

Dr A R Tollast & Partners

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 Dr A R Tollast and Partners on 19 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients 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. Complaints were consistently handled in an open and transparent manner. Patients were given an apology if needed.

When complaints were formally closed, patients were also given the opportunity to have the concerns looked at again if they were not fully satisfied or after further information became available.

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

The areas where the provider should make improvement are:

- Ensure that fire drills are carried out as planned.

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



- 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.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, apart from ensuring fire drills were carried out as planned.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were in line with averages for the locality and when 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, when assisting a patient of no fixed abode they provided warm clothing and food, as well as care and treatment.

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.
- Complaints were consistently handled in an open and transparent manner. Patients were given an apology if needed. When complaints were formally closed, patients were also given the opportunity to have the concerns look at again if they were not fully satisfied or further information became available.
- The practice also supported a temporary patient at the end of their life, to ensure they received appropriate treatment and support.

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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance

Good



Summary of findings

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 identifying notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.

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 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 aged 75 years and over had a named GP.
- The practice assisted with booking transport for hospital appointments.

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. For example, 90% of patients on the diabetes register had a foot examination in the previous 12 months, compared with the national average of 88%.
- A total of 70% of patients on the asthma register had a review within the last 12 months.
- 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.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- A confidential young persons' clinic was available every week for advice on keeping healthy, sexual health and mental health.
- The practice's uptake for the cervical screening programme was 88%, which was better than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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 for this age group.
- The practice offered students temporary registration during term times.
- Extended hours and Saturday morning appointments were available.
- The practice ran a daily urgent care clinic staffed by a GP, a practice nurse and a healthcare assistant for on the day needs.
- Online repeat prescription and appointment booking systems were in place.
- Patients who worked in the practice area, but lived elsewhere, were able to register with the practice as an 'out of area' patient and receive care and treatment when needed.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams 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.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, when assisting a patient of no fixed abode they provided warm clothing and food, as well as care and treatment. The practice also supported a temporary patient at the end of their life, to ensure they received appropriate treatment and support.

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).

- A total of 75% of patients diagnosed with dementia that had had their care reviewed in face to face meeting in the past 12 months, this is below the national average of 84%.
- Outcomes for patients who were diagnosed with a mental health condition were better than the national average. For example, 92% of patients with a diagnosis of schizophrenia, bipolar affective disorder and other psychoses with a comprehensive agreed care plan was 93%, compared to 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 carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

- The practice carried out Dementia screening and signposted patients and their relatives or carers to support groups.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 January 2016. The results showed the practice was performing in line with local and national averages. A total of 350 survey forms were distributed and 100 were returned. This represented 1% of the practice's patient list.

- 86% found it easy to get through to this practice by phone compared to a clinical commissioning group (CCG) average of 79% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86% and a national average of 85%.
- 89% described the overall experience of their GP practice as fairly good or very good compared to a CCG average of 87% and a national average of 85%.

- 88% said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared to a CCG average of 79% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. Many of the patients had been registered with the practice for a number of years because they were satisfied with the service provided. Comments included that patients were treated as individuals and with dignity and respect. Staff were considered to be brilliant and caring and kind. In addition, patients had also mentioned particular staff members by named praising their conduct and professional manner.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Dr A R Tollast & Partners

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, a second CQC inspector, and a practice manager specialist adviser.

Background to Dr A R Tollast & Partners

Dr A R Tollast and Partners is situated in an urban area of Portsmouth, on a retail estate. The practice is also known as Sunnyside Medical Centre. The practice has five partners and three salaried GPs. Six of the GPs are female and two GPs are male. The practice is a training practice for doctors to become GPs. The practice also has medical students for placements. The practice has a practice manager and a business manager; seven practice nurses and four healthcare assistants. In addition there is a team of administration and reception staff.

The premises are purpose built and offer level access for patients with limited mobility. All consulting and treatment rooms are on the ground floor.

The practice holds a primary medical service contract and has approximately 13,200 patients registered. There are slightly higher numbers of patients who are 25 to 49 years old, when compared with the national figures. There are a small number of patients with English as a second language and translation services are available when needed.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8am to 1.30pm and 2.30pm

until 6pm. In addition appointments are available on alternate Saturday mornings from 8am until 11.15am and on alternate Tuesday and Thursday evening from 6.30pm until 8pm.

