

Seaside Medical Centre

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 Seaside Medical Practice on 16 February 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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. The areas where the provider should make improvements are:

- Ensure that a clear, robust audit trail is implemented to record dissemination of outcomes and lessons learned in relation to significant events.
- Ensure that detailed auditable minutes are recorded at all meetings.
- Ensure that the use of a chaperone is always fully documented.

Summary of findings

- Ensure that an auditable system is implemented for the checking of all emergency equipment.

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
- Staff told us that lessons were shared to make sure action was taken to improve safety in the practice. However, the audit trail for the sharing of lessons learned was not robust.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 patients were assessed and well managed.

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 for the locality and 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for many aspects of care. The percentage of patients surveyed who said that the last GP they saw or spoke to was good at giving them enough time was 93.4%, compared to the Clinical Commissioning Group (CCG) average of 87.2% and the national average of 86.6%.

Good



Summary of findings

- The percentage of patients surveyed who stated that the last GP they saw or spoke to was good at listening to them was 99.2%, compared to the CCG average of 90.8% and a national average of 88.6%
- The percentage of patients who said the last GP they saw or spoke to was good at treating them with care and concern was 94.5% compared to the CCG average of 87.3% and the national average of 85.1
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. One example was the Local Enhanced Service which provided structured and supervised access to medical care for patients who had been removed from another practices list within that CCG area.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and 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 this.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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 patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was proactive in reviewing the prescribing of repeat medication and in particular for those aged over 85, where reducing prescriptions and/or withdrawing certain medication could improve quality of life.

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 practice had robust systems in place to recall and/or follow up those patients requiring reviews and/or blood tests.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 86.17% compared to the national average of 77.54%
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 90.17% compared to the national average of 78.03%.
- Longer appointments and home visits were available when needed.
- One GP led in the design of care-pathways for a range of long-term conditions and worked closely with the community respiratory team.
- 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



Summary of findings

Families, children and young people

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

- The practice offered a 'doctor first' system in the mornings for parents to obtain telephone advice from a GP prior to surgery commencing, and access to urgent appointments for children were available, as determined to be appropriate.
- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that includes an assessment of asthma control (01/04/2014 to 31/03/2015) was 80.85% compared to the national average of 75.35%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 80.5% compared with the national average of 81.83%.
- 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.
- The practice website contained a section on safeguarding which held links to advice for parents on cyberbullying and on-line safety.

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 a weekly health trainer clinic. This clinic was available to all patients at the practice via GP or self-referral. Advice on improving mental well-being, healthy eating, weight watching, exercise, smoking cessation and sensible drinking formed part of this programme.
- The practice offered NHS health checks for 40 to 74 year olds.
- At the time of our inspection the practice offered extended hours for pre-booked appointments on Monday and Tuesday evenings.

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 drug (Methadone) step-down clinic to support the treatment and recovery of those patients who had problems with drug addiction.
- The practice was proactive in its approach to patients who were homeless and provided an automatic follow up appointment.
- The practice worked in partnership with local homeless charities and staff volunteered at 'pop-up clinics'.
- The practice offered longer appointments for patients with a learning disability or complex needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice offered a comprehensive and well managed palliative/end of life care programme.
- 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.
- The practice offered a Special Patients Scheme providing supervised access to medical care for patients excluded from other practices.

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).

Good



Summary of findings

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 96.04% compared to the national average of 89.55%
- 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 actively engaged with local and national mental health organisations, charities and supported accommodation units
- The practice also provided accommodation for community mental health professionals to deliver services to patients including counselling.
- 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.
- Patients with poor mental health were automatically allocated double appointments.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. Survey forms were distributed to 277 patients and 109 were returned. This represented 0.96% of the practice's patient list.

- 83.8% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 72.5% and a national average of 73.3%.
- 90.6% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.5% and the national average 85.2%).
- 95.4% of patients described the overall experience of their GP surgery as good (CCG average 89.1% and the national average 84.8%).

- 86.1% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 81.5% and the national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards, which were all positive about the standard of care received. Patients described the service as professional, friendly, caring, helpful and polite.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice also collated feedback via the friends and families test. One example was that 95.85% of patients that filled out a feedback card over a seven month period in 2015 stated that they would be extremely likely to recommend the practice to friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that a clear, robust audit trail is implemented to record dissemination of outcomes and lessons learned in relation to significant events.
- Ensure that detailed auditable minutes are recorded at all meetings.
- Ensure that the use of a chaperone is always fully documented.
- Ensure that an auditable system is implemented for the checking of all emergency equipment.

