

Grove Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Requires improvement 

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 Grove Surgery on 16 August 2017. 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 a system in place for reporting and recording significant events. Events were discussed with those involved in the significant event.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- The practice held monthly multidisciplinary team meetings to discuss safeguarding.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- The practice performance for the Quality and Outcomes Framework scores was above local and national averages.
- The practice uptake for cervical screening was lower than local and national averages.
- Patients we spoke with told us they were treated with care, dignity and respect.
- The results of the GP patient survey, published in July 2017, were lower than local and national averages for several aspects of care. However, the practice had a clear action plan in place to address this, including a practice specific survey.
- The practice had a bereavement process which included the review of recently bereaved patients and their families in multidisciplinary team meetings.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns. The practice discussed complaints in clinical meetings.
- Patients we spoke with said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. Translation services were also available.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour; we saw evidence which showed the practice complied with these requirements.
- Continue to act on and ensure improvement to national GP patient survey results to improve patient satisfaction.
- Continue to encourage patients to attend appointments for all cancer screening.
- Review the practice process relating to exception reporting of patients with a long term condition to ensure all patients are followed up.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

The areas where the provider should make improvements are:

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



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. The practice shared the outcomes of significant events with the staff members involved. We saw evidence that action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, detailed information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety, including a log of risk assessments.
- Staff demonstrated they understood their responsibilities relating to safeguarding children and vulnerable adults and had received training relevant to their role. There were regular monthly multidisciplinary meetings to discuss adult and children's safeguarding cases.
- The practice had adequate arrangements to respond to emergencies and major incidents.

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 above average compared to the local and national averages, with the practice achieving 99.8% for 2015/16.
- The practice's uptake for the cervical screening programme was 68%, which was lower than the CCG average of 77% and the England average of 73%.
- Staff were aware of current evidence based guidance and these were regularly discussed in meetings.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. Staff commented that these were helpful and meaningful.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, including health visitors, social services and district nurses.
- End of life care was coordinated with other services involved, including hospice nurses.

Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey, published in July 2017, showed patients rated the practice below others for several aspects of care. The practice were aware of this and had held a meeting to discuss how to address the outcomes.
- Patients we spoke with reported 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had a bereavement process which included review of these patients and their families in multidisciplinary team meetings.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice had implemented translation services in the practice and on the website to support the 43% of their patients who did not have English as a first language.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer. The practice had innovative strategies to assist patients living with dementia and had positive feedback from patients regarding this
- Results from the GP patient survey, published in July 2017, were lower than local and national averages. The practice had recognised this and reviewed the appointments system. As a result, the practice had changed the way patients could access care by incorporating telephone triage and telephone appointments.

Good



Summary of findings

- The practice had innovative strategies to assist patients living with dementia and had positive feedback from patients regarding this.
- Patients we spoke with said they found it easy to make an appointment 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 evidence from four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared in clinical meetings.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. The practice were proactive in promoting and strengthening team relationships within each team and as a whole practice team.
- The provider was aware of the requirements of the duty of candour. In the documentation we reviewed we saw evidence which showed the practice complied with these requirements.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted upon. The practice engaged with the patient participation group. Staff had reported that they would like to be more informed regarding changes relating to the merger with the local practices.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and the practice had funded NVQ's and part funded a degree for a member of the administration team.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Each patient had a named GP.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care. The practice held a palliative care meeting monthly which included district and hospice nurses.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. The practice held a frailty register, and these patients were reviewed regularly in clinical meetings.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- To ensure continuity of care and proactive management, the practice had recently set up a care home team who planned to specialise in caring for patients in care homes and those unable to travel to the surgery.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management, including respiratory conditions and diabetes. Patients at risk of hospital admission were identified as a priority.
- The practice ensured that patients with multiple conditions were reviewed in a single appointment.
- Performance for diabetes related indicators was 100%, this was higher than the CCG average of 91% and national average of

Summary of findings

90%. The exception reporting rate was 21%, which was higher than the CCG average of 15% and the national average rate of 12%. The prevalence of diabetes was 8% which was equal to the CCG average and 1% above the national average.

