

Tennyson House Surgery

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	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 Tennyson House Surgery on 19 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
 - The practice had good facilities and was well equipped to treat patients and meet their needs.
 - The practice maintained appropriate standards of cleanliness and hygiene.
- 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.
- Staff used every opportunity to identify potential risks to patients' health; they gave advice or referred to other services to support them to live healthier lives.
- 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 get through on the phone to make an appointment with a named GP.
- Urgent and same day appointments were available to be made between 8.30am and 9.30am; from 9.30am up to two days in advance appointments were available. Also routine appointments were available up to four weeks in advance.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvement are:

- Improve the identification of patients who are carers.

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 in place 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, 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 in place to keep patients safe and safeguarded from abuse.
- Risks to safety from service developments and disruption were assessed, planned for, and managed in advance.
- The practice maintained appropriate standards of cleanliness and hygiene.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services.

- 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.
- There were multi-disciplinary team meetings to ensure patients' care and treatment was coordinated and the expected outcomes were achieved.
- Advanced care plans were shared with the out of hour's service providers to ensure patients' wishes were known and considered when their own GP was unavailable.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible in the waiting areas, including support groups in the community.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Written information was available to direct carers to the various avenues of support available to them.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Some patients told us that they occasionally experience difficulties making appointments at times suitable for them. The practice was monitoring this and applying several actions.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients who had more than one chronic disease were able to book longer appointments to minimise the number of times they were asked to attend the practice for reviews.
- 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.
- 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.

Good



Summary of findings

- 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.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older 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.
- Patients in this group could request appointment times suitable to accommodate for them and their carers or relatives to attend when requested.
- Patients on the practice frailty register had individual care plans that were reviewed at monthly multi-disciplinary meetings.
- Two GP partners held responsibility for two local care homes and undertook regular visits and medicines reviews.

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.
- The percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months was 90% compared to the national average of 88%.
- Chronic disease reviews were offered at the practice or at home if the patient was housebound. Diabetes protocols were followed with a trained diabetic nurse with support from the diabetes lead doctor and COPD/asthma annual reviews and follow up appointments were actioned with a trained asthma nurse.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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 relatively high for all standard 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.
- 73% of patients diagnosed with asthma, on the register had an asthma review in the last 12 months which was comparable to CCG and national averages.
- The practice's uptake for the cervical screening programme was 84%, which was higher than the CCG average of 81% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Information and advice on sexual health and contraception was provided during GP and nurse appointments; the practice offered coil fitting.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered travel immunisations and travel advice by the practice nurse.
- Students about to start university were offered the meningitis vaccination.

Good



People whose circumstances may make them vulnerable

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

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

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Written information was available to direct carers to the various avenues of support available to them.
- 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).

- All mental health and dementia patients were offered individual care plans and any appropriate advanced care planning (IAM forms). All were invited to annual physical health reviews and the surgery followed up and called any non-attenders to encourage compliance. 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to other practices.
- 95% of patients with a diagnosis of schizophrenia, bi-polar disorder and other mental health disorders had an agreed care plan in place compared to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 264 survey forms were distributed and 131 were returned. This represented 1.5% of the practice's patient list.

- 64% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% 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%.
- 77% 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 28 comment cards and 26 were positive about the standard of care received; however two were negative about staff attitude. Some of the positive comments included; the surgery being well run and the staff helpful and professional.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient spoken with said the GP was always thorough and took time to explain everything so they understood their treatment

Areas for improvement

Action the service **SHOULD** take to improve

- Improve the identification of patients who are carers.

Tennyson House Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

Background to Tennyson House Surgery

Tennyson House Surgery is in a modern, purpose-built building, with a waiting area with many facilities for patient care. Wheelchair access is available throughout the ground floor clinical areas. There is ample car parking facilities situated adjacent to the surgery with spaces for the disabled located close to the entrance. At the time of our inspection, the practice list size was approximately 9,000 patients and this list was open to new patients.

