

Regent 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 Regent House Surgery on 27 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. All opportunities for learning from internal and external incidents were maximised.
- 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.
- Risks to patients were assessed and well managed.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice had strong and visible clinical and managerial leadership and governance arrangements.
- Staff demonstrated a good understanding of the issues relating to safeguarding vulnerable adults and children.
- The provider and staff were aware of and complied with the Duty of Candour regulation. The Duty of Candour places a responsibility on providers to be open and honest with service users about their care and treatment, including when it goes wrong.

Summary of findings

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Audit and quality improvement work demonstrated improved outcomes for patients, although some were not two cycle audits.

We saw several areas of outstanding practice:

The practice offered services to other practices such as substance misuse, ophthalmology and physiotherapy. The practice provided Doppler screening to check for deep vein thrombosis (DVT) (A Doppler is an ultrasound test to check the blood flow through the arteries). This helped to reduce hospital appointments and admissions and initiated treatment when required.

The practice carried out a medicines audit that identified not all patients prescribed Methotrexate were being appropriately monitored during Rheumatology outpatient appointments. (Methotrexate is a medicine prescribed to treat Rheumatoid Arthritis). One of the GPs produced a simple method of collecting data by producing slips which patients must complete before being issued with a repeat Methotrexate prescription. This meant that patients did not need additional hospital appointments to monitor this medication.

The practice maintained a register of patients with a learning disability. They were offered a yearly review with the lead nurse. Health action plans with personalised goals had been designed for the patients, including pictorial health action plans for patients with a learning disability.

GPs had implemented a system of peer reviews that included videoing each other's consultations with the aim of improving practice.

The practice had taken part in several charity events which benefitted the local community and maintained positive and proactive engagement not only with the practice population but also the wider community.

There was one area where the provider should make improvement:

- Implement a more structured system to support two cycle audits to demonstrate a complete audit process.

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.

Risks to patients, staff and visitors were assessed and well managed. There were sufficient numbers of staff on duty to keep people safe. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There was evidence of clear communication that enhanced team working and protected learning time to learn from incidents and accidents.

There were child protection and adult safeguarding policies in place. There was a nominated lead for safeguarding adults and child protection and staff had a sound understanding. The staff we spoke with had a good understanding of how to recognise safeguarding concerns and of their responsibilities to report suspected abuse.

Medicines, including vaccines and emergency medicines, were stored safely and appropriately with good systems to monitor and control stock levels. The practice worked closely with the Clinical Commissioning Group (CCG) pharmacist. This ensured that prescribing at the practice was clinically safe and cost effective.

Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.

Good



Are services effective?

The practice is rated as good for providing effective services.

Staff worked in accordance with guidance issued by the National Institute for Health and Care Excellence (NICE).

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.

Clinical staff had received training appropriate to their roles and any further training needs. There was evidence of staff appraisals and personal development plans for all staff. Staff worked as part of a multidisciplinary team to share specialised skills and expertise to facilitate quality patient care.

Audits and quality reviews were undertaken and improvements were made to enhance patient care. The post-operative infection rate was 0%. An audit of cytology tests (cervical smears) for the period 2014-2015 identified that of 408 samples taken there were five inadequate samples recorded which represented 2.4%. This was below the CCG average of 2.7%.

Good



Summary of findings

The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, the practice manager had engaged with the CCG and had taken a lead role on a number of projects such as the 'dementia diagnosis target rates' and in facilitating the ordering and distribution of pregnancy tests for all practices in Chorley and South Ribble.

Are services caring?

The practice is rated as good for providing caring services.

Patients completed CQC comment cards to tell us what they thought about the practice. Comments were positive about the care and treatment they received. Patients we spoke with commented that they were treated with compassion and respect and in a way that maintained their dignity. They told us they were involved in decisions about their care and treatment.

Data from the 2016 GP Patient Survey showed that patients rated the practice above CCG and national averages in respect of care. For example, 91.28% of patients said the last GP they saw was good at involving them in decisions about their care compared against a CCG and national average of 84.3% and 81.61% respectively.

We observed staff were polite and respectful towards patients. We found patient information was securely stored and confidentiality was respected.