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- The practice was piloting new models of care for the management of patients diagnosed with prostate cancer and extended diabetes care.
- All these patients had a named GP and there was a system to recall patients for 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, including district nurses, to deliver a multidisciplinary package of care.

Families, children and young people

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

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice held a monthly safeguarding meeting to discuss children at risk.
- Immunisation rates were high standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided support for women during and after pregnancy. The practice worked with midwives and health visitors on a regular basis and encouraged participation in the multidisciplinary team meetings. Patients from the practice were able to access midwife services at the Thetford Healthy Living Centre.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- The practice actively promoted sexual health and offered referrals to the local sexual health clinic.
- The practice offered school readiness checks to children.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care; for example, extended opening hours.
- 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 telephone appointments for working age people who found it difficult to get to the surgery.
- The practice offered health checks for this population group, including blood pressure and cholesterol checks.
- The practice had an active social media platform for this patient group.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice supported a local care home for people with a learning disability and had a dedicated clinician who carried out home visits to complete health checks and routine appointments.
- The practice offered longer appointments for patients with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, including social services.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Summary of findings

- The practice also held an 'SOS' list of patients. This list was for any patient who may need additional support and these patients were discussed at multidisciplinary team meetings.

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).

- The practice carried out advance care planning for patients living with dementia and supported many local care homes for people with dementia.
- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the year 2016/17, which was higher than the national average of 84%.
- The practice regularly pre-screened patients for dementia and referred patients to the memory clinic.
- The practice had implemented strategies to assist those patients with dementia. The practice offered colour coded appointment time cards which had a picture of the clinician they were booked to see. The colour coding matched the seating in reception to make locating clinicians easier. The practice also supported the local dementia group and had carried out a dementia awareness day.
- There was dementia friendly signage in the practice and staff were trained in dementia awareness.
- Performance for mental health related indicators was 100%. This was 4% above the CCG average and 7% above the national average. The exception reporting rate was 19%, which was higher than the CCG average of 14% and national average of 11%. The prevalence of patients with recorded mental health conditions in the practice was 1%, which was equal to the CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. This included the local wellbeing team, which was external to the practice.
- The practice had information available for patients experiencing poor mental health about how they could access a number of support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- The practice also co-owns a local healthy living centre which offers psychological support via a well-being clinic.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing below local and national averages. 299 survey forms were distributed and 124 were returned. This represented a 41% response rate.

- 80% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) and national averages of 85%.
- 67% of patients described their experience of making an appointment as good compared with the CCG and national averages of 73%.

- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national averages of 77%.

The comprehensive inspection was announced with limited notice, therefore we did not ask for CQC comment cards to be completed by patients prior to our inspection.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and found staff were approachable, committed and caring. All seven patients said they would recommend the surgery to someone new in the area.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to act on and ensure improvement to national GP patient survey results to improve patient satisfaction.
- Explore ways to encourage patients to attend appointments for all cancer screening, disease prevention
- Review the practice process relating to exception reporting of patients with a long term condition to ensure all patients are followed up.

Grove Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Grove Surgery

Grove Surgery provides services to approximately 13,300 patients in Thetford, a town in the south of Norfolk.

The practice has nine GPs; three female and six male. Six of the GPs (one female, five male) are partners and three are salaried GPs. There is a practice manager and an assistant practice manager. The practice employs two nurse practitioners, four practice nurses, two healthcare assistants and one assistant practitioner who has a foundation degree in nursing. There is also a nurse manager one day per week. Other staff include seven receptionists and a reception manager, three administration staff and three prescription clerks.

The practice holds a General Medical Services (GMS) contract with South Norfolk Clinical Commissioning Group (CCG) which is a nationally agreed contract to deliver primary care services. The practice has an overarching framework for the merger with the other two local practices. The practice has completed the contractual process of merging with two other local practices to further enhance the services offered to patients. This is part of a four year plan and involves close working with the local CCG and NHS England.

Grove Surgery is a training practice. The practice teaches first and final year medical students, as well as registrars.

Registrars are doctors who are training to become GPs. The surgery is also planning to start training nursing students next year. The practice has gained positive feedback from the students regarding the level of teaching at the practice.