At the time of the inspection the practice had four partner GPs, two salaried GPs and a trainee GP. There are four practice nurses and two healthcare assistants (HCA). The practice manager is supported by a reception manager and a large team of receptionists and administrative staff. This practice is a training practice for GPs. All GPs took key roles in the provision of this training.

The practice is open from 8.30am Monday to Friday. The practice is open until 8.45pm on Tuesday and until 6.30pm on Monday, Wednesday, Thursday and Friday. The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by Primecare services and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

The practice population is higher than the CCG average for younger people and children and similar for children under four years old, older people aged over 65 years and over. Life expectancy for men and women is slightly lower than the national average.

The practice provides the following directed enhanced services:

- Extended opening hours.
- Childhood immunisations and vaccinations.
- Dementia screening.
- Flu vaccinations.

Unplanned hospital admissions avoidance.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 19 April 2016. During our visit we:

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice evidenced to us that they did everything reasonably practicable to make sure that patients received person centred care and treatment that was appropriate, met their needs and reflected their personal preferences. There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available in paper form. 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 or treatment, patients were informed of the incident, received reasonable support, 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. Once the process had been completed the actions and lessons learnt were discussed at the practice meetings. This ensured action taken improved safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding with the appropriate safeguarding children at level 3. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Quarterly meetings took place between the GP safeguarding lead and the health visitor to discuss any vulnerable children, and these meetings were documented. The lead GP attended safeguarding meetings and always provided reports where necessary

for other agencies. There was an alert on the computer system that informed GPs if the patient they were seeing had any safeguarding issues to be aware of. The lead GP for safeguarding monitored and reviewed patients on this list monthly adding information from other agencies and all patients were reviewed in a bi-monthly meeting with all appropriate agencies.

- 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 visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit had been undertaken and we saw evidence that action was taken to address improvements identified as a result. The practice employed two cleaners to clean the premises and had developed cleaning schedules with regular monitoring arrangements to ensure high standards were maintained. We saw evidence that staff had received vaccinations to protect them against hepatitis B.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Patients on high risk medicines for example warfarin, methotrexate and azathioprine were reviewed in a

Are services safe?

timely way. When medicine review date is reached the prescription clerk ensures the patient is informed they are due a review and send a blood form with the medication for their blood tests; this practice was to check patients were receiving therapeutic dosage and blood results were within normal range. If the patient did not get bloods checked the nurse would follow up with a phone call.

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

Monitoring risks to patients

Risk assessments relating to the health, safety and welfare of patients and staff were completed and reviewed regularly by staff with the qualifications, skills, competence and experience to do so. The practice evidenced to us that they were monitoring, managing and mitigating risk appropriately.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were sufficient numbers of suitably qualified and competent staff and the practice considered how the

service used the skills of other members of the team. Staff members were trained in two or three roles. This ensured a cross over for planned and unplanned absences would be covered to provide a consistent safe level of staffing.

- Several of the GPs worked part time and also covered for their colleagues if there was a planned or unplanned absence. We saw from records that locum GPs were rarely used; this ensured continuity in patient care.

Arrangements to deal with emergencies and major incidents

Risks to safety from service developments and disruption were assessed, planned for, and managed in advance. The practice had adequate arrangements in place to respond to emergencies and major incidents. All relevant parties understood their role and the plans had been tested and reviewed

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There were also panic buttons under the desk in every clinical room.
- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and 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.
- We saw evidence of a comprehensive assessment structure that established individual needs and preferences of the patient. This included assessment, diagnosis, referral to other services if required and management of long term or chronic conditions, including patients in the last 12 months of their life.
- Repeat prescribing was managed through offering a six month or 12 month review for patients with long term conditions. An audit of patients who were prescribed five or more medicines identified 20 patients who would benefit from a review. These patients were contacted and reviewed to ensure that their prescription was appropriate for their current health needs..

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. Data from 2014/15 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 71% compared to the national average of 77%.

- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 71% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 77% compared to the national average of 81%
- The percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months was 90% compared to the national average of 88%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as nerve damage, heart disease and stroke are identified and minimised where possible.

