

Chelford 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chelford Surgery on 31 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed although the storage of oxygen cylinders was considered to be a risk.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- 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 worked well with its Patient Representative Group to better understand the needs of its patients
- 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.

The areas where the provider should make improvement are:

- Review, and describe more clearly, the system in place to make sure all drugs taken on home visits are in date.

Summary of findings

- Arrange for the safe storage (prevent them falling) of oxygen cylinders in the dispensary and for records to be kept of those cylinders being checked along with the defibrillator.

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.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, including safeguarding patients from the risk of infection. We did however notice that the storage of oxygen cylinders in the dispensary presented a potential risk to both patients and staff.
- We found that GPs were not recording the checks of drugs held in their bags.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey 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.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG), to secure improvements to services where these were identified. This included signing up to the 'Caring Together' contract and offering enhanced services such as initiation of insulin and a phlebotomy clinic. The practice had also signed up to a prescribing service, rewarding them for the making the best and most effective use of medicines and supported the delivery of good outcomes for patients. It also minimised risk of harm and delivered value for money.
- 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 and other stakeholders.

Good



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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Representative Group (PRG) was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Care plans and health checks were in place, with regular medicine reviews carried out.
- The building was accessible for patients who may have mobility problems.
- Patients with complex needs were discussed at multi-disciplinary team meetings to ensure their needs were met.
- Referrals to other services were regularly made, for example the dietetic service.
- The practice identified carers and offered services such as health checks and annual flu vaccinations and together with the PRG was aiming to improve the services to carers further.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than the national average.
- 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.
- The practice employed staff who were trained in dispensing medication on-site, thereby enabling patients to have ease of access to their medication.
- There was an emphasis on educating and informing patients about how to look after themselves in order to maintain good health.

Good



Summary of findings

- Regular palliative care meetings were held to discuss patients with cancer and long term chronic conditions.

Families, children and young people

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

- Immunisation rates were high for all standard childhood immunisations.
- 82% of patients with asthma, on the practice register, had had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 routine clinical practice (RCP) questions. This compared to a national average of 75%.
- 82% of women aged 25-64 were recorded as having had a cervical screening test in the preceding 5 years. This compares to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a dedicated child and adult safeguarding lead. Safeguarding training had been provided for practice staff.
- Childhood immunisations were undertaken and strongly encouraged by GP's when carrying out six-week checks on babies.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs of this age group.
- Practice nurse and health care assistant appointments were available from 8am.
- Routine GP appointments were available to pre-book from 8.30am.
- NHS health checks were routinely encouraged.
- The practice was open from 8am to 6.30pm, which meant patients could collect prescriptions or book appointments during their lunch hour.

Good



Summary of findings

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 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.

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).

- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. This compares to a national average of 88%.
- 100% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months. This compares to a national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



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 in line with local and national averages. 231 survey forms were distributed and 127 were returned. This represented 3.4% of the practice's patient list. The results of the survey showed:

- 95% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Patients considered the quality of care as excellent and described the staff as professional and helpful with a “can do” approach. Patients felt treated with privacy and dignity and they told us the practice always felt clean and tidy.

We spoke with two patients during the inspection. They said they had been patients at the practice for over 20 years and were very satisfied with the care they received and thought staff were approachable, committed and caring.

The practice invited patients to complete the NHS Friends and Family test (FFT). The FFT gives each patient the opportunity to provide feedback on the quality of care they received. We looked at the results for 2015. These indicated that patients were “extremely likely” to recommend the practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Review, and describe more clearly, the system in place to make sure all drugs taken on home visits are in date.
- Arrange for the safe storage (prevent them falling) of oxygen cylinders in the dispensary and for records to be kept of those cylinders being checked along with the defibrillator.

Chelford 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.

Background to Chelford Surgery

Chelford Surgery is located in a rural setting in East Cheshire. Transport links are limited, with an hourly bus service to Knutsford 4.5 miles away, during the day. The practice occupies a purpose built two-storey building first opened in 1993, but has since been extended to cope with the increase in patient numbers and to better meet their needs. Limited parking is available on site; however on-road parking is available nearby. Disabled facilities are provided. There are five GPs working at the practice, one male and four female. Two GPs are partners, and the other GPs are salaried. There are two practice nurses, who are nurse prescribers and two health care assistants, all of whom are part-time. There is a full-time practice manager and a team of administrative staff including pharmacy dispensers.

The practice opening times are Monday to Friday 8am to 6.30pm. The practice appointment times are:

Monday 9am to 11.30am and 3.30pm to 5.30pm

Tuesday 8.30am to 11.30am and 3.30pm to 5pm

Wednesday 9.30am to 11.30am and 3.30pm to 5pm

Thursday 8.30am to 11.30am and 3pm to 5.30pm

Friday 9am to 11.30am and 4pm to 5.30pm

Patients requiring a GP outside of normal working hours are advised to call 111 and thereby access the Out of Hours service.

The practice is a GP teaching practice which means GP trainees and First Year doctors are able to undertake part of their training there.

There are 3,685 patients on the practice list. The majority of patients are white British with a high number of patients in the 65 and over range (47%) and the practice has the highest proportion of elderly patients within the CCG.

The practice also provides primary care services to the David Lewis Centre, which is a residential centre located close by, for people with epilepsy, a learning disability and behavioural problems.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Eastern Cheshire Clinical Commissioning Group to share what they knew. We carried out an announced visit on 31 May 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, the pharmacy dispenser, a practice nurse, a health care assistant and a receptionist/ pharmacy dispenser and spoke with five patients who used the service.
- Reviewed the practice's policies and procedures.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a regular and thorough analysis of significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence of safety alerts and significant events being discussed at both staff and clinical meetings to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff 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 had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Both of the HCA's had undergone safeguarding children training. The nurses had undergone safeguarding adults training, and safeguarding children to level 2. The pharmacy dispenser had also received safeguarding adults training and safeguarding children training to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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). One member of staff was due to attend a training session for chaperones to enable them to cascade this update to the rest of the practice team.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and most 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 kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Both of the practice nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. HCAs were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and the practice employed a lead dispenser and four other members of staff who were involved in dispensing medicines, each of whom had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).