The urgent care clinic is open on weekdays between 8.30am and 10.30am and from 3pm until 5pm. The urgent care team consists of a GP, a practice nurse and a healthcare assistant. Patients are able to arrive on the day and be seen. Five of the GPs offer telephone consultations prior to asking patients to attend the practice. The other GPs preferred to offer face to face consultations. Children are always seen on the same day. Information on practice opening times and appointment times are displayed on the practice website, within their practice leaflet and on the information screen in the waiting room.

We inspected the only location:

Sunnyside Medical Centre

Southsea

Portsmouth

PO4 8TA

Why we carried out this inspection

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

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 January 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice nurses, practice management staff and administration staff and spoke with patients who used the service.
- 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

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 thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there was an incident where a used needle, was left on the top of one of the fridges in a treatment room. This was recorded as a significant event and discussed at a practice meeting. As a result of this incident the sharps protocol was displayed in every treatment and consulting room and staff were reminded of the importance of ensuring used needles were disposed of safely and immediately after use.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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 relevant to their role. GPs were trained to Safeguarding level three. All staff had received training in safeguarding vulnerable adults.
- 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 check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice 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 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 and security). 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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions for example flu vaccines and child immunisations had been adopted by the practice to allow nurses to administer medicines in line with legislation. One of the practice nurses was a non-medical prescriber and was able to demonstrate that they had received the required training to carry out the role. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccines after specific training when a doctor or nurse were on the premises.
- The practice used electronic thermometers in the three medicines fridges. This captured data which could be downloaded onto a computer and analysed to find out what fridge temperatures were over a period of time and to check for any breaks in the cold chain. When needed appropriate actions was taken. The practice said there was an incident where five vaccines had not been refrigerated. They contacted the supplier and disposed of the vaccines in accordance with the advice given, as they were no longer safe to use.

Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

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. However, the practice had not carried out a fire drill since August 2014 and the one planned for August 2015 had not taken place. 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice told us of an emergency which had occurred at the practice eight weeks prior to our inspection. This involved an infant who had a respiratory arrest; this is when a patient stops breathing. Staff responded and commenced oxygen therapy and resuscitation and called for an emergency ambulance. The infant was taken to hospital and was later said to be stable. This was written up as a significant incident to show how training had been put into practice and the teamwork displayed by staff members.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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 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. This practice was not an outlier for any QOF (or other national) clinical targets for those areas which had been reported on. We saw that there were not records for blood pressure monitoring of patients with diabetes. The practice was aware of this and said patients were offered appropriate checks, but chose not to have them. Data from 2014 to 2015 showed:

- Performance for diabetes related indicators was better than the national average. For example, 90% of patients on the diabetes register had a foot examination in the previous 12 months, compared with the national average of 88%.
- The percentage of patients with high blood pressure having regular blood pressure checks was similar to the national average. A total of 83% of patients with high blood pressure had had their blood pressure measured at the practice, compared with the national average of 84%.
- Performance for mental health related indicators was similar to the national average.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Information about patients' outcomes was used to make improvements. For example, following an audit action was taken for ensuring patients who had an operation to remove their spleen. Due to this operation patients were at risk of infection and the audit monitored whether they were receiving appropriate prophylactic (preventative) antibiotics and had received vaccines to support their immune systems. An audit of 11 patients was carried out in January 2015 which showed that one patient had not been taking their antibiotics and six had not received a pneumonia vaccine at five yearly intervals, as recommended. The audit was repeated in January 2016 and demonstrated some improvement in practice. The second audit included on this occasion 14 patients of which, one patient had not been taking their antibiotics and five patients had not received a pneumonia vaccine at five yearly intervals. This audit confirmed 10 of the patients had received the combined meningitis vaccine.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- The practice was a training practice. The registrar currently in training said they were supported and always had a GP they could speak with for advice. They had been provided with appropriate training and supervision to carry out their role.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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 recorded in patient records at the time of the treatment.

Supporting patients to live healthier lives

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

- These included 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 support for drug or alcohol misuse. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 88%, which was better than the national average of 82%. 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.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates given to under two year olds ranged from 93% to 100% 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 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 30 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 one member of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 96% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 85% said they found the receptionists at the practice helpful compared to the CCG average of 87% and 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 on the comment cards we received was also positive and aligned with these views.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, when assisting a patient of no fixed abode they provided warm clothing and food, as well as care and treatment.

