

Portslade Health Centre Medical Practice

Quality Report

Portslade Health Centre

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Date of inspection visit: 30 September 2015

Date of publication: 17/12/2015

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?

Outstanding 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Portslade Health Centre Medical Practice on 30 September 2015. Overall the practice is rated as good. Specifically, we found the practice to be outstanding for providing well led services. The practice was good for providing safe, effective, caring and responsive services. The practice was also rated as good for providing services for 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 and people experiencing poor mental health (including people with dementia).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near

misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. All opportunities for learning from internal and external incidents were maximised.

- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.
- The practice team was forward thinking and creative and was part of local and national pilot schemes to improve outcomes for patients in the area. Staff were encouraged to be innovative in their approach to improving outcomes for patients and to meet individual patients' needs.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Governance arrangements reflected best practice guidance.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. High standards were promoted and owned by all practice staff with evidence of team working across all roles. There was a clear leadership structure and staff felt well supported by management.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned. Staff were encouraged to progress and develop within their roles.
- 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.
- Urgent appointments were available on the day they were requested. However, some patients told us that they sometimes had to wait for non-urgent appointments with a named GP.
- The practice proactively sought feedback from staff, patients and members of their patient participation group (PPG), which it acted upon.

We saw areas of outstanding practice including:

- There was a strong focus upon openness, transparency, continual learning and improvement at all levels within the practice. Leaders were highly visible, accessible and effective. The practice team was forward thinking and creative and was part of local and national pilot schemes to improve outcomes for patients.
- The practice provided a weekly drop in sexual health service for young patients under the age of 24 years. This service was also open to young patients not registered with the practice.

There were areas of practice where the provider needs to make improvements.

The provider should:

- Ensure the practice staff training matrix is updated to reflect the training planned and completed.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe. Emergency procedures were in place to respond to medical emergencies. The practice had policies and procedures in place to help with continued running of the service in the event of an emergency. The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked closely with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect. The waiting and reception areas were combined therefore the practice used practical ways of maintaining confidentiality, including asking patients if they wished to talk in a separate room. Staff were able to demonstrate how they built positive relationships with patients who used the practice in order to provide individual support.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to

Good



Summary of findings

secure improvements to services where these were identified. Patients told us they could get urgent appointments available the same day but sometimes had to wait to get routine appointments with the GP of their choice. 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as outstanding for being well-led. The practice had a clear vision with quality and safety as its top priority. High standards were promoted and owned by all practice staff and teams worked together across all roles. There was a strong focus on continuous learning and improvement at all levels. Staff were motivated to succeed and further develop within their roles. Governance and performance management arrangements had been proactively reviewed and took account of current best practice guidance. The practice team was forward thinking and creative and was part of local and national pilot schemes to improve outcomes for patients in the area. There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice gathered feedback from patients and had an active patient participation group (PPG).

Outstanding



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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. Elderly patients with complex care needs, for example, dementia and end of life care and those at risk of hospital admission, all had personalised care plans that were shared with local organisations to facilitate the continuity of care. The practice worked closely with the community nursing team who were located within the practice premises. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice supported residents at local residential and nursing homes and provided regular visits, medicine reviews and physical checks.

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. The practice had identified lead administrators to support the recall of patients with each individual long term condition. 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors. 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 A&E attendances. Immunisation rates were good for all standard childhood immunisations. A flexible appointment system was offered to promote access to childhood immunisations. 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. The practice had taken part in a national Youth Champion pilot which produced a toolkit to support

Good



Summary of findings

practices in providing optimum primary care services for young people. Young people involved in the project had designed an insert for the practice information booklet on services available to young patients within the practice.

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. For example, the practice offered a drop in sexual health service for young patients under the age of 24 years. This service was also available to young patients not registered with the practice. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Electronic prescribing services enabled patients to request repeat prescriptions and have them sent directly to a pharmacy of their choice. Patients could request to receive text message reminders of their appointments. The practice provided temporary resident's status for students returning from university and provided pre university vaccinations. Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.