Seaside Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Seaside Medical Centre

Seaside Medical Practice is situated in Eastbourne, East Sussex in a residential area close to the sea front. The patient population is diverse with 40% of patients coming from a black or minority ethnic background.

On street parking is available and the practice is fully accessible for wheelchair users.

The practice consists of seven partner GPs. Five are male and Two are female. It is a training practice and there is also currently a female GP registrar working at the practice for a one year period.

There are two Practice Nurses and a dedicated Phlebotomist.

The practice is open between 8.30am and 6.30pm Monday to Friday. The practice telephones are answered from 8am and one of the GPs provides emergency care triage between 8am and 9am. Appointments are available from 8.30am to 5pm with the exception of one GP who provides appointments up to 5.10pm on Monday, Wednesday and Thursdays.

Extended surgery hours are currently offered on Monday and Tuesday from 6.30pm to 8pm

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example: Childhood Immunisation and Vaccination Scheme, Alcohol and Violent Patients.

At the time of our inspection there were 11882 patients registered with the practice. The demographics of the patient population shows that 60% of patients are in paid employment or full time education and 55% of patients are suffering from a long-term condition. This is comparable to the national averages.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses and non-clinical staff. We also spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff were fully aware of the policy and procedure for reporting significant events and the outcomes of such events. However, the audit trail for disseminating outcomes was not robust.

- 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a prescription was left outside a consultation room by a GP for collection by the reception team. It was seen to be removed by a non-member of staff but quickly recovered. This incident resulted in a new policy and procedure being implemented.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a nominated GP lead for safeguarding, who attended all serious case reviews. A nominated member of staff conducted checks on the countrywide children's index to identify any concerns in relation to children joining the practice as new patients. 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 relevant to their role. All staff had been issued with prompt cards to ensure areas of concern could be swiftly identified and managed. GPs were trained to safeguarding level 3.

- The practice website contained a section on safeguarding which held links to advice for parents on cyberbullying and on-line safety.
- 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 check (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). However, the use of a chaperone was not always fully documented on the patient's notes.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken on a three monthly basis and we saw evidence that action was taken to address any improvements identified as a result. Infection control meetings were held on a regular basis.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

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 that enough staff were on duty. However, there was a lack of resilience in relation to the number of nurses employed. The practice planned to manage any significant nurse absence with additional GP cover.

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 and panic buttons on the desks 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. The equipment was in good working order, and staff informed us that the equipment was regularly checked, however, there was no auditable system in place to record the checking of the de-fibrillation equipment. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan incorporated a 'buddy' system with another local GP practice and emergency contact numbers for staff. Key members of the management team retained copies off site.

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 patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.9% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed::

Performance for diabetes related indicators was better than the national average.

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 90.17% compared to the national average of 78.03%The percentage of patients with diabetes on the register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 95.15% compared to the national average of 88.3%
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2014 to 31/03/2015) was 85.05% compared to the national average of 83.65%.

Performance for mental health related indicators was better than the national average

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% compared to the national average of 84.01%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 96.04% compared to the national average of 89.55%.

Clinical audits demonstrated quality improvement.

- There had been five complete two cycle clinical audits completed in the last year where the improvements identified were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, recent action taken as a result included the improvement in the management of patients with stage three and stage four Chronic Obstructive Pulmonary Disease (COPD)The standards set by the audit aimed to achieve a 90% compliance with prescriptions for inhaled corticosteroids to be at the dosage advised by NICE and a 70% rate of all patients to have a self management plan for episodes of exacerbation.

The first data collection showed a 74% compliance with the NICE prescribing guidance and 14% of relevant patients with a self-management plan. The practice devised a template for the self-management plans, created a read code for the practice system and raised awareness within the practice. The second data collection six months later showed a 92% compliance with the NICE prescribing guidelines and 70 % of patients with a self-management plan.

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.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services. All patients who were the subject of an onward referral had had their case reviewed and triaged by a second GP at the practice to ensure that the most appropriate care options were considered.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care

and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis, particularly in relation to palliative care, and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to any relevant external service. The practice offered health trainer clinics to support patients to achieve an overall healthier lifestyle.
- The practice's uptake for the cervical screening programme was 80.5%, which was comparable to the national average of 81.83%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening; however these rates were slightly lower than the Clinical Commissioning Group and National averages.
- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 51.0% compared to the Clinical Commissioning Group (CCG) average of 60.2% and the national average of 58.3%.

