

Stockett Lane Surgery (Greensand Health Centre)

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stockett Lane Surgery (Greensand Health Centre) on 5 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice worked with the local council to deliver health improvement services for patients. Initiatives included health promotion coffee mornings and staff led health walks.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they sometimes found it difficult to make an appointment with a named GP although there were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had policies and procedures which governed staff recruitment. However, these had not

Summary of findings

ensured that appropriate references were received prior to staff commencing in post. For example, two newly appointed staff members had not had a reference returned from their most recent employer.

- Results from the national GP patient survey showed that patients scored the practice lower than average in some areas of GP consultations. However, patients we spoke with told us they were happy with their consultations.
- The practice scored lower than average in patient's satisfaction with opening hours and being able to get through to the practice by phone. The practice had recently changed the telephone system to improve this and to provide data to help them identify the issues and address them.

We saw two areas of outstanding practice:

- The practice had developed their smoking cessation service. They had identified that 52% of patients who had attended hospital through the accident and emergency (A&E) department were smokers. As a result, the project was designed to increase the number of smokers on the programme with an overall aim of improving their health and reducing admissions to A&E. Since starting the project the practice had increased the number of patients stopping smoking from 4 to 20.

- The practice had looked at improving services for young people and had introduced a mobile friendly website and a 'fast pass' system for children who were unwell and where parents may need to contact the practice quickly. The 'fast pass' was a direct dial telephone number that meant they could bypass the usual phone line. The practice had won a local 'pacesetter' award for this service where the practice was awarded for the service and for sharing best practice with other services. The 'fast pass' system had been extended to all patients where they were unwell, either acutely or over the long term so they could contact the practice more easily.

The areas where the provider should make improvement are:

- Continue to improve recruitment processes in order to help ensure that where references requested are not received, these are followed up.
- Continue to monitor patient satisfaction with regards to access to the practice, including telephone access and making appointments. Monitor and review patient satisfaction with GP consultations with a view to making improvements.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful 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 keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Recruitment processes were generally well managed although requests for references for newly appointed staff were not always followed up.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care but

Good



Summary of findings

lower in others. For example, the GP giving them enough time; confidence and trust in the last GP they saw; being involved in the decision made relating to their care and the last GP they spoke with treating them with care and concern.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had developed specific services and information for young people within the practice.
- The practice had won a local 'pacesetter' award for their services for young people.
- The practice had developed a 'fast pass' system where patients who were known to be unwell or at risk, either acutely or over the long term so they could contact the practice more easily.
- Patients said they had sometimes found it difficult to make an appointment with a named GP although urgent appointments were available the same day. The practice had begun to address some of these issues, for example by implementing an improved phone system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. This included sharing good practice with other services, particularly around health promotion activities.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had appointed a member of staff as a care plan co-ordinator to keep in touch with all patients of this population group who were at risk of an unplanned hospital admission.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators at 94% was similar to the local (89%) and national (90%) average. This reflected the improved recall system introduced by the practice. A monthly retinal screening clinic was held monthly at the practice for patients with diabetes.
- The clinical pharmacist undertook medication reviews, particularly for patients on a number of medicines and for those recently discharged from hospital.
- Longer appointments and home visits were available when needed. The 'fast pass' system had been extended to all patients where they were unwell, either acutely or over the long term so they could contact the practice more easily.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Annual reviews of patients with diabetes included the involvement of a diabetic nurse specialist.

Good



Families, children and young people

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

Good



Summary of findings

- 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had been awarded a PACE Setter award for their work with children and young people following their development of a Health Fast Pass where parents were given card with the emergency contact number for the practice so they could get in touch quicker.
- 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's uptake for the cervical screening programme was 84%, which was comparable to the CCG average 83% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had set up a system to contact patients on their 15th birthday with a card, suggesting that they update their records with their own contact details.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available, as well as a walk-in phlebotomy clinic.