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 those with a learning disability. The practice offered longer appointments and carried out annual health checks with a lead nurse for patients with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. The practice provided information to ensure that vulnerable patients knew how to access various support groups and voluntary organisations. For example, community substance misuse teams provided support to patients on a weekly basis. The practice had identified a lead GP to support patients in substance misuse. 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. The practice worked closely with the clinical commissioning group (CCG) safeguarding team to share information about high risk cases of domestic violence. The practice provided an auditory loop in the surgery for those patients with hearing difficulties.

Good



Summary of findings

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 had identified a lead GP to support patients experiencing poor mental health. Patients with severe mental health needs had care plans in place and received annual physical health checks. Patients were referred promptly to local memory assessment services. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. A community mental health nurse visited the practice to provide regular support to patients. The practice provided information to patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views of the practice. We received 12 comment cards which contained positive comments about the practice. We also spoke with seven patients on the day of the inspection which included members of the Patient Participation Group (PPG).

Patients told us that they were respected, well cared for and treated with compassion. Patients described the excellent service they received from the practice which often exceeded their expectations. Patients told us they were given advice about their care and treatment which they understood and which met their needs. They described the GPs and nurses as highly supportive and caring and told us they always had enough time to discuss their medical concerns. The PPG members we spoke with told us they found the practice responsive and were confident they could influence change when required. They gave examples of how the practice had listened to and acted upon concerns raised.

We reviewed recent GP national survey data available for the practice on patient satisfaction. The national GP

patient survey results published in July 2015 showed the practice was comparable with or slightly above the local and national averages. There were 132 responses which represented a response rate of 44%.

- 81% found it easy to get through to this practice by phone compared with a CCG average of 76% and a national average of 73%.
- 82% found the receptionists at this practice helpful compared with a CCG average of 87% and a national average of 87%.
- 76% described their experience of making an appointment as good, with a CCG average of 76% and a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried, with a CCG average of 88% and a national average of 85%.
- 87% of patients described their overall experience of the practice as good, with a CCG average of 85% and a national average of 85%.
- 84% of patients said would recommend the practice to someone new to the area, with a CCG average of 78% and a national average of 78%.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure the practice staff training matrix is updated to reflect the training planned and completed.

Outstanding practice

- There was a strong focus upon openness, transparency, continual learning and improvement at all levels within the practice. Leaders were highly visible, accessible and effective. The practice team was forward thinking and creative and was part of local and national pilot schemes to improve outcomes for patients.
- The practice provided a weekly drop in sexual health service for young patients under the age of 24 years. This service was also open to young patients not registered with the practice.

Portslade Health Centre Medical Practice

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 second CQC Inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Portslade Health Centre Medical Practice

Portslade Health Centre Medical Practice offers general medical services to approximately 12,200 registered patients within the Portslade area of Brighton and Hove. The practice occupies a purpose built building which is owned by Sussex Community NHS Trust. A local pharmacy is situated at the front of the building and local community speech therapy and chiropody services also use the building.

The practice delivers services to patients in each of the defined aged groups, for example patients under the age of 18 years, patients over the age of 65 years and patients over the age of 85 years, in numbers which mirror the national averages for those age groups. Care is provided to patients living in residential and nursing home facilities and a local hospice. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is slightly higher than the national average.

Care and treatment is delivered by seven GP partners, one associate GP and one salaried GP. Six of the GPs are female and three are male. The practice employs a team of four practice nurses, one healthcare assistant and one phlebotomist. GPs and nurses are supported by the practice manager, an assistant practice manager and a team of reception and administration staff.

The practice was subject to a previous inspection on 21 May 2014. At this inspection we found that the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. The practice did not receive a rating for its services following this inspection.

The practice is a GP training practice and supports undergraduates and new registrar doctors in training. The practice also provides support for undergraduate nurses.

The practice is open from 8.00am to 6.30pm on weekdays.