The practice had taken part in several charity events which benefitted the local community and maintained positive and proactive engagement not only with the practice population but also the wider community.

Good 

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Information for patients about the services available was easy to understand and accessible. The practice website contained links to information in different languages for patients for whom English was a second language.

Information about how to complain was available in a format that was easy to understand. We found that the practice responded to complaints in a timely manner and in accordance with their complaint policy. Systems were in place to learn from complaints and minimise the risk of reoccurrence.

There was a rota on the practice website detailing which days each Dr was on duty. Patients were able to make appointments in person at the practice, by telephone or via the website.

Good 

Summary of findings

Practice staff 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 signed up to the medicines optimisation scheme where they worked with the CCG pharmacist to reduce prescribing. This joint venture had saved in excess of £14,000 that could be reinvested in patient care.

There was access to advice about sexual health via the practice website. The website signposted patients to resources such as NHS Choices 'sex and young people' and 'sexual health frequently asked questions'.

The practice manager and a GP attended local multi-disciplinary meetings quarterly and liaised closely with the CCG and the practice manager forum.

Are services well-led?

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. There was a clear leadership structure with named members of staff in lead roles.

Staff told us they felt supported by management. Regular practice meetings took place and all staff were able to add agenda items for discussion. The meeting dates were planned well in advance to ensure the highest attendance.

The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active virtual patient participation group (PPG).

The practice carried out proactive succession planning. When a GP partner had left the practice, they had replaced them with two salaried GPs with the aim of increasing the number of appointments available to patients.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. District nurses provide weekly domiciliary visits for housebound patients.

The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients over 75 had a named accountable GP and received regular reviews involving patients and where appropriate their carers.

Multi-disciplinary review meetings were held with other healthcare professionals to ensure appropriate care was offered for those patients nearing the end of their lives.

86.5% of patients with a diagnosis of dementia had their care reviewed in a face to face review in the preceding 12 months.

For the year ending 31 March 2015, the practice achieved a seasonal flu vaccination rate of 76% among its patients over the age of 65.

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, on the register, who had a record of an albumin: creatinine ratio test (The urine albumin test or albumin/creatinine ratio ACR is used to screen people with chronic conditions, such as diabetes) in the preceding 12 months was 82.7% which was above the CCG and national average of 80.7% and 80.6 % respectively. 86.4% of patients with diabetes had retinal screening which was above the CCG and national averages of 81.9% and 82.6% respectively.

The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 90.66% above the CCG and national averages of 85.7% and 83.65% respectively.

All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those

Good



Summary of findings

patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Longer appointments and home visits were available when needed.

Practice staff followed up patients by telephone if they did not attend (DNA) their appointments.

Families, children and young people

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Immunisation rates were relatively high for all standard childhood immunisations. For example, rates for under two year olds ranged from 96.9% to 97.9% and five year olds from 91.7% to 99% with the CCG average 89.9% to 98% and 89.4% to 98% respectively. The children's immunisation clinics were flexible and the practice had in-house ante- natal and post-natal clinics.

Patients were supported to live healthier lives through regular health reviews and various screening checks. For example: 72.9% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months which was below the CCG 78.45% but above the national 69.7% averages.

Appointments were available outside of school hours and the premises were suitable for children and babies. There was a secure play area for children in the waiting area.

We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



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.

Good



Summary of findings

The practice offered extended opening hours to accommodate patients unable to attend appointments during working hours. This included evenings and Saturdays. Telephone consultations were available for those patients who wished to seek advice from a GP. A text reminder service was used to help reduce non-attendance for appointments.

Feedback from patients was positive about their experience in obtaining an appointment quickly and at a time that was convenient to them. For example, the 2016 national GP survey indicated that 82.93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 77.61% and a national average of 76.06%.

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, travellers and those with a learning disability. 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. For example multidisciplinary case review meetings were held for all patients on the palliative care register.

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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

The practice manager had engaged with the CCG and had taken a lead role to support the 'dementia diagnosis target rates' initiative. The practice manager had developed a dementia training programme that was shared with other practices in the area.