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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 78%.
- Performance for mental health related indicators at 85% were worse when compared to the local (95%) and national (93%) average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had attended specific dementia training. The lead GP was undertaking a Dementia Fellowship to increase their understanding of dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty one survey forms were distributed and 111 were returned. This represented 2% of the practice's patient list.

- 55% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. While some comments made reference to difficulties making appointments, all were positive about their care, stating they received excellent, friendly, caring and professional care and treatment.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring although had experienced difficulties getting through to the practice by phone or making appointments.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to improve recruitment processes in order to help ensure that where references requested are not received, these are followed up.
- Continue to monitor patient satisfaction with regards to access to the practice, including telephone access and making appointments. Monitor and review patient satisfaction with GP consultations with a view to making improvements.

Outstanding practice

- The practice had developed their smoking cessation service. They had identified that 52% of patients who had attended hospital through the accident and emergency (A&E) department were smokers. As a result, the project was designed to increase the number of smokers on the programme with an overall aim of improving their health and reducing admissions to A&E. Since starting the project the practice had increased the number of patients stopping smoking from 4 to 20.
- The practice had looked at improving services for young people and had introduced a mobile friendly website and a 'fast pass' system for children who were unwell and where parents may need to contact the practice quickly. The 'fast pass' was a direct dial telephone number that meant they could bypass the usual phone line. The practice had won a local 'pacesetter' award for this service where the practice was awarded for the service and for sharing best practice with other services. The 'fast pass' system had been extended to all patients where they were unwell, either acutely or over the long term so they could contact the practice more easily.

Stockett Lane Surgery (Greensand Health Centre)

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Stockett Lane Surgery (Greensand Health Centre)

Stockett Lane Surgery (Greensand Health Centre) offers general medical services to people living and working in Maidstone. The practice population has a higher than average number of patients over the age of 65 and a slightly higher proportion of patients with a long-term health condition. Eighty two percent of people living in the area are white and the practice is in one of the least deprived areas of Kent, placed in the second less deprived decile.

The practice holds a General Medical Service contract and is led by three partner GPs (female). The practice occasionally used a locum (male) GP and could call on him should a patient not wish to see a female GP. The GP partners are supported by a paramedic practitioner (male), two practice nurses, a healthcare assistant, a pharmacist, a practice manager an assistant practice manager and a team of reception and administrative staff. A range of

services and clinics are offered by the practice including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, smoking cessation, health walks and weight management support.

The practice is open between 08.30 am and 6.30pm Monday to Friday. Appointments were from 9.00am to 12.00pm every morning and from 3.00pm to 6.00pm daily. Extended hours appointments were offered until 7.00pm weekdays. Between 8.00am and 8.30am and between 6.00pm and 6.30 pm a voicemail message redirected patients to call a different number if their need was urgent, this would enable them to speak to a doctor. In addition, appointments could be booked up to eight weeks in advance as well as urgent appointments, which were also available for people that needed them.

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111).

Services are provided from:

Stockett Lane Surgery (Greensand Health Centre)

Maidstone

Kent

ME17 4PS

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

Detailed findings

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 to share what they knew. We carried out an announced visit on 5 October 2016.

During our visit we:

- Spoke with a range of staff (three GPs, one nurse, the practice manager, the assistant practice manager, a receptionist and a secretary) and spoke with patients who used the service.
- Observed how patients were being cared for when booking in at reception and talked with patients and carers.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident where there was a delay for a patient who was in need of rapid response care in the community, had been explored by the practice and with the rapid response team. This had resulted in the rapid response team undertaking their own review in order to identify areas for improvement. Significant events were discussed in a number of staff and GP forums and the practice had recently included discussions as part of staff appraisals to enable reflection after the event.

Overview of safety systems and processes

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

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The lead GP for safeguarding reviewed all children on the safeguarding register on a monthly basis. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, nurses and the paramedic practitioner were trained to child protection or child safeguarding level 3. All non-clinical staff were trained to level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice had started to replace fabric-covered chairs to wipe clean chairs.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The clinical pharmacist undertook a monthly search of all patients to identify those who required a medication review or those where clinical parameters had changed. Blank prescription forms and

Are services safe?

pads were securely stored and there were systems to monitor their use. The practice had implemented the electronic prescribing services and at the time of inspection 72% of patients had signed up to this.