Services are provided from:

Portslade Health Centre, Church Road, Portslade, East Sussex, BN41 1LX.

The practice has opted out of providing out of hours services to its own patients and uses the services of a local out of hours service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We carried out this comprehensive inspection of the practice, on 30 September 2015, under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This

Detailed findings

inspection was planned to check whether the provider was 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 the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the Brighton and Hove Clinical Commissioning Group (CCG). We carried out an announced visit on 30 September 2015. During our visit we spoke with a range of staff, including GPs, practice nurses, administration and reception staff.

We observed staff and patients interaction and talked with seven patients. We reviewed policies, procedures and operational records such as risk assessments and audits.

We reviewed 12 comment cards completed by patients, who shared their views and experiences of the service, in the two weeks prior to our visit. We also spoke with members of the patient participation group (PPG).

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 are provided for specific groups of people and what good care looks 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 living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely apology and were told about actions taken to improve care where appropriate. 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. All complaints received by the practice were entered onto the system. The practice held regular bi-monthly and also ad hoc meetings if required, to discuss and analyse significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve procedures or safety in the practice. For example, the practice had reviewed its process for the administration of child immunisations in response to one significant event which had involved a medicines administration error. All child immunisations were now checked by two nurses within the practice prior to their administration.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

The practice had a clear written policy to provide guidance to staff on the management of safety alerts. National patient safety alerts were disseminated to practice staff. Staff we spoke with were able to give examples of recent alerts relevant to the care they were responsible for. They also told us alerts were discussed at regular clinical meetings to ensure that staff were aware of any that were relevant to the practice and where they needed to take action.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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 children and vulnerable adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. For example, we saw that the practice worked closely with Brighton and Hove clinical commissioning group (CCG) safeguarding team to share information about high risk cases of domestic violence. Staff we spoke with had a clear knowledge of safeguarding procedures and were able to give examples of occasions when they had raised concerns. Staff demonstrated they understood their responsibilities and all had received training in the safeguarding of children and vulnerable adults at a level appropriate to their role.

- A notice was displayed in the treatment rooms, advising patients that chaperone services were available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- 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 situated in the staff area. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also had risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, the transportation and use of liquid nitrogen and the risk of exposure to legionella bacteria which is found in some water supplies.
- Appropriate standards of cleanliness and hygiene were maintained within the practice. We observed the premises to be clean and tidy. The lead practice nurse was the infection control lead within the practice. They ensured that all staff were up to date with best practice by providing annual updated training. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that the last audit had been completed in July 2015. The lead nurse reviewed

Are services safe?

progress against the action plan every three months. Three monthly random checks of cleaning and infection control processes were also undertaken by the lead nurse. We noted that the infection control lead nurse had maintained ongoing communication with the NHS estates team who managed the building in order to ensure maintenance concerns were addressed for example, floor seals had split in some areas and had required repair.

- 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 implemented a protocol for repeat prescribing which was in line with national guidance. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. Reviews were undertaken for patients on repeat medicines. All prescriptions were reviewed and signed by a GP before they were given to the patient. The practice held a small supply of controlled drugs. We looked at how controlled drugs were managed. Controlled drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. The records showed that the controlled drugs were stored, recorded and checked safely. Regular medicine audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up to date copies of these directions. Electronic prescribing services enabled patients to request repeat prescriptions and have them sent directly to a pharmacy of their choice.

- Recruitment checks were carried out and the personnel records we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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. We saw that this plan had last been reviewed in August 2015. The plan included emergency contact numbers for staff and other key organisations and services. The practice had a buddy practice arrangement which ensured essential support to either practice when this was required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. The practice monitored that these guidelines were followed through risk assessments and audits.

