

Maynard Court Surgery

Quality Report

17-18 Maynard Court, Waltham Abbey, Essex

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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 Maynard Court Surgery on 5 September 2017. Overall the practice is rated as good.

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

- Significant events were fully investigated; if patients were involved they would receive support, honest explanations and apologies in line with the duty of candour. Learning was shared in clinical meetings, however there was no formal way of informing staff that were not at the meeting. Following inspection the practice implemented a system to ensure this was done.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Some of the clinical and non-clinical staff had not received updated infection control training. However, following inspection this training was arranged to occur within the week.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect.
- Information about services and how to complain was available. Complaints were fully investigated.
- Patients we spoke with 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 was restricted by the building they were based in however worked around this to provide appropriate facilities and services 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 the requirements of the duty of candour. It was evident that the practice complied with these requirements.

Summary of findings

- The practice had identified a low number of patients who were carers.

The areas where the provider should make improvement are:

- Improve the identification of carers.
- Improve the cascading of learning from significant events to relevant staff.
- Review systems for ensuring staff complete updates on infection control training.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Incidents were fully investigated and learning disseminated through clinical meetings. Where staff were not present at a meeting there was no means to communicate learning to them, however following our inspection the practice set up mailing groups to ensure that minutes for all meetings would be sent to the relevant staff groups.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits were completed and where quality improvement was not demonstrated, the practice was conducting a review and planning a future audit.
- Some of the clinical and non-clinical staff had not received updated infection control training, however staff received other appropriate training. Following our inspection the practice sent us an action plan with addressed the lack of infection control training.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect. Scores were lower regarding patients' involvement in their care and treatment, however the practice had taken action to improve this.
- Information for patients about the services available was accessible.
- We saw staff treated patients with compassion and respect, and maintained patient and information confidentiality.
- Patient told us that staff were caring.
- The practice had identified 34 patients as carers (0.9% of the patient population).

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile, and had identified that the majority of their patients were older people. They had used this understanding to meet the needs of its population by providing services such as 24 hr hour monitoring, spirometry and hosting a phlebotomist.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.
- We found that the practice tried to be flexible with patients and for the most vulnerable patients offered the ability to slot into cancellations, sit and wait, options to be seen at the beginning or end of surgery.
- We were given several examples by patients of where the practice had proactively monitored their condition by ringing them or by completing opportunistic checks and vaccinations to avoid the patient having to return for another appointment.
- The practice was restricted by the building they were based in however worked around this to provide appropriate facilities and services to treat patients and meet their needs.
- Information about how to complain was available and evidence from four examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews, attended staff meetings, and training opportunities. Although monitoring of essential training updates required closer review.
- The provider was aware of the requirements of the duty of candour. We saw evidence throughout the day that the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice patient participation group (PPG) had not been operational for a period but the practice was attempting to revive interest in this. There were some core members of the PPG still engaged who gave us examples of how the practice responded to feedback.
- GPs who were skilled in specialist areas used their expertise to offer additional services 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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients 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 followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice discussed how their needs could be met holistically with local health and social care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. For example, advice on healthy eating.

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 long-term disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that outcomes for patients for long-term conditions were in line with other practices within the Clinical Commissioning Group (CCG) and nationally. For example, numbers of patients with diabetes receiving appropriate reviews were in line with the CCG and national average for the majority of indicators.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Good



Summary of findings

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.

Families, children and young people

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

- We found there were systems to identify, monitor and follow up children living in disadvantaged circumstances and/or who were at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children's' asthma reviews were scheduled either in school holidays or outside of school hours.
- A room was available which parents could use to change nappies or for mothers to breast-feed, should they prefer to do this in private.
- Clinical staff had an understanding of Gillick competence and Fraser guidelines.
- The practice worked with midwives, health visitors to support this population group. For example, in the provision of antenatal, post-natal and child health surveillance clinics. The practice had emergency processes for acutely ill children and young people.

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 this population had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible, for example, extended opening hours on two days.
- The practice offered as a full range of health promotion and screening that reflected the needs for this age group. These included, well woman and well man checks.
- Nationally reported data showed that outcomes for patients for uptake of cervical smears were in line with other practices within the Clinical Commissioning Group (CCG) and nationally.

Good



Summary of findings

- The practice offered the electronic prescription service. This service allows patients to choose or 'nominate' a pharmacy to get their medicines from; the GP then sends the prescription electronically to the nominated place.
- The practice offered a range of online services such as online booking and repeat prescription ordering.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered urgent appointments for those patients who needed them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.

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).