We reviewed the most recent data available to us from Public Health England which showed the practice has a larger number of patients aged 25 to 29 and 50-54 compared to the national average. Apart from these age groups, the practice population is in line with national averages. Income deprivation affecting children is 19%, which is higher than the CCG average of 13% and lower than the national average of 20%. Income deprivation affecting older people is 17%, which is higher than the CCG average of 12% and the national average of 16%. Life expectancy for patients at the practice is 80 years for males and 82 years for females; this is comparable to the CCG and England expectancy which is 79 years and 83 years respectively.

The practice is open between 8.30am and 6.30pm Monday to Friday. Extended hours appointments are available fortnightly on Mondays until 7.30pm and on Saturday mornings until 11.15am. Appointments can be booked up to four weeks in advance with GPs and nurses. Urgent appointments are available for people that need them, as well as telephone appointments. Online appointments are available. There is a duty doctor on call between 8am and 8.30am.

When the practice is closed patients are automatically diverted to the GP out of hour's service provided by the Integrated Care 24. Patients can also access advice via the NHS 111 service.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the clinical commissioning group and local medical council to share what they knew. We carried out an announced visit on 16 August 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, administration staff and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.

- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, detailed information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an analysis of the individual significant events.
- We saw evidence that learning was shared with those involved in the significant event. There was evidence that action was taken to improve safety in the practice and staff were able to give examples of learning from significant events. For example, changes had been implemented to the security of giving online passwords to patients following a significant event. The practice also routinely monitored trends in significant events and evaluated any action taken.
- The practice had an effective system in place for the management of patient safety alerts. They are managed by the prescribing lead who will alert the named GP to review the patient. We looked at three alerts and found these were managed appropriately.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 were posters in all clinical rooms that highlighted the process for safeguarding. There was a lead GP for safeguarding.
- GPs attended monthly safeguarding meetings to discuss children and adults and provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to the appropriate level to manage child protection or child safeguarding (level three).
- Notices in the waiting room and clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The nurse manager was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The IPC lead and another nurse had attended update training for the role. There was an IPC protocol and staff had received up to date training. Six monthly IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the clinical waste bins had been changed as a result of the audit.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being given to

Are services safe?

patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management teams, to ensure prescribing was in line with evidence based guidelines for safe prescribing.

- Blank prescription forms and pads were securely stored and there were systems to monitor their use. Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role and had monthly one to one meetings and peer reviews.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and there was an effective process to ensure these were up to date and signed. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

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 employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy and risk assessment available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.

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

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) evidence based guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and regular weekly meetings where guidelines were discussed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

The overall exception reporting was 12% which was 1% above the CCG average and 2% above the national average. (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 reviewed the records of some patients that had been exception reported and found these had been appropriate.

Data from 2015/16 showed:

- Performance for diabetes related indicators was 100%, this was higher than the CCG average of 91% and national average of 90%. The exception reporting rate was 20%, which was higher than the CCG average of 15% and the national average rate of 12%. The prevalence of diabetes was 6% which was equal to the CCG average and 1% below the national average.
- Performance for mental health related indicators was 99%. This was 3% above the CCG average and 6% above the national average. The exception reporting rate was

10%, which was lower than the CCG average of 14% and national average of 11%. The prevalence of patients with recorded mental health conditions in the practice was 1%, which was equal to the CCG and national averages.

- Performance for dementia related indicators was 100%, which was 1% above the CCG average and 3% above the national average. The exception reporting rate was 10%, which was below the CCG average of 15% and national average of 13%. The prevalence of dementia was 1% which was equal to the CCG and national averages.
- The prevalence of patients recorded as having depression was 11%, which was lower than the CCG and national prevalence of 8%. The performance for depression related indicators was 100%. This was 6% above the CCG average and 8% above the national average. The exception reporting rate was 34%, which was higher than the CCG average of 23% and national average of 22%.

There was evidence of quality improvement including clinical audit:

- There had been 10 clinical audits commenced in the last two years, seven of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, after a significant event, the practice completed an audit and developed a template for patients taking a combined oral contraceptive to improve the monitoring of these patients. Recent figures showed all patients on the medicine had received a review.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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. There was also a role specific induction for staff.

Are services effective?

(for example, treatment is effective)

- 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 specific training in diabetes and respiratory management.
- 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 online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff commented that they felt supported with training needs.