Staff had a good understanding of how to support patients with mental health needs and dementia. The practice manager has worked with the CCG on the 'Dementia Diagnosis Target' rates initiative. This involved visiting local GP practices to share knowledge and improve dementia care for local people.

Good



Summary of findings

The practice carried out advance care planning for patients with dementia. 86.15% of patients diagnosed with dementia had a face to face review of their care in the past 12 months which was comparable with the CCG and national averages of 87.68% and 84.01% respectively.

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. 91.2% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This was comparable to the CCG average of 93.5% and in excess of the national average of 88.47%.

The practice website and information boards in the waiting room, provided information in the form of advice sheets and contact details of voluntary organisations that support patients experiencing poor mental health.

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.

Summary of findings

What people who use the service say

Data from the National GP Patient Survey published January 2016 showed patients were satisfied with the level of care and treatment provided. The practice distributed 300 survey forms, 123 had been returned with a response rate of 41% which was above the national average of 38%.

Patient feedback:

- 93.6% said the GP was good at listening to them compared to the CCG average of 91% and national average of 88.6%.
- 97% said they had confidence and trust in the last GP they saw (CCG average 96.5%, national average 95.2%)
- 95.48% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90.58%).
- 90.8% said the GP gave them enough time (CCG average 90.4% national average 86.6%)
- 93.4% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 89.6%.
- 89.3% of respondents said the last GP they saw or spoke to was good at involving them in decisions about their care compared with CCG average of 86.93% and national average of 85.9%.
- 65.3% said they did not normally have to wait too long to be seen which was above the CCG and national averages of 64.3% and 57.7% respectively.
- 54.55% said they find it easy to get through to the surgery on the phone which was significantly below the CCG and national averages of 67.57% and 73.26% respectively.
- 30.44% said they usually get to see or speak to their preferred GP which was below the CCG and national averages 40.73% and 36.17% respectively.
- 75.37% said they were very satisfied or fairly satisfied with the surgery's opening hours compared with the CCG and national averages 78.99% and 78.3% respectively.

The three 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. Comment cards highlighted that staff responded appropriately when patients needed help and provided support when required.

We contacted a member of the virtual 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. They said that leadership was strong and effective within the practice.

Areas for improvement

Action the service SHOULD take to improve

There was one area where the provider should make improvement:

- Implement a more structured system to support two cycle audits to demonstrate a complete audit process.

Outstanding practice

We saw several areas of outstanding practice:

The practice offered services to other practices such as substance misuse, ophthalmology and physiotherapy. The practice provided Doppler screening to check for

deep vein thrombosis (DVT) (A Doppler is an ultrasound test to check the blood flow through the arteries). This helped to reduce hospital appointments and admissions and initiated treatment when required.

Summary of findings

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The practice maintained a register of patients with a learning disability. They were offered a yearly review with the lead nurse. Health action plans with personalised goals had been designed for the patients, including pictorial health action plans for patients with a learning disability.

GPs had implemented a system of peer reviews that included videoing each other's consultations with the aim of improving practice.

Regent 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 also included a GP specialist advisor and a second CQC inspector.

Background to Regent House Surgery

Regent House Surgery is situated at 21 Regent Road, Chorley, Lancashire PR7 2DH. Primary care services are provided under a General Medical Services (GMS) contract with NHS England

The practice is part of the NHS Chorley with South Ribble Clinical Commissioning Group (CCG) and has a practice population of 8,225 patients.

According to Public Health England, the patient population is comparable with CCG and National averages with 19.2% of patients over 65, 8.4% of patients over 75, 2.1% of patients over 85 and 19.5% under 18 years old.

The Income Deprivation Affecting Older People (IDAOPI) was 18% which was significantly higher than the CCG average of 14.1% and the national average of 16.2%. The Income Deprivation Affecting Children (IDACI) 15.9% which was below the CCG average of 14.5% and significantly below the national average of 19.9%.

There are five GP partners three male and two female. The practice is a teaching practice and at the time of the inspection there were two medical students at the practice. There are two practice nurses, a healthcare assistant and 14 administrative staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8am to 1pm every morning and 2pm to 6.30pm daily. The practice offers extended opening Monday to Thursday 6.30pm to 7.30pm and Saturday 9am to 3pm. The practice refers patients to the NHS 111 service for healthcare advice when the practice is closed.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy (77 and 81 years respectively) in the practice geographical area reflects both the England and CCG averages.