- We reviewed four personnel files and found generally 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. However, the practice had not ensured that all references were received prior to staff commencing in post. For example, two newly appointed staff members had not had a reference returned from their most recent employer and there was no process to follow up when these had not been received.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. Learning and action from a recent fire drill included a change to the fire assembly point. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments to monitor safety of the premises such as

control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available. Exception reporting at 8% was similar to local and national average of 10%. (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).

Data from 2015/16 showed:

- Performance for diabetes related indicators at 94% was similar to the local (89%) and national (90%) average.
- Performance for mental health related indicators at 85% was worse when compared to the local (95%) and national (93%) average.
- Chronic obstructive pulmonary disease (COPD) performance was worse when compared to local and national averages. For example, 79% had received an assessment of breathlessness in the preceding 12 months compared with 88% (local) and 89% (national).
- Asthma performance was similar when compared to local and national averages. For example, 70% of patients had received an asthma review in the preceding 12 months which was the same as the national average and 4% higher than the local average.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved care planning and education for patients with diabetes after having worked on creating a more detailed register of patients who had different levels of control of their diabetes. This helped the practice to identify those patients who needed additional support more easily.

Information about patients' outcomes was used to make improvements such as identifying areas of focus for the practice in relation to health promotion and the management of patients identified on the long term condition registers.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety awareness, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff working in administrative roles had received training in customer service, dementia, confidentiality and record keeping.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and those new into post had received probationary performance reviews.

- 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.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and general lifestyle issues.
- The practice had held a coffee morning in September 2016 where they invited patients and healthcare specialists with a focus on health advice. GPs and specialists offered support and advice on healthy eating, exercise, stopping smoking, memory assessments and blood pressure checks.
- The practice worked with the local council to deliver health improvement services for patients. Included in this was the delivery of weight management services and more recently the development of a weekly health walk that was led by a member of the reception team and held every Friday.
- The practice had developed their smoking cessation service. They had identified that 52% of patients who had attended hospital through the accident and emergency department were smokers. As a result the project was designed to increase the number of smokers on the programme with an overall aim of improving their health. Since starting the project the practice had increased the number of patients stopping smoking from 4 to 20.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average 83% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were systems 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. For example, 64% of eligible patients had been screened for bowel cancer, which was above the CCG

Are services effective?

(for example, treatment is effective)

average of 59% and the national average of 55%. Seventy eight percent of eligible patients had been screened for breast cancer, which was above the CCG average of 74%% and the national average of 72%

Childhood immunisation rates for the vaccinations given were high when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 87% to 100% compared with the CCG average of 69% to 91% and five year olds from 90% to 97% compared with the CCG average of 82% to 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients generally felt they were treated with compassion, dignity and respect. The practice was comparable to average scores for its satisfaction in many areas of consultations, although lower than average in some others. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

The practice were aware of the results of the national GP patient survey and areas of low satisfaction and were conducting their own internal survey and had taken action as a result.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages in some areas but lower than average in others. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% 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 84% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice were aware of the results of the national GP patient survey and areas of low satisfaction and were conducting their own internal survey and had taken action to address the results by raising awareness through discussion among staff.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Smoking cessation materials had been made available in braille.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. The practice had a care co-ordinator in post to support patients and carers, particularly those

considered to be vulnerable or at risk of an unplanned hospital admission. The co-ordinator would maintain contact with these patients following a hospital discharge or those with whom the practice had additional concerns about.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 106 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a consultation to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had developed specific services and information for young people within the practice.

