

Westcourt Medical Centre

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

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Outstanding



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 Westcourt Medical Centre on 14 April 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. It had worked in partnership with the county council to deliver a pre-diabetes well-being programme for patients identified as being at risk. Patient outcomes had improved as a result.
- 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.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. It had worked closely with local providers and voluntary organisations to improve the diagnosis and care of patients with dementia.
- 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. The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- 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.

Summary of findings

- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice:

- The practice actively supported patients to lead healthier lives. It worked in partnership with the county council to deliver a pre-diabetes well-being programme for patients identified as being at risk of type two diabetes. The programme focused on lifestyle behaviour change and provided support and

guidance to patients on how they could slow down or eliminate the risk of developing the condition. The practice was able to demonstrate high uptake amongst its patients with each session being fully booked. It was also able to demonstrate high levels of patient satisfaction and some improvement in the pre-diabetes indicators for some patients who had attended the sessions.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- There were clear and effective arrangements in place to ensure risks to patients were well managed including the control of infection and the safe management of medicines.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- The practice proactively sought and used information about patients' outcomes to make improvements. As a result it had improved the rate and recording of dementia diagnoses enabling it to provide appropriate support and services to patients and their carers.
- Data showed that the practice was performing highly when compared to practices nationally. For example
- 78% of female patients, aged 50-70, had been screened for breast cancer in last 36 months compared to the CCG and national average of 72%. Also 64% patients aged 60-69 had been screened for bowel cancer within 6 months of invitation compared to the CCG average of 60% and the national average of 55%.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.

Summary of findings

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 outstanding for being well-led.

- The practice had a clear vision with quality, compassion, evidence based care as its top priority. The strategy to deliver this vision had been produced with staff and was regularly reviewed and discussed.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There were strong governance and performance management arrangements in place and the practice was pro-active in using performance data to improve outcomes for patients
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients using new technology, and it had a very engaged patient participation group which influenced practice development.

Outstanding



Summary of findings

- 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 was rated as outstanding for effective and well led services. These ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 were informed of their named GP.
- The GPs worked with multi-disciplinary teams to develop care plans for older patients in order to prevent avoidable, unplanned hospital admission. The care plans were regularly reviewed.
- The practice provided care to older patients who lived in care homes and nursing homes within the locality and worked closely with the home managers to ensure patient information was shared.
- The practice been pro-active in ensuring that all patients who could benefit, received their annual flu vaccination. This involved a high profile campaign to increase awareness and the provision of extra clinics on Saturdays to meet patient needs and the provision of domiciliary vaccinations for patients who were housebound.

Outstanding



People with long term conditions

The practice was rated as outstanding for effective and well led services. These ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) was 96% compared to the CCG average of 91% and the national average of 88%.
- 100 % of patients with atrial fibrillation with were appropriately treated with anticoagulation drug therapy or an antiplatelet therapy (04/2014 to 03/2015) compared to the CCG average of 99% and the national average of 98%.

Outstanding



Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- There was specialist diabetes nurse for the CCG who visited the practice on a monthly basis to assist the review of patients who required specialist intervention.
- The practice worked in partnership with the county council to deliver a pre-diabetes well-being programme for patients identified as being at risk of type two diabetes. The programme focused on lifestyle behaviour change and provided support and guidance to patients on how they could slow down or eliminate the risk of developing the condition. There was a high uptake amongst patients with each session being fully booked. There were high levels of patient satisfaction and some improvement in the pre-diabetes indicators for some patients who had attended the sessions.

Families, children and young people

The practice was rated as outstanding for effective and well led services. These ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The number of women aged between 25 and 64 who attended cervical screening in 2014/2015 was 77% compared to the CCG and national average of 82%
- Extended access for contraceptive advice, sexual health and cervical cytology was available on alternate Wednesdays from 6.30pm to 7pm.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked closely with midwives, health visitors and school nurses.

Outstanding



Summary of findings

Working age people (including those recently retired and students)

The practice was rated as outstanding for effective and well led services. These ratings apply to everyone using the practice, including this population group.

- 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 and phone services to enable patients to book appointments and order repeat medication. This included a text messaging service where patients could cancel an appointment after receiving a reminder.
- The practice provided a full range of health promotion and screening that reflected the needs for this age group.

Outstanding



People whose circumstances may make them vulnerable

The practice was rated as outstanding for effective and well led services. These ratings apply to everyone using the practice, including this population group.

- The practice identified patients living in vulnerable circumstances including homeless people and those with a learning disability.
- 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.