63.3% of patients have a long-standing health condition compared to the local average of 55.9% and national average of 54%. The proportion of patients in paid work or full time education is 61.4% which is comparable with the CCG average of 62.4% and the national average of 61.5%. The percentage of patients who are unemployed (1.7%) is below the CCG and national averages of 3.2% and 5.4% respectively.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 April 2016. During our visit we spoke with a range of staff including three GP partners, one GP trainee, the HCA, and the CCG Pharmacist. We also spoke with the practice manager, nurses and reception staff.

We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We spoke with patients who used the service, 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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.

- There were flags in the electronic record system to alert staff of vulnerable patients. For example, drug use and domestic violence.
- The practice carried out a thorough analysis of any significant incidents or 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, a patient from a nursing home was admitted to hospital and found to have high paracetamol levels. The practice recognised that normal doses of paracetamol in frail patients may lead to toxicity and as a result of this significant event were evaluating paracetamol prescribing in frail patients.

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. Safeguarding policies and procedures were in place, and staff told us they were able to easily access these via the practice's computer system. The policies clearly outlined who to contact for further guidance if staff had
- concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.
- There were notices displayed in the treatment room corridor advising patients that chaperones were available if required. However, we did not see this information in the waiting room. Reception staff told us only the nurses acted as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice met on a two weekly basis with the CCG pharmacist. They carried out regular medicines audits, with the support of the pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. In addition they had signed up to the CCG medicines optimisation scheme to ensure the right medication was prescribed in the most cost effective way.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directives were used in the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a qualified prescriber.

Are services safe?

- We reviewed three personnel files and found

Monitoring risks to patients

- Risks to patients were assessed and well managed.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- All electrical equipment was checked in March 2016 to ensure that it was fit for purpose. Clinical equipment was calibrated on an annual basis to ensure it was working properly.

Arrangements to deal with emergencies and major incidents

- The practice had adequate arrangements in place to respond to emergencies and major incidents. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was a first aid kit and accident book available and all staff knew where these were kept.

- Emergency medicines and equipment 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.

There was a 'Wiggly amp' emergency alert on all computers and a panic button in each room for staff to summon assistance in the event of an emergency. This system was tested on a regular basis. In addition staff can use a code word which is known to all staff to summon help should they find themselves in a potentially risky situation.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). The latest publicly available data from 2014/15 showed the practice had achieved 98.3% of the total number of points available with a clinical exception reporting rate of 6.4%. (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).

- This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:
- Performance for diabetes related indicators for patients in whom the last IFCC-HbA1c was 64mmol/mol in the last 12 months was 81.19% which was comparable with the national average of 77.54%.
- Performance for mental health related indicators was 91.25% which was comparable with the CCG average of 93.05% and the national average 88.47%.
- The percentage of patients with hypertension in whom the last blood pressure reading in the past 12 months was 150/90mmHg at the practice was 90.66% compared with the CCG and national rates of 85.97% and 83.65% respectively.

- The practice performed well on the percentage of patients with atrial fibrillation with CHADS2 score of 1, who were currently treated with anticoagulation drug therapy or an antiplatelet therapy (Atrial fibrillation is an irregular and often rapid heart rate that commonly causes poor blood flow to the body. A CHADS2 score rates the risk for patients with atrial fibrillation based on identified major stroke risk factors.). The practice had achieved 100% in this indicator, compared to a CCG average of 98.9% and the national average of 98.36%.
- 72.9% of patients with asthma on the practice register had received a review of their condition in the preceding 12 months. This was comparable with the CCG average of 78.45% and the national average of 75.35%.
- The practice's uptake for the cervical screening programme in women aged 25 – 64 was 93.6% which was above the CCG average of 84.74% and the national average of 81.33%.