- 79% of patients diagnosed with dementia who had their care reviewed in a face-to-face meeting in the last 12 months, which was in line with the CCG and national average.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan in their notes, which was higher than the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Good



Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to support patient that may be in crisis with their mental health.
- Staff interviewed had an understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The practice results were in line with the CCG and national averages and above for one indicator. Two hundred and ninety five survey forms were distributed and 120 were returned. This represented a 38% completion rate.

- 87% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and the national average of 73%.
- 77% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG of 82% and the national average of 85%.

- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 79%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received.

We spoke with one patient and five patient participation group (PPG) members during the inspection. All patients said they were satisfied with the care they received and that staff were friendly and caring. Patients told us that they felt listened to. The PPG members told us that they had not met for some time until recently. One member told us that historically the practice were willing to hear their ideas for improvement and responded well to suggestions.

Areas for improvement

Action the service SHOULD take to improve

- Improve the identification of carers.
- Improve the cascading of learning from significant events to relevant staff.
- Review systems for ensuring staff complete updates on infection control training.

Maynard Court Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and included a GP specialist adviser and a nurse practitioner specialist adviser.

Background to Maynard Court Surgery

Maynard Court Surgery is located in a residential area in Waltham Abbey, Essex. The practice is based on the ground floor although there is ramped access to the front and back doors. There is very little allocated parking although there is street parking available in the surrounding roads. At the time of our inspection the list size was approximately 3840. The practice has a General Medical Services contract. A GMS contract is one between NHS England and the practice for delivering primary care services to local communities.

The practice has two male partner GPs, one male and two female salaried GPs. There are two long-term locums, a nurse practitioner, a practice nurse, a practice manager and a team of reception and administration staff.

The practice is open between 8.30am to 6.30pm Tuesday, Thursday, Friday, 7.30am to 6.30pm Monday and 8.30am to 8pm Wednesday. The practice is shut between 1pm and 2pm.

GP appointments are available: Monday 7.30am to 11am and 3.30pm to 6pm; Tuesday 9am to 11am and 3.30pm to 6pm; Wednesday 9am to 11am, 4pm to 6pm and 6.30pm to 7.50pm; Thursday 8.30am to 11.00am and 4pm to 5.30pm; Friday 9am to 11.00am and 3pm to 6pm. When the practice is closed patients are signposted to NHS 111 for out of hours care which is provided by PELC.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations give examples to share what they knew. We carried out an announced visit on 5 September 2017.

During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed how patients were being cared for in the reception and waiting areas.
- Reviewed an anonymised sample of the treatment records of patients.
- Spoke with patients and their family or carers.
- Looked at information the practice used to deliver care and treatment plans.

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?

Detailed findings

- 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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Significant incident forms and the evidence of the analysis showed that an investigation was completed. There were no clinical incidents affecting patients however the practice manager informed us that following an incident affecting a patient, the patient would be informed of the incident, given information, an apology and appropriate support.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice, however these systems could be improved. At the time of our inspection, there was no formal means of staff receiving and reviewing minutes of meetings they were unable to attend. Following our inspection the practice sent us an action plan which identified they had set up a system to rectify this issue.
- We reviewed MHRA (Medicines and Healthcare Products Regulatory Agency) alerts. The practice told us that the alerts were received by a member of administrative staff who disseminated to the GPs to decide what action needed to be taken. We reviewed evidence of these actions and found that the system was effective.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe.

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest

relevant legislation and local council requirements. Staff were aware of their responsibilities regarding this. One of the GPs took the lead role for safeguarding. The GPs supplied reports as required for safeguarding meetings. Safeguarding concerns were discussed at regular multi-disciplinary safeguarding meetings which a variety of health and social care staff attended.

- Staff had received training on safeguarding children and vulnerable adults that was relevant to their role and at an appropriate level. We found that all GPs were trained to child protection or child safeguarding level 3.
- There were notices in the consulting rooms advising patients that a chaperone was available for examinations if required. Only staff that were trained for the role and had received a Disclosure and Barring Service (DBS) check were used as chaperones. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- The lead nurse was the infection control lead. There was an infection control protocol in place.
- Annual infection control audits were undertaken, area had been identified following the last audit and a plan was in place to deal with these.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a cleaning schedule in place for the cleaning of medical equipment.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions, which included the review of high-risk medicines. We saw evidence to show that appropriate checks were completed prior to repeats prescribing of high risk medicines, for example, Warfarin was not prescribed unless the practice was satisfied that appropriate monitoring of the patient was taking place. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.

Are services safe?

- The practice had identified that their antibiotic prescribing rate was higher than practices locally and had requested support from the local clinical commissioning group pharmacy team. They also took part in reviews to ensure their prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer and patient specific directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH), fire and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. All staff had a copy of this off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

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, from 2015 to 2016, were 98% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95%. We viewed submitted but unpublished data for 2016 to 2017 that showed the practice had maintained this performance level. The practice had a 6% exception reporting rate overall which was in line with the CCG and national average of 6%. (The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side effect.)