The practice ensured that patients had their needs assessed and care planned in accordance with evidence based best practice. We saw that patients received appropriate treatment and regular review of their condition. For example, the practice nurses managed the care of a number of patients with venous leg ulcers. The nurses worked closely with the local tissue viability nurse in the ongoing assessment and management of those patients. We saw there was a clear protocol to support nurses in wound management.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 95.6% out of the total points for 2013 /14, with 3.3% exception reporting.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013 /14 showed:

- Performance for diabetes related indicators were better than the national average. For example, 96.72% of patients with diabetes had received a flu immunisation in the preceding 1 September to 31 March, compared with a national average of 93.49%; the percentage of patients with diabetes whose last measured cholesterol was 5 mmol/l or less was 86.05% compared with a national average of 81.6%.

- Performance for mental health related indicators was better than the national average. For example: 92.11% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 86.09% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 91.57% compared with a national average of 88.65%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 85.42% compared with a national average of 83.83%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice had reviewed updated NICE guidance issued in 2014 in relation to the assessment, investigation and management of atrial fibrillation (atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate). The practice had assessed their patients with atrial fibrillation in July 2014 to determine if the new guidance would change their current management of those patients. Outcomes from the first audit related to the importance of anticoagulant therapy. Results of the second audit in July 2015 showed an improvement in the management of patients with atrial fibrillation and an increase in the use of recommended anticoagulants.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. New staff underwent a probationary period in which their competencies were reviewed. There was a locum pack available to provide key information to support locum GPs working within the practice.
- The learning needs of staff were identified through a system of appraisals. We saw that staff had access to appropriate training to meet these learning needs and

Are services effective?

(for example, treatment is effective)

to cover the scope of their work. Records seen showed that staff had received an appraisal within the last 12 months. There was a programme of ongoing supervision in place to provide support and the review of clinical practice of nurses.

- Staff received training that included: safeguarding, fire procedures, infection control, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Practice nurses were supported to access external training to ensure their continuous professional and personal development. One practice nurse was training to become a nurse practitioner whilst other nurses were trained to mentor student nurses.
- The practice nurse team were well supported by a comprehensive series of resource files which ensured their access to current best practice guidance and clear protocols to support their roles. The practice had developed a mentorship pack to support student nurses in training within the practice.

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 test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis to discuss patients with complex and palliative care needs and that care plans were routinely reviewed and updated. The practice had identified a lead GP for patients receiving end of life care and reviewed their needs under the Gold Standards Framework in conjunction with wider community and palliative care teams.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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. We found that the main principles of the Mental Capacity Act were summarised and displayed throughout the practice as a prompt to staff. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The practice ensured it met its responsibilities within current legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet or help giving up smoking. Patients were then signposted to the relevant service. For example, the practice worked closely with a diabetic nurse specialist to provide enhanced support to patients with diabetes. The practice healthcare assistant managed a smoking cessation service. An early evening support group was held within the practice to provide support from practice staff and peers. The healthcare assistant also provided telephone support to those patients who required it.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.27%, which was comparable to the national average of 81.89%. There was a policy to follow up patients who did not attend for their cervical screening test by telephone call or letter.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the MMR vaccinations given to under two year olds was 88% with the national average being 85%.

Flu vaccination rates for patients aged 65 and over were 74.35% which was comparable with the national average of 73.24%. Flu vaccination rates for patients in the defined clinical risk groups were 59.23%, compared with a national average of 52.29%.

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

Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74 which were carried out by the healthcare assistant. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The reception desk and waiting area were in one room. Reception staff informed us that it was policy not to discuss patients at the desk and to ensure that paperwork was not left on display. They also told us that if a patient wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We reviewed GP national survey data for July 2015 available for the practice on patient satisfaction. The evidence from the survey showed patients were satisfied with how they were treated and this was with compassion, dignity and respect. The practice was around average for its satisfaction scores on consultations with doctors and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

We received 12 patient CQC comment cards. All were positive about the service experienced. Patients said they

felt the practice offered a good service and GPs and nurses were helpful, caring and treated them with dignity and respect. We also spoke with seven patients on the day of our inspection. 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.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 aligned with these views.