Outstanding



People experiencing poor mental health (including people with dementia)

The practice was rated as outstanding for effective and well led services. These ratings apply to everyone using the practice, including this population group.

Outstanding



Summary of findings

- The practice had been pro-active in identifying and diagnosing patients with dementia to ensure they received appropriate care and support. Dementia prevalence rates were above the CCG and national average.
- The practice had held dementia awareness weeks on its premises and had comprehensive information available in the practice and on its website for patients worried about their memory.
- Staff had attended awareness sessions on understanding and supporting patients, and their families, living with dementia.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015) compared to the CCG average of 90% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice was able to refer to local counselling and psychological therapy services.
- 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 in line with local and national averages. Two hundred and thirty nine survey forms were distributed and 120 were returned. This represented 1% of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and 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 seven comment cards which were all positive about the standard of care received. They commented that staff were friendly and helpful and that they felt listened to and cared for. Two patients commented that they found it difficult to get through on the telephone and make an appointment.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said that they felt listened to and supported by the GPs and practice nurses.

Outstanding practice

The practice actively supported patients to lead healthier lives. It worked in partnership with the county council to deliver a pre-diabetes well-being programme for patients identified as being at risk of type two diabetes. The programme focused on lifestyle behaviour change and provided support and guidance to patients on how they could slow down or eliminate the risk of developing the

condition. The practice was able to demonstrate high uptake amongst its patients with each session being fully booked. It was also able to demonstrate high levels of patient satisfaction and some improvement in the pre-diabetes indicators for some patients who had attended the sessions

Westcourt Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Westcourt Medical Centre

Westcourt Medical Centre is situated in the town of Rustington. It serves approximately 11,892 patients.

There are five GP partners and two salaried GPs. Two of the GPs are male and five are female. There are four practice nurses and three health care assistants. The practice has recently employed a paramedic practitioner. There is a practice manager and a team of secretarial, administrative, accounts and reception staff. The practice is a training practice and provides placements for trainee GPs and doctors, as well as nurse, paramedic and pharmacist students.

Data available to the Care Quality Commission (CQC) shows the practice serves a higher than average percentage population over the age of 65. There is a comparatively low level of deprivation amongst the practice population.

The practice is open from 8.00am until 6.30pm Monday to Friday. Extended access is available from 7.30 am on Monday to Thursday and on a Tuesday evening until 7pm. Extended access for contraceptive advice, sexual health and cervical cytology is available on alternate Wednesdays from 6.30pm to 7pm. These appointment slots can also be used for chronic disease management. Appointments can

be booked over the telephone, on line or in person at the surgery. Patients are provided with information on how to access the duty GP or the out of hour's service by calling the practice.

The practice provides a number of services and clinics for its patients including smoking cessation, asthma, diabetes, cervical smears, childhood immunisations, family planning, the menopause and hypertension and heart disease.

The practice provides services from the following location:-

12 The Street

Rustington

Littlehampton

West Sussex

BN16 3NX

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 to share what they knew. We carried out an announced visit on 14 April 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the practice manager and administrative and reception staff.
- We spoke with four patients who used the service including two members of the patient reference group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

We found there was a genuinely open culture within the practice in which all safety concerns raised by staff and people who used the services were highly valued as integral to learning and development.

- Staff told us they would inform the practice manager of any incidents
- 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).
- The practice used and proactively sought a wide range of information to identify risks and improve patient safety and promote learning. For example, reported incidents, national patient safety alerts, benchmarking information and data, as well as comments and complaints received from patients. We saw that the practice included practice fire drills as a significant event to ensure that learning from this was maximised and used to improve their fire safety procedures.
- 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 prevent the same thing happening again.
- We saw that learning was based on a thorough root cause analysis and investigation of things that went wrong
- The practice recorded the events into categories which enabled them to look at trends. For example by the nature of the event and whether it was clinical or administrative.

We reviewed safety records, incident reports, patient safety alerts and minutes of dedicated significant event meetings which were held every three months. These meeting involved all staff and the whole team was engaged in reviewing and improving safety.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, enhanced checking systems were put in place for ensuring vaccines were in date following a significant event. Safety concerns were integral to learning and improvement and

we saw clear evidence that significant events acted as a driver for clinical audit and staff training. For example, as a result of an unplanned admission to hospital an audit of patients with a similar condition was undertaken to ensure they received appropriate medicines in line with up to date clinical advice. Also, an untoward incident with a patient in the reception area resulted in staff receiving external training on dealing with patients with mental health problems. The records and discussions with staff and actions taken highlighted that monitoring of safety and risk was high on the practice agenda. Opportunities for learning from internal and external incidents were valued and maximised.