GPs were up to date with current best practice. For example, GPs had initiated the use of new oral anticoagulants in line with current NICE guidance.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, some of which were not two cycle. However these demonstrated improvements to clinical care. Audits included; annual complaints review, post minor surgery (April 2015), Infection prevention and control (August 2015) and cytology tests (cervical smears).
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice manager was an active member of the practice manager forum (a meeting of local practice managers) and regularly volunteered to take part in pilots aimed at improving patient care which were arranged by the CCG.
- Findings were used by the practice to improve services. For example, there had been a recent review of prescribing carried out which had significantly reduced unnecessary repeat prescriptions. Since implementing these measures the practice had reduced spending in relation to prescribing.

We found there was multi-disciplinary working in order to fully meet patients' needs. For example, the practice had

Are services effective?

(for example, treatment is effective)

regular multi-disciplinary team meetings to discuss the needs of patients with complex needs such as the management of chronic obstructive pulmonary disease (COPD) and asthma and palliative care.

Effective staffing

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

- The practice manager and one of the GP partners had undertaken a strengths, weaknesses, opportunities and strengths analysis (SWOT) when planning to recruit a GP to the team. This enabled them to ensure they appointed the right person to the post.
- 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, information governance and confidentiality.
- 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 update training, 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, mentoring and clinical peer review. All staff had received an appraisal within the last 12 months. The practice had used a 3600 appraisal system in 2015 to enable staff to appraise each other's performance. The practice manager said this had been a useful tool which they would use again.
- Staff received essential training that included: safeguarding, fire safety awareness, cardiopulmonary resuscitation (CPR) and information governance. The practice manager had developed various training modules to provide in-house training. In addition there was a library of medical books, periodicals and journals for staff to reference.
- A GP partner had training in dermatology and carried out minor surgery enabling any GP to refer their patient.

Clinical meetings were held every two weeks. GPs had implemented a system of peer reviews that included videoing each other's consultations with the aim of improving practice.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The computer system alerted GPs to patients at risk of dementia to allow GPs to review the needs of these patients.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice held ophthalmology and physiotherapy clinics so patients from the local area did not have to travel to hospital for treatment.
- The practice had planned an area multidisciplinary team meetings starting in May 2016. These meetings would be held monthly to discuss the most vulnerable patients and their care needs. In addition weekly clinical meetings were held in the practice.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. 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.

- 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.

Are services effective?

(for example, treatment is effective)

- The staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). The practice had considered the implications for patients with a DoLS in place.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The practice had produced a letter informing young patients (under 16 years of age) that a parent or guardian may access their online account and see prescribed medicines such as the contraceptive pill. The letter included a consent form agreeing to allow the parent access. There was also a letter to young people over the age of 16 years advising them they could apply for their own log in to the online account.
- The process for seeking consent was monitored through patient records audits.
- 93.56% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years. This was comparable with national averages of 82%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 50% of women aged 50 to 70 years had been screened for breast cancer within six-months of invitation which was significantly below the CCG average of 74.4% and the national average of 73.2%. 55.4% of patients aged 60 – 69 were screened for bowel cancer in the past 6 months which was comparable with the CCG and national averages of 56.7% and 55.4% respectively.

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 96.9% to 97.9% and five year olds from 91.7% to 99%.

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

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. Patients were signposted to the relevant service.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Disposable 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 and could offer them a private room to discuss their needs.

The three 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. Comment cards highlighted that staff responded appropriately when patients needed help and provided support when required.

We contacted a member of the virtual 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. They said that leadership was strong and effective within the practice.

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:

- 93.6% 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 88.6%.
- 90.8% of patients said the GP gave them enough time compared to the CCG average of 90.4% and the national average of 86.6%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96.5% and the national average of 95.2%.
- 86.6% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85.34%.
- 95.48% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90.58%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 86.8%.

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. For example:

- 90.1% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89.2% and the national average of 86%.
- 91.28% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81.61%.
- 89.13% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85.9%.

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

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

Are services caring?

- There was a facility for patients to translate the practice website into different languages.
- Information leaflets were available in easy read format and would be made available in other languages if required.

Patient and carer support to cope emotionally with care and treatment

The practice had a carer's identification and referral form for carers who wished to be referred for a needs assessment or to a local support group. 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 did not keep a formal register of carers however the computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various local and national support agencies available.