The practice performance for the treatment of patients with conditions such as hypertension (high blood pressure), heart conditions and respiratory illness was above or within the range of national average for example:

- The percentage of patients with hypertension whose blood pressure was managed within acceptable limits was 84% compared to the national average of 83%.
- Those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, the percentage of patients who are currently treated with an ACE-I or ARB medicines was 100% compared to the national average of 98%.
- The percentage of patients with asthma who had a review within the previous 12 months was 73% compared to the national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had an assessment of breathlessness using the Medical Research Council scale was 82% compared with the national average of 90%.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition were similar to GP practices nationally. For example:

- 95% of patients with a diagnosis of schizophrenia, bi-polar disorder and other mental health disorders had an agreed care plan in place compared to the national average of 88%

Are services effective?

(for example, treatment is effective)

- 94% of patients with a diagnosis of schizophrenia, bi-polar disorder and other mental health disorders had a record of their alcohol consumption compared to the national average of 89%.
- 75% of patients who had been diagnosed with dementia had a face to face review within the previous 12 months compared with the national average of 84%.

We discussed with the practice the low performance for assessments for patients who had been diagnosed with dementia. We were told they were aware of last 2014/15 data and had worked to improve this. They said they have had clinical meetings and training from a dementia friend's speaker (dementia friends is about giving more people an understanding of dementia). We were shown the practice figures for 2015/16 and it showed the practice target was 70% and they had achieved 80%. This data was yet to be ratified.

The practice exception reporting averaged at 6% compared to a CCG rate of 9% and nationally 10%. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as where despite recalls, patients fail to attend reviews or where treatments may be unsuitable for some patients.

Clinical audits demonstrated quality improvement.

- We looked at three clinical audits completed in the last year; all of these audits demonstrated how the practice had made improvements, adjusted procedures and monitored outcomes.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

The practice undertook an audit to assess patients diagnosed with atrial fibrillation (AF). The audit identified that patients were being prescribed the appropriate medicines or there was a clear clinical reason why not.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

example, for those reviewing patients with long-term conditions. Practice nurses were further educated in specified long term conditions and other specialities. One nurse had received extended training in family planning and undertook coil fittings.

- The practice supported its GP trainees effectively. There was a robust induction, a named supervisor and regular clinical supervision.
- 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 training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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. There were clear guidance for referring patients to specialist colleagues based on current guidelines
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Advanced care plans were shared with the out of hour's service providers to ensure patients' wishes were known and considered when their own GP was unavailable.

Staff worked together and with other health and social care professionals to understand and meet the range and

Are services effective?

(for example, treatment is effective)

complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We saw evidence that there was effective multidisciplinary team working to support young mothers caring for their new born babies.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. When a person was asked for their consent, information about the proposed care and treatment was provided in a way that they could understand. This included information about the risks, complications and any alternatives. Only staff with the necessary knowledge and understanding of the care and treatment provided this information so that they could answer any questions about it to help the patient make an informed choice.

- Staff could demonstrate when patients may require support when obtaining consent and worked within the guidance of 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. Patients were signposted to the relevant service.
- Information and advice on sexual health and contraception was provided during GP and nurse appointments; the practice offered coil fitting.

The practice's uptake for the cervical screening programme was 84%, which was higher than the CCG average of 81% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Females, 50-70, screened for breast cancer in last 36 months was 74% compared to CCG rate of 76% and national of 72%. Persons, 60-69, screened for bowel cancer within 6 months of Invitation was 56% Compared to CCG rate of 59% and a national rate of 55%

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% and five year olds from 93% to 98%.

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 area to discuss their needs.

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

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

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 84% 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%.

- 91% 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%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. For example, we saw that the practice had worked effectively with the out of hours services to ensure that the patient retained autonomy and that their wishes were adhered to.

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 published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% 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 CCG average of 85% and the national average of 85%.

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

- Staff told us there were very few patients that did not speak English; however there were translation services 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.
- Information leaflets were available in easy read format.