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 all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- There were notices above the examination couches in each consulting room 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).
- 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 policy in place and staff had received up to date training. Annual infection

Are services safe?

control audits were undertaken and we saw evidence that the results were discussed at a practice meeting for all staff and 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. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held a small stock 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 reviewed six 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 DBS. All staff including administrative and reception staff had undertaken a DBS check.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the

reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The practice had a bag located in an easily accessible place which a member of staff could 'grab' in the event of a fire. This contained the practice's business continuity plan, the mobile telephone numbers of all the practice staff and details of which staff were due to be in the building on each day of the week, including visiting staff from external organisations.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 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 the local clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits.

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 97% of the total number of points available compared to the CCG average of 98% and the national average of 95%. The practice had an exception reporting rate of 16% compared to CCG average of 14% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). We saw evidence to show that exception reporting was appropriate and in-line with recommended practice from the CCG during their QOF visits to the practice.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (04/2014 to 03/2015) compared to the CCG average of 90% and the national average of 88%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) was 96% compared to the CCG average of 91% and the national average of 88%.

- 100% of patients with atrial fibrillation with were appropriately treated with anticoagulation drug therapy or an antiplatelet therapy (04/2014 to 03/2015) compared to the CCG average of 99% and the national average of 98%.

There was evidence of quality improvement including clinical audit.

- We looked at two completed clinical audits completed in the last two years, where the improvements identified were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved prescribing of anti-coagulants for patients with atrial fibrillation in line with guidance from NICE.

Opportunities to participate in benchmarking and use information to improve quality and outcomes were actively pursued. For example, using a national dementia prevalence tool the practice identified that its diagnosis rate and dementia prevalence score were lower than expected. As a result it worked in partnership with the local memory assessment service and voluntary organisations involved in supporting patients with dementia to discuss how the practice could actively seek and identify patients who had dementia. This was so they could improve the rate and recording of diagnosis and provide appropriate support and services to patients and their carers. As a result of this the practice introduced positive dementia screening in all at risk groups, both opportunistically and at long-term condition review clinics, using a recognised GP assessment tool. It trained its health care assistants to use the tool and improved the recording of dementia and cognitive status in patient records. It also developed a dementia concern leaflet which led to a significant number of patients coming forward for memory assessment either as a direct self-referral or indirectly being accompanied by the relative who raised the concern. The practice raised awareness of dementia amongst staff and local people. It improved the availability and range of information on dementia available in the waiting room, practice notice board, information screens, on its website and at the front desk. It also held a dementia awareness week. Staff received awareness training on dealing with and supporting patients with dementia. Following the implementation of these actions the practice saw a



Are services effective?

(for example, treatment is effective)

significant number of patients coming forward for memory assessment either as a direct self-referral or indirectly being accompanied by the relative who raised the concern. This meant the practice was able to identify patients with dementia and them and their carers with appropriate support in order to improve their physical and psychological well being.

Dementia prevalence rates for the practice increased above the CCG and national average which meant the identification of patients who required support had improved. Ninety seven per cent of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 82% and the national average of 84%.

The practice had also used CCG benchmarking information, CQC intelligent monitoring and national primary care data to identify that its flu vaccination rates were below the local and national average. It undertook an analysis of the reasons for this and in consultation with its virtual patient group VPRG looked at ways it could increase awareness of the importance of the immunisation and improve the accessibility of clinics. (A VPRG is a group of patients who volunteer to, participate in practice surveys and with whom the practice can consult with from time to time by e-mail.)

The practice increased awareness by writing to each patient individually inviting them to attend for immunisation and included patient information material that highlighted the importance of being immunised. The practice also implemented a highly visible advertising campaign promoting the flu immunisation clinics in the surgery at the front desk and in the waiting room with posters and bunting. Information was highlighted on the practice website, notice boards, information screens and phone greeting message. Information was also printed on patient's repeat prescription slip. The practice improved access to flu clinics and made it easier for all patient groups to attend. In addition to running flu clinics during normal surgery hours the practice ran two all day Saturday flu immunisation clinics. As a result of these interventions the practice increased the uptake of flu immunisations by 20% and moved from being an outlier in comparison to other practices in CCG area to being in line with the average.