- The practice offered evening appointments on a Monday to Friday until 7pm for working patients who could not attend during normal opening hours. They also provided an email address that patients could use to send messages directly to their GP.
- There were longer appointments available for patients with a learning disability and all patients were offered 15 minute appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice employed a pharmacist who conducted medication reviews for all patients following an emergency hospital admission.
- Services were available for patients outside of normal opening hours. For example, the smoking cessation service was available on a Thursday evening for patients unable to attend during the day.
- The practice engaged with patients through social media, raising awareness of services available including vaccinations and services aimed at promoting health.
- The practice had looked at improving services for young people and had introduced a mobile friendly website and a 'fast pass' system for children who were unwell and where parents may need to contact the practice quickly. The 'fast pass' gave patients and parent a card with a direct dial telephone number that meant they could bypass the usual phone line. Other aspects of the service included training for staff specific to the needs of young people and making information within the

practice more user friendly for young people. The practice had won a local 'pacesetter' award for this service where the practice were awarded for the service and for sharing best practice with other services.

- The 'fast pass' system had been extended to all patients where they were unwell, either acutely or over the long term so they could contact the practice more easily.

Access to the service

The practice was open between 8.30 am and 6.30pm Monday to Friday. Appointments were from 9.00am to 12.00pm every morning and from 3.00pm to 6.00pm daily. Extended hours appointments were offered until 7.00pm weekdays. Between 8.00am and 8.30am and between 6.00pm and 6.30pm a voicemail message redirected patients to call a different number if their need was urgent, this would enable them to speak to a doctor. In addition, appointments that could be booked up to eight weeks in advance and urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were lower when compared to local and national averages.

- 68% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 55% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice were aware of the results of the national GP patient survey and areas of low satisfaction and were conducting their own internal survey and had taken action as a result. Specific action included changing the phone system to enable more analysis of data to address the specific issues with telephone access.

People told us on the day of the inspection that they had experienced some difficulties with the appointment system and this had been due to problems getting through to the practice by phone. However, patients told us they could access appointments if the need was urgent. The practice had recently implemented a new telephone system that introduced queuing. Patients we spoke with on the day who had experience of the system told us it was better than the old one. The new system also included the facility to analyse data and trends so that the practice could evaluate

Are services responsive to people's needs?

(for example, to feedback?)

the times when making calls to the practice were problematic. The practice had also worked on the analysis of appointment availability in order to improve access for patients.

The practice had a system to assess:

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

The practice had a paramedic practitioner who worked with the GPs in supporting the triage of patients and supporting the practice to meet urgent on the day appointment needs. 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 an effective 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.
- We saw that information was available to help patients understand the complaints system in the form of a patient leaflet.

We looked at nine complaints received in the last 12 months and found that this was dealt with in a timely way with openness and transparency. Appropriate action had been taken to address complaints and lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, issues around communication were discussed at staff meetings and specific action taken included customer service training for staff.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values of openness, fairness, respect, accountability, caring and responsive.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, the practice had developed a business case in order to secure funding and support for new premises in the future.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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. 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 and staff felt supported by management.

- Staff told us the practice held regular team meetings. We viewed minutes of meetings and saw that discussions were recorded and included aspects of practice management such as service development, complaints and significant events and patient satisfaction.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners and manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The PPG fed back to the practice through a social media page and electronic communication. The practice were planning on holding an annual face to face meeting for those wishing to attend and provide feedback. The practice regularly carried out patient surveys and proposals for improvements to the practice included

Are services well-led?

Good 

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

input from patients. For example, the virtual PPG had been consulted on health promotion initiatives within the practice such as smoking cessation and health walks.

- The practice were aware of the results of the national GP patient survey and areas of low satisfaction so had undertaken to conduct their own internal survey. They had taken specific action as a result including changes to the telephone system and offering all patients a named GP. In addition, the practice had created a screen at reception to improve confidentiality and privacy following feedback from patients.
- The practice had gathered feedback from staff through a staff survey and generally through staff meetings, appraisals and discussion. Staff told us they would not

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

- The practice had held an awards ceremony for staff, rewarding staff for their work and hosting a social event.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. In particular they were involved in health promotion activities, piloting initiatives and sharing practice with other services.