Are services effective? (for example, treatment is effective)

- The percentage of female patients aged, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 69.4% compared to the CCG average of 73.3% and a national average of 72.2%. The practice was very aware of the importance of cancer screening and made every effort to encourage patients to attend when invited. All invitations were sent out from a central location and the practice team reminded and encouraged patients to attend and took time to fully explain the benefits of screening and to try to allay any fears or reluctance on the part of the patients.
- The percentage of the practice population shown as being on the cancer register was low at 1.5% in comparison with the CCG average of 2.7% and England average of 2.1%

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0.0% to 98.1% compared to the CCG average of 1.1% to 95.3% and five year olds from 92.2% to 98.7% compared to the CCG average of 89.6% to 96.4%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 33 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. One patient commented that it was sometimes difficult to obtain an appointment.

We spoke with three 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:

- 99.2% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90.8% and national average of 88.6%.
- 93.4% of patients said the GP gave them enough time (CCG average 87.2% and national average 86.6%).
- 100% of patients said they had confidence and trust in the last GP they saw (CCG average 95.2% and national average 95.2%).

- 94.5% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87.3% and national average 85.1%).
- 95.6% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.3% and national average 90.4%).
- 97% of patients said they found the receptionists at the practice helpful (CCG average 90% and national average 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 on the comment cards we received was also positive and aligned with these views.

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:

- 97.1% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 88.8% and national average of 86%.
- 86.9% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.8% and national average 81.4%)
- 92.6% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83.6% and national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language. Information was contained within the patient information booklet and also available in the reception area.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

Care planning for those patients nearing the end of their life was comprehensive and had been recognised as extremely important and a key focus. A member of staff coordinated and registered all patients receiving palliative care to ensure that effective care plans were in place and that patient's wishes were documented. GPs used specifically designed cards to introduce and encourage patients and families' to consider important issues that they may want to address or have recognised. This process also identified any additional support or signposting to other agencies required.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 193 patients which was 1.75% of the practice list, as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them either by way of a telephone or personal visit and sent them a bereavement booklet and a letter or sympathy card. All deaths were discussed at the monthly practice meeting.

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. One example of this was the Special Patient Scheme. The Special Patient Scheme was designed to support and address the needs of those patients excluded from other practices, providing a safe environment for all those involved and facilitate the excluded patients' re-integration into main stream primary care. This provided a stable environment for the patient and in some circumstances, his or her family, to receive relevant and appropriate health care. At the time of our inspection, the practice had cared for 20 patients on this scheme.

- The practice offered extended hours on a Monday and Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- The practice acknowledged that it was challenging trying to meet the increasing demands for appointments, visits and administration requirements, and had implemented a number of strategies to tackle this concern. This included a 'buddy' system for its GPs promoting continuity, minor injuries managed by the nursing team and proactive over 75 visiting.
- There were disabled facilities, a hearing loop and translation services available.
- There was lift access to all floors.
- The practice conducted an extensive health check for patients with a learning disability to provide a more holistic approach to care planning

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. The practice telephones were answered from 8am and one of the GPs provided emergency care

triage between 8am and 9am. Appointments were available from 8.30am to 5pm with the exception of one GP who provided appointments up to 5.10pm on Monday, Wednesday and Thursdays.

Extended surgery hours were offered on Monday and Tuesday from 6.30pm to 8pm

In addition to pre-bookable appointments urgent appointments were also available for patients that needed them.

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

- 76.19% of patients were satisfied with the practice's opening hours compared to the national average of 78.53%.
- 81.97% of patients said they could get through easily to the surgery by phone compared to the national average of 75.26%.
- 77.5% of patients said they usually get to see or speak to the GP they prefer compared to the national average of 71.2%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- The complaint 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. Information was clearly displayed and available for patients in the waiting/reception area and advice on how to make a complaint was contained within the policy section of the practice website. The complaints form was comprehensive and contained a third party consent form for use when relevant.

We looked at 12 complaints received between April 2015 and February 2016. We found that they were managed promptly and effectively and that further explanations were provided and written apologies sent to the complainant

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

where relevant. Lessons were learnt from concerns and complaints and action taken as a result. For example, a concern was raised in relation to the level of confidentiality

afforded to the prescriptions waiting collecting in reception. This was discussed with the reception team, options considered and resolved by covering the prescription container.

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.

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

Leadership and culture

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

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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. Meetings were minuted, however there was limited detail in the minutes and the audit trail of actions and outcomes was not sufficiently robust.
- 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 in doing so and felt supported if they did. We noted team away days were held every two to three months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice management team conducted an auditable weekly building check to monitor cleaning, infection control, maintenance and any other issues that may be noted.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG requested a privacy line in the reception area to improve privacy in relation to conversations held at the front desk.

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 staff through contact on a day to day basis, and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was a training practice and made good use of the trainees and GP registrar to cascade knowledge and recent developments to the practice team. Each GP was allocated one week study leave per year.