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 had attended training updates on diabetes, asthma and chronic obstructive pulmonary disease. Staff were proactively supported to acquire new skills for example one of the practice nurses had undertaken a cancer course for practice nurses and as a result acted as the practice's link with the local hospice.
- A number of staff had enhanced skills which they shared. For example one of the GPs had a post graduate qualification in dermatology and held education sessions for clinicians in the practice. One of the practice nurses provided training on cervical screening for the GPs and trainee doctors in the practice.
- 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 attending update training and discussion at practice nurse meetings.
- The learning needs of staff were identified through a system of appraisals, meetings, reviews of practice development needs and Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, customer care, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and protected time for in-house training. Staff attended monthly in-house protected learning sessions.



Are services effective?

(for example, treatment is effective)

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 health and social care needs in order to prevent avoidable, unplanned admission to hospital.

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 patients, 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 and exercise. Patients were signposted to the relevant service.

- The practice worked in partnership with the county council to deliver a pre-diabetes well-being programme for patients identified as being at risk of type two diabetes. The programme focused on lifestyle behaviour change and provided support and guidance to patients on how they could slow down or eliminate the risk of developing the condition. The practice was able to demonstrate high uptake amongst its patients with each session being fully booked. It was also able to demonstrate high levels of patient satisfaction and some improvement in the pre-diabetes indicators for some patients who had attended the sessions.

The practice's uptake for the cervical screening programme was 77% which was comparable to the CCG and national average of 82%. The practice had significantly lower than average exception reporting rate for cervical screening at 1.5% compared to a CCG average of 7% and the national average of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by having extended access to clinics so that patients could attend for screening outside of normal opening hours. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and was able to demonstrate a high uptake. For example 78% of female patients, aged 50-70, had been screened for breast cancer in last 36 months compared to the CCG and national average of 72%. Also 64% patients aged 60-69 had been screened for bowel cancer within 6 months of invitation compared to the CCG average of 60% and the national average of 55%. 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 92% to 99% and five year olds from 92% to 99%.

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



Are services effective? (for example, treatment is effective)

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 seven patient Care Quality Commission 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.

We spoke with two members of the virtual patient reference group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

- 87% of patients 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%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- However, 77% 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%. We discussed this with the practice team and they told us that since the national survey some members of the nursing team had left and that two practice nurses had been appointed since July 2015. We saw that in the practice's own survey of patient views there were high levels of satisfaction with nurse involvement in decisions about care.

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.
- Signage around the practice was also in braille for patients who were blind or partially sighted.

Are services caring?

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 had identified 195 patients as carers (1.6% of the practice list). Written information was available to direct carers to the various avenues of support

available to them this included information for young carers. The practice encouraged patients to register as carers by including a foot note at the bottom of all correspondence to patients asking them to do so, so that they could send them information about the carers support organisation.

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 patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 local providers, the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, it worked actively with other health and social care providers in the locality to identify patients at risk of avoidable, unplanned admission to hospital to ensure that patients in this group had a plan of care in place in order to prevent this.

- The practice offered extended hours from 7.30am on Monday to Thursday and on a Tuesday evening until 7pm for working patients who could not attend during normal opening hours.
- Extended access for contraceptive advice, sexual health and cervical cytology was available on alternate Wednesdays from 6.30pm to 7pm for women who were unable to attend during working hours. These appointment slots were also available for patients requiring support in managing their chronic disease.
- The practice improved access to flu clinics to make it easier for all patient groups to attend. In addition to running flu clinics during normally surgery hours the practice ran two all day Saturday flu immunisation clinics during the seasonal flu vaccination period. The practice worked with neighbouring practices to provide domiciliary vaccinations to patients who were housebound.
- The practice hosted a number of outreach services on its premises including ear micro suction, audiology and dermatology. This was because the practice served a higher than average elderly population, many of whom could no longer drive and who would therefore benefit from services being provided closer to home.
- There were longer appointments available for patients with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice had recently employed a paramedic practitioner who took part in assessing and undertaking requests for urgent home visits.
- 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 as well as those only available privately.
- There were disabled facilities, a hearing loop, and translation services available. Signposting around the practice was provided in braille for patients who were visually impaired.

Access to the service

The practice was open from 8.00am until 6.30pm Monday to Friday. Extended access was available from 7.30 am on Monday to Thursday and on a Tuesday evening until 7pm. Appointments could be booked over the telephone, on line or in person at the surgery. Patients were provided with information on how to access the duty GP or the out of hour's service by calling the practice. In addition to pre-bookable appointments that could be booked up to twelve weeks in advance, urgent appointments were also available 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 comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

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

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 which included a comments and complaints leaflet, posters on display and information provided in the practice booklet and on the website.