Data from 2015 to 2016 showed:

Performance for diabetes related indicators was in line with the CCG and national average for two indicators but lower than national average for one indicator. For example:

- The percentage of patients, with diabetes, whose blood pressure reading was within specified levels was 70% compared to the CCG average of 75% and the national average of 78%.
- The percentage of patients with diabetes whose cholesterol levels were within certain levels was 71% compared to the CCG average of 77% and the national average of 80%.

We viewed unpublished performance data for 2016 to 2017 with showed the practice performance was satisfactory for diabetes indicators.

Performance for mental health related indicators was either in line with or above the CCG and national average. For example:

- The percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 93% compared to a CCG average of 92% and national average of 89%.
- The percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, whose alcohol consumption had been recording in the last 12 months was 97% compared to a CCG average of 92% and an England average of 89%.

There was evidence of quality improvement activity including clinical audit:

- The practice had commenced several clinical audits and non-clinical audits in the past 12 months. Two of these clinical audits were completed audits (a completed audit is where the improvements made were implemented and monitored). One of the audits showed improved outcomes however, the other showed outcomes were worse. Where outcomes were worse the practice was reviewing the reasons for this and completing a third cycle of the audit.
- The practice participated in local and national benchmarking as well as other local quality improvement schemes.
- They were aware that their prescribing outcomes for some antibiotics were not favourable, compared with other practices locally and nationally and had liaised with the clinical commission group pharmacist to investigate the reasons for this.

Effective staffing

Although staff had access to training to have the skills and knowledge to deliver effective care and treatment, improvement needed to be made to ensure that staff were accessing updates in a timely manner.

- Some clinical and non-clinical staff had not received updated infection control training. The practice sent us

Are services effective?

(for example, treatment is effective)

an action plan following our inspection which outlined that staff would complete this training within a week of our inspection and provide us with evidence to show this.

- Staff received role-specific training and updating as relevant. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- 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, as well as opportunities for career progression.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Staff had access to the information they required to plan and deliver patients' care and treatment through the practice's records system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan 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 regular basis when care plans and actions were routinely reviewed and updated for patients with complex needs and adult or child safeguarding concerns. Staff had good working relationships with school nurses, health visitors, social workers, community matron and other community staff. The partners requested and attended patient specific multi-disciplinary meetings with social care, mental health and other health professionals. They also completed home

visits with social workers in order to provide the patient with rapid holistic care. Other professionals we spoke with told us that the practice was very good at collaborative working.

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 clinical staff assessed the patient's capacity and documented this appropriately.
- Staff we spoke with were aware of when best interests decisions may be appropriate.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted or referred them to relevant services. 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.

The practice's uptake for the cervical screening programme was 84%, which was in line with the CCG average of 83% and national average of 81%.

Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake was in line with or lower than CCG and national averages. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 50% for the practice, compared to 57% average for the CCG and 58% national average. The uptake of screening for breast cancer by eligible patients in the last 36 months was 66% for the practice, compared to 70% average for the CCG and 72% national average. The practice demonstrated that they were aware that uptake for their practice was lower than other practices and were developing a plan to improve the uptake of these screening programmes.

The percentage of new cancer cases referred via the two-week wait referral pathway was half the CCG and national average. The practice told us that they had

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

discussed this with local cancer teams and had a goal to improve their referral rate. They had also completed an audit relating to their cancer referrals and diagnosis as part of this.

The amount of patients with a diagnosis of cancer on the practice register was in line with the CCG and national average.

Childhood immunisation rates for the vaccinations given were above the 90% national standard or in line with the CCG and national averages. For example,

- The percentage of children aged one with a full course of recommended vaccines was 97%, which was above the 95% standard.

- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 97%.
- The percentage of MMR dose one given to under five year olds was 97% compared to the CCG and national average of 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Where abnormalities or risk factors were identified during these health checks, these were followed up appropriately.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed members of staff were polite to patients and treated them with compassion, dignity and respect.

- Curtains or screens 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 the GPs rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were polite and helpful, and treated them with dignity and respect.

We spoke with 6 patients, which included 5 members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients we spoke with told us that that staff were friendly and responded quickly when they needed help and treated them with dignity and respect

Results from the national GP patient survey, published in July 2017, showed that patients felt they were treated with compassion, dignity and respect. For example:

- 82% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 92% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- 97% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 90% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 84% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the manager of one of the local care homes where some of the practice's patients lived all praised the care provided by the practice. The care home had a nominated GP who visited patients regularly.