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

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

The practice participated in the avoidance of unplanned hospital admissions scheme. There were regular meetings to discuss patients on the scheme and care plans were regularly reviewed with the patients. We saw that care plans were in place for those patients with long term conditions, those most at risk, patients with learning disabilities and those with mental health conditions.

We noted that the practice's QOF performance of 92% was above the national average for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a documented comprehensive care plan on file, agreed between individuals, their family and/or carers as appropriate, with the national average being at 86%.

Are services caring?

Staff told us that most patients had a first language of English but translation services were available for patients who did not.

Patient and carer support to cope emotionally with care and treatment

The results of the national GP survey showed that 84% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared to the CCG average of 85% and national average of 85%. 92% of patients said the nurses were also good at treating them with care and concern compared to the CCG average of 91% and national average of 90%. The patients we spoke with on the day of our inspection and the comment cards we received told us that they thought that staff responded compassionately when they needed help and provided support when required.

The practice held a register of patients who were carers and new carers were encouraged to register with the practice.

The practice computer system then alerted GPs and nurses if a patient was also a carer. We saw written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room and patient website signposted patients to a number of support groups and organisations. We saw examples of how the practice had provided help to carers including where to find additional support and how to access available funding.

The practice operated a system whereby all families who had suffered a bereavement were noted on an 'angel's board' within the administration area. This ensured the updating of electronic records to reflect the death of a patient and ensured the named GP was notified. The GP routinely wrote to or telephoned family members offering their sympathy and ongoing support and providing advice on how to access support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Home visits were available for patients who required them. The practice provided a dedicated telephone line for patients to request home visits.
- A named nurse carried out home visits to vulnerable housebound patients. This provided the opportunity to undertake a review of their long term conditions and if necessary to carry out a dementia assessment. The nurse was undertaking training as a nurse practitioner in order to further extend this role in the future.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available to patients.
- The practice had identified a lead nurse who undertook annual reviews of patients with learning disabilities and provided support to those patients and their carers.
- Staff were aware of appointments which needed extended time. For example, patients with a learning disability or reviews of certain long term conditions.
- The practice was resourceful and innovative in responding to the needs of vulnerable patients. For example, one nurse had identified a local optician with a specialist knowledge of supporting patients with a learning disability and had signposted patients to that service.
- Practice staff worked closely with the other services to meet the needs of patients. For example, nurses worked with the local tissue viability nurse in the ongoing assessment and management of patients with venous leg ulcers and with a diabetic nurse specialist to provide enhanced support to patients with diabetes.
- The practice had identified a named administrator to manage the recall system of each long term condition which supported information sharing between the nurses and the administration team.
- The practice worked closely with the community nursing and palliative care teams to ensure optimum support to patients receiving end of life care under the Gold Standards Framework.

- The practice had identified a lead GP in the management of patients who required support for substance abuse. Patients were able to access additional support from the local substance misuse team who attended the practice on a weekly basis.
- The practice had identified a lead GP to support the management of patients with serious mental health issues. They worked closely with community services who attended the practice to provide additional support to those patients.
- Patients were referred promptly to the memory assessment service and all patients with dementia were offered annual health reviews.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Pre-bookable appointments could be booked in advance via telephone, on-line or in person. Patients could also request appointments on the day, telephone consultations or home visits when appropriate. Urgent appointments were also available for people that needed them with the duty Doctor.

Results from the national GP patient survey showed that patients' satisfaction with regards to how they could access care and treatment was comparable with or slightly better than local and national averages. Results from the GP patient survey indicated that:

- 76% of patients described their experience of making an appointment as good, compared with the CCG average of 76% and national average of 73%.
- 81% of patients said they could get through easily to the surgery by phone compared to the CCG average of 76% and national average of 73%.
- 92% of patients said they were able to get an appointment to see or speak to someone the last time they tried which was similar to the CCG average of 88% and national average of 85%.
- 92% of patients said the last appointment they got was convenient compared to the CCG average of 92% and national average of 92%.
- 79% of patients said they usually waited 15 minutes or less after their appointment time which was similar to the CCG average of 66% and national average of 65%.

