was regularly reviewed. The practice management had recently restructured the teams across the practice in response to patient and staff suggestions. Staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- The practice was aware that they needed to improve in areas such as Quality and Outcomes Framework (QOF) and the national GP patient survey. They had action plans to address these issues. For example, in the staff restructure a member of staff had been made the lead for QOF. The practice was reviewing patient feedback in consultation with the patient participation group (PPG) and implementing subsequent jointly formulated action plans.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff we spoke with told us the partners and the management team were approachable and always took the time to listen to members of staff.

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

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

There was a clear leadership structure and staff we spoke with told us they felt supported by the new management team.

- Staff we spoke with told us the practice held regular team meetings and we saw minutes from these meetings to support this.
- Staff told us there was an open culture within the practice and that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice had regular staff social events throughout the year. Staff we spoke with told us staff not employed by the practice were also invited and often attended the practice's social events. For example, the local community nurses.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the practice had responded to a suggestion by the nursing team about raising the profile of cervical screening programme by adding a notice board in the patient waiting area aimed at promoting the service.

Are services well-led?

Good

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had responded to suggestions from the PPG about reception processes during peak times and had jointly formulated an action plan which was being implemented at the time of our inspection.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with 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

The practice had undergone significant changes to the management team in the last three years; including the retirement of three GP partners and a change of practice managers. The team had been resilient in adapting to these changes whilst continuing to deliver services in an area that had a high prevalence of patients living in deprived circumstances. At the time of the inspection the new management team was in the process of embedding and reviewing recent changes. The practice was forward thinking and was looking a multiple ways to mitigate challenges such as recruitment and had implemented an innovative staff skill mix, using paramedic practitioners and advanced nurse practitioners to support GPs. The practice recognised there were areas such as long-term conditions that were below local and national QOF averages and the new management team was in the process of implementing change to help improve these areas.

There was a focus on continuous learning, improvement and progression at all levels within the practice. For example, staff from the administration and nursing teams had been supported to develop their roles or progress into lead roles such as joint practice managers, QOF manager, reception team leaders and nurse manager. In response to clinical staff recruitment challenges, the practice was committed to training future nurses and GPs. For example, the nurse apprentice had progressed from healthcare assistant into a fulltime student nurse role via the Integrated Nurses and District Nurses Project. One of the GP partners was undertaking training to help support and train future GPs. The GP partners were also keen to progress and develop their roles to help improve services. For example, one GP partner was undertaking training in dermatology with a view to implementing a dermatology service at the practice.

The practice was part of several local and national pilot schemes aimed at improving services and outcomes for patients in the area. Nationally the practice had been successful in joining the Returning Doctors Scheme to help support GPs back into practice. Locally the practice had been involved in two projects which focused on improving outcomes for older patients and patients with enhanced needs. The first project concentrated on improving outcomes for patients living in care homes. The second project, the Primary Care Visitor project, was aimed at helping patients who needed extra support stay at home.