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.
- From the sample of documented examples we reviewed we found that 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.

Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. This included meetings with the health visitor, social services and district nurses.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice had a list of patients at the end of life which also held a list of recently bereaved family members. These were discussed in the monthly palliative care meeting.

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.
- Written consent was gained for minor operations.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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.
- The practice actively signposted patients to the local wellbeing service.

The practice's uptake for the cervical screening programme was 68%, which was lower than the CCG average of 77% and the England average of 73%. Patients who did not attend for their cervical screening test were followed up to

Are services effective?

(for example, treatment is effective)

encourage attendance. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice was also developing a new service for patients diagnosed with prostate cancer to provide more care from the practice and reduce the need for secondary care input.

- 60% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months which was comparable to the CCG average of 66% and the England average of 58%.
- 72% of females aged 50 to 70 had been screened for breast cancer in the last 36 months which was comparable to the CCG average of 79% and an England average of 73%.

Childhood immunisation rates were above or in line with CCG and national averages. Due to a significant event and in response to low uptake, the immunisation lead had developed a new template for immunisations and ensured any changes to immunisations were discussed in nurse meetings. The practice was confident immunisation care had improved and that they would hit all targets in the coming year. Flexible appointments were available for patients receiving childhood immunisations and the practice also held immunisation clinics.

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. The practice had completed 1526 NHS health checks in the year 2016/17. 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

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The comprehensive inspection was announced with limited notice, therefore we did not ask for CQC comment cards to be completed by patients prior to our inspection.

We spoke with seven patients during the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2017, showed some patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national averages of 89%.
- 75% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 86%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.

- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 86%.
- 86% of patients said the nurse was good at listening to them compared with the CCG average of 92% and the national average of 91%.
- 92% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG and national averages of 87%.

The practice had held a meeting to discuss the outcomes of the survey and formulated an action plan. For example, the practice had set up a 'buddy' system to ensure continuity of care. This meant that when the patient's usual GP was unavailable, another GP who is aware of the patients' needs will see them. The practice had compiled a survey which focused on areas of poor performance from the GP patient survey. The practice planned to disseminate this in September 2017 to monitor improvements and gain further feedback on the changes made to practice. The practice was aware of the survey and had received positive feedback in relation to the changes made in the care for patients living with dementia.

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. We saw that care plans were personalised. Children and young people were treated in an age-appropriate way and recognised as individuals.

Are services caring?

Results from the national GP patient survey, published in July 2017, showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national averages of 90%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice had employed four new GP partners in the past year to replace recently retired GP partners. The practice reported they felt this had an impact on the GP patient survey results as some of these partners had been in post many years. The practice felt these outcomes would improve once the patients had adapted to the new GPs.

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

- Staff told us that interpretation 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 and the website was available in different languages. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format.
- The practice was a dementia friendly practice.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 163 patients as carers (1.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. There was information in the waiting room about local carers groups.

Staff told us that if families had experienced bereavement, their usual GP contacted them. 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. The practice kept a list of patients recently bereaved which was available to all staff. Recently bereaved patients were reviewed in meetings to alert clinicians and discuss avenues of support that were available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours appointments fortnightly on Mondays from 6.30pm to 7.30pm and on Saturday mornings until 11.15am.
- There were longer appointments available for patients with a learning disability. The practice supported a home for patients with learning disabilities and carried out regular visits to the home. This was completed by one clinician for continuity of care.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice were about to pilot a new dedicated care home team to further improve management of patients living in care homes.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. There were planned multidisciplinary meetings to discuss these patients. The practice kept an up to date log of these patients to enhance monitoring.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available. The practice had 43% of patients who did not have English as a first language. The practice had the check in screen, practice leaflet and website available in different languages.
- The practice had printed books detailing services available in the area and planned to send them to 10,000 homes on the patient list to ensure patients were aware of services available in the area. The books included information on local services, advice and contact details.