Are services safe?

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We were unable to find any records to show that GPs were regularly checking the drugs held in their bags taken on home visits.
- We reviewed three personnel files and found for the most recent appointment, appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and the appropriate checks through the DBS.

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 carried out regular fire drills. A full fire safety audit had been carried out in March 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This had been reviewed in January 2016.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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 had received annual basic life support training. There were emergency medicines available in the dispensing room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks, although there was no record of these being regularly checked. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents, such as power failure or building damage. The plan included emergency contact numbers for staff.

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the 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 recently published results showed the practice had attained 97% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1/04/2014 to 31/03/2015 showed:

Performance for hypertension related indicators was better than the national average. For example, 89% of patients with hypertension had a blood pressure reading measured in the preceding 12 months of 150/90mmHg or less, compared to a national average of 84%.

- Performance for diabetes related indicators was better than the national average. For example, the percentage of patients, on the register, in whom the last BP reading measured was 140/80 mmHg or less was 83%, compared to a national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example, 97% of patients with mental health conditions had their smoking status recorded in the preceding 12 months. This compared to a national average of 94%.

There was evidence of quality improvement including clinical audit.

- We looked at three clinical audits completed in the last two years. These were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a tonsillitis audit had assessed the safety of the patient regarding anticoagulation, resulting in antibiotic prescribing being reduced as a result. The practice used information to improve patient outcomes. For example by providing combined long term care clinics offering holistic care for the elderly, less mobile patients and a call/recall system for patients on the chronic disease register.
- The practice also carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. As part of the Dispensing Services Quality Scheme, (DSQS), the practice had completed an audit in January 2016 and had also completed the DSQS self-assessment declaration with no improvement actions required. The practice was now writing new standard operating procedures as a result as part of their ongoing review of their services.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations demonstrated how they stayed up to date with changes to the immunisation programmes, by using on-line resources and discussion at meetings. Those staff involved in a dispensing role had received appropriate training and ongoing support.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support, chaperoning, health and safety 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. We saw evidence that multi-disciplinary team meetings took place with other health care professionals on a regular 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 77% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 95% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 20 patient CQC comment cards we received were 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. Comment cards were complimentary about staff in all roles, referring particularly to their caring and professional approach.

We spoke with three members of the PRG, who told us it was a pleasure to not only be a patient but also to be invited to get involved in the running of the practice. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

The practice also had close links with the Chelford Tenants and Residents Association, who supported the practice in promoting topics such as social isolation affecting the older person and dementia awareness. A carer's event was also being held in conjunction with the practice in June.

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

- 98% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 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 from the comment cards we received was also positive and aligned with these views.

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. Results were in line with local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 85%.
- 94% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 91%.

The practice provided facilities to help patients be involved in decisions about their care. For example, information leaflets were available in easy read format and the practice manager told us these could be adapted to assist those patients who, for example, might be visually impaired.

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

Are services caring?

a number of support groups and organisations such as those supporting good mental health. A board specifically dedicated to carers included information on autism and the role of the carer.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 45 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support

available to them and the PRG were taking an active role in this. They shared with us the work they were currently doing to provide improved services for carers, which included making contact with all carers on the practice register and offering them guidance and support, as well as updating their dedicated notice board in the main reception area.

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 clinical commissioning group, (CCG) to secure improvements to services where these were identified.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations.
- There were disabled facilities and a hearing loop available.
- The practice routinely offered half hour appointments to patients with complex needs, for example those living with dementia or those with a learning disability.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments varied from 8.30am to 11.30am every morning and 3pm to 5.30pm daily. For out of hours care, patients were advised to call 111 and thereby access the Out of Hours service. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

- 95% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

The reception team used a protocol which gave guidance on how urgent and routine appointments should be dealt with. This guidance also included what action to take when a patient rang with an acute problem such as chest pain or collapse. Home visit requests were recorded on the computer and these would be assessed by the GP and either telephone advice would be given, or a visit arranged. 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 in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and an explanatory notice was displayed in the main waiting area.

We noted that no written complaints had been received within the previous 12 months and that verbal complaints were recorded and dealt with in accordance with the practice's policy.

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 statement of purpose which had been written in 2013. We spoke to the lead GP regarding this who told us an updated version had been written but had not yet been formally adopted due to changes within the layout of the practice and the impending retirement of the second GP partner.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and these 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 was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the GPs 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 told us the GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment. For example, the practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so and felt supported when they did.
- Staff said they felt respected, valued and supported, particularly by the GPs 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 PRG and through surveys and complaints received. The PRG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they advised on the location of the disabled parking space and were currently working on improving the services provided within the practice for carers.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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 focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

Are services well-led?

Good 

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

- The practice had become aware of issues identified within their learning disability and elderly population, not only within their own environment but in secondary care and social services and was seeking to effect policy changes in consultation with these other agencies.
- The lead GP and practice manager had strong connections with the local CCG, which enabled them to be fully informed of health care developments in the local area as well as the monitoring of the practice's performance against the 'Caring Together' contract.
- The practice reviewed the needs of its local population and engaged with the CCG to secure improvements to services where these were identified. For example, the recent withdrawal of certain services from the practice such as midwifery, physiotherapy and podiatry and the effect this was having on the patients was being constantly monitored.