Care planning and involvement in decisions about care and treatment

Feedback from the six patients we spoke with on the day was mixed regarding whether they felt involved in their treatment. Although they were satisfied with their treatment some patients told us that side effects from medicines were not explained when prescribed.

Results from the national GP patient survey published in July 2017 showed patients responses to questions about their involvement in planning and making decisions about their care and treatment were in line with CCG and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 87%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%. This was a 3% increase on their 2016 score.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%. This remains the same compared to their 2016 score.

Are services caring?

The practice told us that they had completed a patient survey for each member of clinical staff. Following the findings one member of staff had gone on a communication course and other staff, for whom communication had been identified as an issue, reviewed their behaviour during consultations.

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 spoken English as a first language.
- The practice had identified that there were no patients in need of a hearing loop therefore did not have one.
- Information leaflets were available to help patients understand their diagnosis, and could be made available in other languages.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 34 carers (which was approximately 0.9% of the practice list). There was a carer information board in the waiting area. Carers were sign posted to the various avenues of support available to them and had access to flu vaccinations, annual health checks and flexible appointments to accommodate their caring responsibilities.

Where a families had suffered bereavement, the GPs contacted families where this was appropriate and an appointment or other support was provided if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday morning and Wednesday evening for working patients who could not attend during normal opening hours and for children around school hours.
- There were longer appointments available for those who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- If patients had more than one medical concern to discuss, they were advised to book a double appointment to enable the GP time to fully address the concerns.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were accessible facilities and interpretation services available.
- The premises were suitable for babies and young children. Although there were no baby changing facilities available, parents could make use of a room with a clinical couch, which could also be used for breastfeeding.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8.30am to 6.30pm Tuesday, Thursday, Friday, 7.30am to 6.30pm Monday and

8.30am to 8pm Wednesday. The practice was shut between 1pm and 2pm. GP appointments were available: Monday 7.30am to 11am and 3.30pm to 6pm; Tuesday 9am to 11am and 3.30pm to 6pm; Wednesday 9am to 11am, 4pm to 6pm and 6.30pm to 7.50pm; Thursday 8.30am to 11.00am and 4pm to 5.30pm; Friday 9am to 11.00am and 3pm to 6pm. When the practice was closed patients were signposted to NHS 111 for out of hours care which was provided by PELC.

Results from the national GP patient survey, published July 2017, showed that patient's satisfaction with how they could access care and treatment was comparable or higher than clinical commissioning group (CCG) and national averages.

- 79% of patients were satisfied with the practice's opening hours compared with the CCG average of 71% and the national average of 76%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and national average of 73%.
- 77% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 74% and the national average of 76%.
- 97% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 55% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

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

The practice had a system to assess:

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

This was done by the GP telephoning the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to 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.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager handled all complaints in the practice, with clinical input from the GP.
- We saw that information was available to help patients understand the complaints system both on the website and within the practice building. Information was clearly displayed in the waiting area.

We looked at the four complaints received in the last 12 months and reviewed them in detail. Our review of these showed that the practice fully investigated them and an apology and honest explanation as well as an outline of actions the practice intended to take was given to the complainant. The complaint outcomes were discussed and learning shared with other staff as appropriate either in meetings or via other forums.

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.
- The practice had a clear strategy and had considered future planning which reflected local housing developments and one partner's future retirement plans.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and quality care however aspects of clinical governance required strengthening.

- There was a clear staffing and leadership structure in place. Staff we spoke with were aware of their own roles and responsibilities and those of other staff.
- GPs and nurses had lead roles in key areas. For example, one of the partners and a health care assistant had a lead role in safeguarding.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- There were systems in place to monitor, review and improve the practice performance through national comparison data and practice audits.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed lessons to be learned and shared following significant events and complaints.
- Some aspects relating to clinical governance required strengthening, such as, ensuring staff had updated essential training and looking at the systems around cancer pathways.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The culture of the practice was friendly, open and honest. Staff told us that management were approachable.

The provider 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). It was evident during our inspection that the practice complied with the requirements of the duty of candour.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice completed a thorough investigation.
- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us that any changes or other information was communicated via team meeting or via other methods.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.

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

The practice encouraged and valued feedback from patients and staff. They proactively sought feedback from:

- patients through surveys and complaints received.
- the NHS Friends and Family test.
- Staff told us they felt able to give feedback and discuss any concerns or suggestions with management staff. They felt confident it would be acted upon and gave us examples where this had happened.

The patient participation group (PPG) had not met for a while, however the practice was attempting to revive this with existing members. One of the members we spoke told that they had made suggestions in the past and these had been acted upon.

Continuous improvement

Are services well-led?

Good 

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

The practice was aware of the areas that they needed to develop. They were using comparison data to review and improve their performance, including involving other professionals to assist them in pin pointing specific development areas.