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 or above local and national averages. For example:

- 98% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 93% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a 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 the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice gave us an example of a patient who was visiting from another area and two other GP practices had declined to treat this patient. The patient had a terminal illness and required daily care, which included wound dressing and chemotherapy. The practice arranged this and made referrals to the palliative care team in the area. The team supported the patient until they were admitted into a local hospital just prior to their death.
- The practice worked with mental health teams in the community with patients who misused drugs or alcohol.
- There were longer appointments available for patients with a learning disability.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 1.30pm and 2.30pm until 6pm. In addition appointments were available on alternate Saturday mornings from 8am until 11.15am and on alternate Tuesday and Thursday evening from 6.30pm until 8pm.

The urgent care clinic was open on weekdays between 8.30am and 10.30am and 3pm until 5pm. The urgent care team consisted of a GP, a practice nurse and a healthcare assistant. Patients were able to arrive on the day and been seen. One patient told us they had once arrived 10 minutes after the clinic closed the reception staff phoned the urgent care team and they ensured the patient was seen.

Five of the GPs offered telephone consultations prior to asking a patient to attend the practice. The other GPs preferred to offer face to face consultations. Children were

always seen on the same day. Information on practice opening times and appointment times were displayed on the practice website, within their practice leaflet and on the information screen in the waiting room.

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.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 86% patients said they could get through easily to the practice by phone compared to the CCG average of 79% and national average of 73%.
- 58% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 61% and national average of 60%.

Patients 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 on the practice website, within the practice leaflet and on the display screen in the waiting area.

We looked at three of the 20 complaints received in the last 12 months and found that each concern was investigated thoroughly and transparently. Where necessary the patient was provided with a written apology. When the complaint was closed the practice manager wrote to the patient and stated that if the patient required further information then they were welcome to contact the practice again.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient made a complaint about the clinical care they had received. The practice manager acknowledged the complaint and included an apology for

Are services responsive to people's needs?

(for example, to feedback?)

the distress caused. The GP involved arranged an appointment for the patient to provide a full explanation of their clinical decision. Records also showed that this was discussed at a practice meeting.

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. Their mission was to work in partnership with patients to maintain and improve health.

- The practice's mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice had recruited an IT manager to assist with changing the software system six months prior to the inspection and to provide ongoing support. This including developing clinical templates for use in consultations.
- The practice was aware of the changes in funding which would result in a reduction of income over the next five years. They had plans to increase their patient list and increase income through teaching medical students and doctors who were training to become GPs, in order that patient services were not affected.

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. The policies were reviewed on a regular basis and we found that there was version control, to ensure staff were accessing the most current policy. The policies were available in hard copy or on the shared computer drive. Current policies were on a green background to aid identification.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- During their presentation the lead partner said there was a management structure in place, but it was not hierarchical. Staff we spoke with confirmed this.
- 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 in doing so and felt supported if they did. We noted team away days were held annually.
- Staff said there were social events such as the staff Christmas party.
- 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.
- The practice ran a staff recognition scheme. Each quarter, team managers would nominate staff members

Are services well-led?

Good 

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

who had performed well, the partners would then decide who would receive the accolade. In addition a quarterly newsletter was produced for staff to inform them of the latest news and updates to 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 participation group (PPG) and through surveys and complaints received. There was an active virtual PPG which carried out patient surveys and submitted proposals for improvements to the practice management team. For example, concerns were raised about the position of waste bins outside the building and this was addressed. Also, the PPG were involved in forming the patient charter which was displayed in the waiting room.
- The PPG representative we spoke with said they had had two face to face informal meetings as a group and were planning to launch the group formally in February 2016, to enable more face to face meetings to take place and drive improvement.

- The practice had gathered feedback from staff through staff away days and generally 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. For example, they attended the practice annual away day where significant events and complaints for the year were discussed.

Continuous improvement

There was a strong 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.

For example, the practice participated in the virtual wards run in the Clinical Commission Group (CCG). These had recently been re-launched to enable GPs to attend and discuss patient care with other health professional, such as consultant geriatricians and community nurses. The virtual ward was for the discussion about patients who were frail or at risk of hospital admission.

A practice nurse was involved in revalidation for nurses in the CCG area and would be taking the role of confirmer for the CCG, as well as the practice. The practice nurse told us that they would ensure that appraisal and revalidation dates would be aligned to enable nurses to revalidate.