The practice used an end of life care template for patients who received palliative care which was based on the Royal College of General Practitioners (RCGP) guidance. The care plan included important clinical information for community health care teams such as symptom control/pain management.

Staff told us if families had suffered a bereavement, the GPs sent a letter of condolence. This included the contact details of various support agencies and a comprehensive information pack (developed by the practice) about coping with grief and bereavement. This was followed by a patient consultation at a flexible time and location to meet the family's needs.

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 provided Doppler screening to check for deep vein thrombosis (DVT) (A Doppler is an ultrasound test to check the blood flow through the arteries). This helped to prevent hospital admissions and initiate treatment if required.
- There were very good arrangements for meeting the needs of patients who required dermatological care and treatment. The GP partners had set up a local community dermatology clinic at the practice. Where necessary an appropriate referrals had been made to specialist services. For example, where cancer was suspected.
- Specialist Clinics were provided including minor surgery, joint injections, ophthalmology, intrauterine device (IUD also known as coil) fitting and removal service and travel vaccinations.
- The practice worked in partnership with other agencies in the best interests of their patients, including midwives, health visitors and school nurses.
- 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.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately. Phlebotomy services were available onsite for all patients.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered regular follow ups to identify long term conditions early and improve patient care. Annual health checks were offered to patients with a learning disability and patients with mental health needs.

- Family planning advice was given during normal surgery hours by the practice nurses.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 1pm every morning and 2pm to 6.30pm daily. The practice offered extended opening hours Monday to Thursday 6.30pm to 7.30pm and Saturday 9am to 2.30pm. The practice referred patients to the NHS 111 service for healthcare advice when the practice was closed.

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

- 75.37% of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 54.55% of patients said they could get through easily to the practice by phone compared to the national average of 73%. The practice manager told us they were continually reviewing the telephone systems to improve patient access to appointments. For example an additional telephone line had been added.

The majority of patients we spoke with on the day of the inspection said that they were able to get appointments when they needed them. However, two patients told us they had experienced difficulty getting an appointment if they rang the practice after 8am.

The practice had a triage system in place to assess if a patient needed to be seen on the same day or if a home visit was required. GPs assessed each patient based on clinical need. 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 in place for handling complaints and concerns.

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

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. A patient information leaflet provided information for patients on how to make a complaint.
- The practice manager and one of the GP partners were designated leads and handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. We looked at the seven complaints received in the last 12 months. We found complaints were acknowledged and investigated in a timely manner. There was openness and transparency with dealing with complaints. Lessons were learnt from written concerns and complaints and an annual complaints review was carried out.

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 worked collaboratively with other practices in the locality to develop community services. For example: providing various clinics so patients did not need to travel to the local hospital.

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.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, for example, infection prevention and control, chronic disease management, information governance and safeguarding.
- Practice specific policies were implemented and were available to all staff. We found policies were reviewed on an annual basis and updated where necessary.
- A programme of clinical and internal audit in response to NICE guidance and recommendations by the CCG pharmacist was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Any incidents or accidents were discussed at the regular staff meetings.

Leadership and culture

On the day of inspection the partners and practice manager 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 all very approachable and always took the time to listen to all 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, 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 in place and staff felt supported by management.

- Staff told us the practice held regular clinical, management and full team meetings, 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. There was a staff social event each year hosted by one of the GP partners. The practice had taken part in several charity events which benefitted the local community and maintained positive and proactive engagement not only with the practice population but also the wider community.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff, clinical and non clinical, 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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The practice manager told us they had found it difficult to get patients to join the PPG which currently consisted of 19 members.
- The practice had supported trainee doctors to successfully complete training for over 25 years. We spoke with a trainee doctor who had been working at the practice for two and a half months and felt well supported by the GP partners.
- The practice had gathered feedback from staff through staff away days and generally through monthly 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.

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. For example, the practice took part in a phase III clinical trial relating to musculoskeletal conditions. Patients taking part in the trial benefited from having an osteoporosis scan.

The practice manager and GP partners had produced a wide range of practice specific referral documents. These included referrals to mental health professionals and hospital consultants.

The practice manager had developed training material which was being used in other practices.