Are services caring?

- The practice provided medical care for two local care homes. The practice invited relatives of newly admitted patients to an appointment so that care could be discussed and planned with a GP. This alleviated anxieties for relatives and ensured the GP gained an understanding of each individual patient.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 51 patients as carers (0.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had identified this area needed to be improved at their presentation at the start of the inspection. They have plans to update the carers register and invite carers for a review by the appointment of a carers co-ordinator.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on Tuesdays from 6.30pm to 8.45pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and older patients; appointment times were accommodated for patients and their carers or relatives to attend when requested.
- Patients who had more than one chronic disease were able to book longer appointments to minimise the number of times they were asked to attend the practice for reviews.
- Patients on the practice frailty register had individual care plans that were reviewed at monthly multi-disciplinary meetings led by a GP partner.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Two GP partners held responsibility for two local care homes and undertook regular visits and medicine reviews.
- The practice offered a staggered system of appointment release; patients were advised to call between 8.30am and 9.30am for same day urgent appointments and after 9.30 for the 48 hour ahead or routine appointment (up to four weeks in advance).
- Patients were able to receive travel vaccinations available on the NHS.
- Patients and the patient participation group (PPG) told us the practice responded well to issues raised by them. Such as the introduction of the on line appointment system and the staggered release of appointments service to improve access to appointments and same day visits.

Access to the service

The practice was open between 8.30am to 6.30pm Monday to Friday. GP and nurse appointments were available between 8.30am and 12pm, and 2pm to 6.30pm. Extended

surgery hours were offered on Tuesday 6.30pm to 8.45pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 64% of patients said they could get through easily to the practice by phone compared to the national average of 73%. The practice was aware of this result and had implemented actions they now offered a staggered system of appointment release; patients were advised to call between 8.30am and 9.30am for same day urgent appointments and after 9.30 for the 48 hour ahead or routine appointment (up to four weeks in advance). The aim of this was to ensure all patients who needed to be seen could be seen so they did not have to phone the practice on another day to try and secure an appointment.

Some patients we spoke with told us that they occasionally experienced difficulties making appointments at times suitable for them and there were sometimes extended waiting times passed their appointment slot, but felt the service they received by the GPs and staff made the wait worthwhile.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at all the complaints received in the last 12 months and found that management and monitoring systems were in place to highlight any trends such as staff communication and attitude, surgery management and clinical practice. We found lessons were learnt from

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

concerns and complaints and action was taken as a result to improve the quality of care. Examples included improved communication with patients about the prescription process and the processing of medical reports.

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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Staff we spoke with were clear on the day to day operational management of the surgery and the challenges they faced. This included recruitment and increasing numbers of patients due to the closure of a surgery nearby and the housing development in the area. Staff had an understanding of the priorities for the coming year in relation to services, patient safety and cost effectiveness, but there was no formalised approach to this.

Governance arrangements

There was a governance framework which supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk through a programme of continuous clinical and internal audit.

- There was a clear staffing structure and 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
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff had clearly defined roles and responsibilities and they told us they had a sufficient skill mix of staff across all the roles to deliver the care needs of the patient population.
- 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 in the practice. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us they received feedback when they were performing well and felt confident to challenge poor performance to improve quality of care.

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 an active Patient Participation Group (PPG) and had a membership of 20 active members and approximately 60 virtual patients.
- Following PPG feedback about some aspects of the appointment system, the surgery had reviewed the

Are services well-led?

Good 

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

appointment system. The practice now offered a staggered system of appointment release; patients were advised to call between 8.30am and 9.30am for same day urgent appointments and after 9.30 for the 48 hour ahead or routine appointment (up to four weeks in advance). The aim of this was to ensure all patients who needed to be seen could be seen so they did not have to phone the practice on another day to try and secure an appointment.

Continuous improvement

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

- There was a focus on continuous learning within the practice. Day to day operational management was in place to risk assessing for continual improvements. Planned service developments to manage sustained growth of the practice were being considered such as succession planning for GPs.