Are services responsive to people's needs? (for example, to feedback?)

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled, in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw that the practice had changed

the timing of a clinic and the way it was run in response to a complaint from a patient regarding a complication they had experienced following their treatment. The new arrangements meant the nursing team could deal with any issues during core surgery hours without the need for patients to attend the hospital or the out of hour's services.

Are services well-led?

Outstanding



(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, shared vision and purpose to provide high quality compassionate, evidence based and person centred health care. Staff knew about the vision and understood their roles in delivering this. The practice involved staff in the development of their vision and business plan at their annual away days.
- The practice had a supporting business plan which reflected the vision and was regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There were structures and procedures in place which 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. Opportunities to participate in benchmarking and use information to improve quality and outcomes were proactively pursued. For example, the practice had used CCG benchmarking information, CQC intelligent monitoring and national primary care data to identify that its flu vaccination rates were below the local and national average. By improving the way it delivered this service the practice increased the uptake of flu immunisations by 20% and moved from being an outlier in comparison to other practices in CCG area to being in line with the average. The practice had also used the national dementia prevalence to identify the need to improve the diagnosis rate and the care and support it provided to patients with dementia and their carers. Following the implementation of these actions the practice saw a significant improvement in its dementia diagnosis rate. We saw evidence of improved services for patients.
- 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.

- We found there was a genuinely open culture within the practice in which all safety concerns raised by staff and people who used the services were highly valued as integral to learning and development. We reviewed safety records, incident reports, patient safety alerts and minutes of dedicated significant event meetings which were held every three months. These meeting involved all staff and the whole team was engaged in reviewing and improving safety. Safety concerns were integral to learning and improvement and we saw clear evidence that significant events acted as a driver for clinical audit and staff training. For example, as a result of an unplanned admission to hospital an audit of patients with a similar condition was undertaken to ensure they received appropriate medicines in line with up to date clinical advice. The records and discussions with staff and actions taken highlighted that monitoring of safety and risk was high on the practice agenda.

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 which was evidence based and made appropriate use of NHS resources. Staff told us the partners 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). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

Are services well-led?

Outstanding



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

- There was a clear structure of meetings which promoted a high level of staff engagement which included clinicians meetings, whole team significant event and complaints meetings, practice development meetings, nurse team meetings and reception staff 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. We noted that the practice had an annual team away day for all staff.
- 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.

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

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

- The practice had gathered feedback from patients through the virtual patient reference group (VPRG) and through surveys and complaints received. The VPRG input to the development of patient surveys and submitted proposals for improvements to the practice management team. We spoke with two members of the VPRG who told us the practice responded well to suggestions. For example, the practice had supported the VPRG with the production of a newsletter to keep patients up to date with practice news and health information. The practice had consulted with and involved the VPRG in the development and delivery of improved services in relation to flu vaccinations and dementia diagnosis.
- The practice had gathered feedback from staff through staff away days, staff meetings, appraisals and ongoing discussion. There were high levels of staff satisfaction. Staff were proud of the service they provided to patients. They spoke highly of the culture and the fact they felt listened to by the partners. Staff told us they would not hesitate to give feedback and discuss any

concerns or issues with colleagues and management and were encouraged to do so. Reception and administrative staff told us they had put forward their idea to have a whiteboard that indicated which GPs were in the practice or out so that they knew where they were. They told us this was put in place as a result. They 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. There was a clear, proactive approach to seeking out new ways of providing care and treatment. For example the practice had been instrumental in a pilot scheme to provide local nursing homes with direct access to parts of its patient information system in order to improve the sharing of up to date information about the health and care needs of patients resident in those homes.

A systematic approach was taken to working with other organisations to improve care and outcomes for patients. For example, with the county council to deliver a pre-diabetes well-being programme for patients identified as being at risk of type two diabetes. It had engaged with the local memory assessment service and voluntary organisations involved in supporting patients with dementia to discuss how they could actively seek and identify patients who have dementia and provide them with better care and support.

The practice placed great value on the fact it was a training practice and provided placements for trainee GPs, nurses pharmacists and paramedics. Staff were proactively supported to acquire new skills and share best practice. A number of staff had enhanced skills which they shared. For example one of the GPs had a post graduate qualification in dermatology and held education sessions for clinicians in the practice. One of the practice nurses provided training on cervical screening for the GPs and trainee doctors in the practice. All staff attended monthly protected learning sessions.