- The practice had implemented strategies to assist those patients with dementia. The practice offered colour coded appointment time cards which had a picture of the clinician they were booked to see. The colour coding matched the seating in reception to make locating clinicians easier. The practice supported the local dementia group and had carried out a dementia awareness day, with the assistance of a patient participation group member. There was dementia friendly signage in the practice and staff were trained in dementia awareness. The practice had gained feedback from patients with dementia and their families. Comments received were all positive and mentioned empowerment, easier access and increased independence.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services, for example, the practice was accessible for patients with disabilities.
- The practice were in the process of setting up a sexual screening clinic with neighbouring practices and Public Health to target and respond to the late diagnosis of HIV in the area.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. The practice offered extended hours appointments fortnightly on Mondays until 7.30pm and on Saturday mornings until 11.15am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them, as well as telephone consultations.

Results from the national GP patient survey, published in July 2017, showed that patient's satisfaction with how they could access care and treatment was in line with or below local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 67% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 71%.

Are services responsive to people's needs?

(for example, to feedback?)

- 83% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 86% and the national average of 84%.
- 81% of patients said their last appointment was convenient compared with the CCG average of 84% and the national average of 81%.
- 67% of patients described their experience of making an appointment as good compared with the CCG and national averages of 73%.
- 43% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

The practice recognised that certain areas of this data was low. They had recently reviewed the appointments system and offered telephone consultations where appropriate to improve access. The practice also regularly reviewed the appointments system to ensure it was effective. The practice were in the process of gathering data relating to waiting times within the practice to formulate an action plan to improve this.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system to assess:

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

The reception team triaged home visit appointments and placed all requests on the duty doctor list. These were then assessed by the on call doctor and allocated as

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

Listening and learning from concerns and complaints

The practice had a system 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. Verbal complaints were also recorded and responded to accordingly.
- We saw that information was available to help patients understand the complaints system. Leaflets were available in the waiting room and there was information on the website relating to how to complain.

We looked at four complaints received in the last 12 months and found they were dealt with in a timely way, with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, there had been a change in the baby immunisation process following a complaint. The practice shared learning from complaints in clinical meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision and practice charter to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed on the website and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The practice also had an overarching framework for the merger with the other two local practices. The practice had completed the contractual process of merging with two other local practices to further enhance the services offered to patients. This was part of a four year plan and involved close working with the local clinical commissioning group and NHS England. The practice specific framework outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as safeguarding and infection control.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held quarterly which provided an opportunity for staff to learn about the performance of the practice. There were also a variety of other meetings held monthly including safeguarding, palliative care and staff group meetings. There were weekly open meetings to discuss clinical matters which were attended by the GPs and nursing staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice were able to demonstrate comprehensive risk assessments.
- We saw some evidence from minutes of a meetings structure that allowed for some lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff we spoke with on the day of our inspection told us the partners were approachable and always took the time to listen to all members of staff and were supportive for training needs. Staff highlighted that there was an open door policy with all of the GPs.

To assist the completion of the merger with two other local practices, the partners offered help, support and guidance to these other practices. Some staff we spoke with reported they would like more information on the details and updates relating to the merger.

The provider was aware of and had systems 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 training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure, both within the practice and within the team responsible for the merger, and staff felt supported by management.

Are services well-led?

Good 

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

- The practice held and recorded a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs met monthly with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings quarterly.
- 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 team away days and social events were held. Minutes were comprehensive and were available for practice staff to view.
- 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. However, some staff reported they would like more updates relating to the proposed merger.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice had a virtual PPG which was kept up to date with practice news. A practice newsletter was available in reception and via email if

patients had given their email address to the practice. The practice had been responsive to the GP patient survey and had implemented new strategies to improve the patient experience. This included implementing a 'buddy' GP system to improve continuity of care.

- The NHS Friends and Family test, complaints and compliments received.
- Staff through social events, regular staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, reception had recommended a change in the phlebotomy clinic appointments which had been trialled by the practice. Feedback from patients and staff was positive and therefore the new strategy was implemented. Staff told us they felt involved and engaged to improve how the practice was run but would like more information relating to the merger.

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 such as diabetic and prostate cancer care. The practice had supported and had funded and part funded staff to complete extra qualifications including a degree and NVQ's. The practice was supporting a GP to undertake training in vasectomies. The practice was active in research and teaching and was keen to continue this and implement teaching nursing students. Staff were also positive about the opportunities that the merger would offer, including working across the different sites.