Information was available to patients about appointments on the practice website. This included how to arrange

Are services responsive to people's needs?

(for example, to feedback?)

urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed.

Listening and learning from concerns and complaints

The practice had a 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. The practice manager was the designated responsible person who handled complaints within the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and via a complaints leaflet held at reception. A suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke with told us that they had ever made a complaint.

We looked at the 17 complaints received by the practice within the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. We noted that lessons learned from individual complaints had been acted upon.

The practice held regular meetings where complaints were discussed and relevant learning was disseminated to staff. We saw evidence of actions taken in response to complaints raised. For example, we reviewed one complaint in which a patient had been dissatisfied with the outcome of a consultation with their GP. As a result, the practice had implemented a process to support both the patient and the GP by enabling a referral to be made to a different GP in situations when it was determined a consultation was not progressing well.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had a clear vision which had quality and safety as its top priority. Practice staff told us their vision was to deliver high quality care and promote good outcomes for patients. We found details of the aims and objectives in their statement of purpose. The practice aims and objectives included to provide a confidential and safe environment and to involve patients in decisions regarding their treatment. The aims and objectives also included a focus on ensuring that all staff members had the right skills and training to carry out their duties competently.

We spoke with 13 members of staff and they all knew and understood the practice values and knew what their responsibilities were in relation to these. High standards were promoted and owned by all practice staff with evidence of team working across all roles. Staff spoke very positively about the practice and were motivated to succeed.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and ensured 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.
- The practice had identified GPs and nurses to undertake lead roles in areas such as palliative care, mental health, learning disabilities and substance misuse.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Governance arrangements were reviewed and reflected best practice guidance.
- There was an open and transparent approach for the reporting, review and learning from significant events.
- There were clear arrangements for identifying, recording and managing risks and implementing mitigating actions.

- There were arrangements for the sharing of information between a series of practice meetings and robust recording of minutes relating to all meetings.
- Leadership within the practice encouraged continuous improvement. There was a proactive approach to seeking out and embedding new ways of providing care and treatment.

Leadership, openness and transparency

The GP partners and the practice manager had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. Their shared purpose motivated staff to succeed and further develop within their roles. The leadership team were highly visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners and the practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners and the practice manager encouraged all members of staff to identify opportunities to improve the service delivered.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. We spoke with members of the PPG who told us that they felt the practice listened to them. The practice website invited patients to become involved with the PPG and also shared the latest PPG survey report for 2014/15 and the corresponding action plan. We saw that there was a large notice board dedicated to the PPG located in a prominent position within the practice waiting

Are services well-led?

Outstanding



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

area. This highlighted the work undertaken by the group, its achievements, for example working with the practice in the installation of a new telephone system and invited other patients to join the group.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. For example, staff had recently been involved in the development of a checklist to support new members of staff in ensuring that all stages of the practice process were followed when completing the registration of a new patient.

The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice. Staff we spoke with told us they would have no concerns in using the policy to protect patients if they thought it necessary.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and creative and was part of local and national pilot schemes to improve outcomes for patients in the area.

For example:

- The practice took part in a national Youth Champion pilot which produced a toolkit to support practices in providing optimum primary care services for young people. Young people involved in the project had designed an insert for the practice information booklet on services available to young people within the practice.
- The practice provided a weekly drop in sexual health service for young patients under the age of 24 years. This service was also open to young patients not registered with the practice.
- The practice provided placements and mentoring support to student nurses in order to encourage nurses in training to consider practice nursing as part of their career progression. The practice had developed a comprehensive mentoring pack to support those nurses and to ensure that specific competencies were achieved during their placement with the practice.
- Staff were encouraged to be innovative in their approach to improving outcomes for patients and to meet individual patients' needs. For example, one nurse had identified a local optician with a specialist knowledge of supporting patients with a learning disability and had signposted patients to that service.