Dr Richard Hyslop

Quality Report

The Old Cole House Surgery
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr R Hyslop on 27 August 2015. Overall, the practice is rated as good for providing safe, effective, caring, responsive and well led services.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Information about how to complain was available and easy to understand
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision about providing a quality and caring service in a safe way.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were robust safeguarding measures in place to help protect children and vulnerable adults from the risk of abuse. There were enough staff to keep people safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness. They produce and issue clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity to provide services and promoting good health for all patients. Staff had received training appropriate to their roles and any further training needs had been identified and planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to improve outcomes for patients.

Are services caring?

Good

The practice is rated as good for providing caring services. We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone, and that people were treated with dignity and respect. Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GP and the nurse, and could always get an appointment when they needed one. Staff told us that both the GP and the practice nurse responded to patients' needs and often this meant arranging to see patients after the practice had closed.

Staff told us that patients had been supported throughout particularly difficult times and described to us a number of occasions when they had done this. For example, there had been times when patient referrals for access to specific support had been

Summary of findings

made but had not been immediately available to them. The GP and nurse had often supported patients through a mental health crisis or safeguarding issue as a result. They had monitored and supported the patient during and after their crisis by giving them time or counselling to help them make progress.

Results from the national GP patient survey 2014 showed the practice scored well above average results in relation to patients' experience and the satisfaction scores on consultations with the GP and the nurse; 97% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 89%; 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%; 98% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%; 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%; and 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

Eleven patients told us they were treated with compassion and were involved in decisions about their care and treatment. They commented they had nothing but praise for the GP, who they said was dedicated to the patients. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Patients completed 43 comment cards which gave positive comments about the standard of care received. Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GP and the nurse, and could always get an appointment when they needed one.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It 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. Patients said they found they were able to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day.

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

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG) and responded to feedback from patients about ways that improvements could be made to the services offered. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice also arranged blood tests for patients at home where they were unable to get to the hospital. Health checks were carried out for all patients over the age of 75 years.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of abuse. For example, children and young people who had a high number of accident and emergency (A&E) attendances.

Childhood immunisation rates were similar to or higher than the local Clinical Commissioning Group (CCG) averages, with 100% take up for 14 of these.

The practice nurse carried out six week baby checks as well as post-natal checks for mothers. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence that confirmed this.

Appointments were available outside of school hours and the premises were suitable and accessible for children, with changing

facilities for babies. We saw good examples of joint working with midwives, health visitors, school nurses and district nurses. The practice also offered a number of online services including booking appointments and requesting repeat medicines.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered weekly evening extended hours so that patients could access appointments around their working hours. We learned that the GP stayed at the end of the day to make sure all patients needing to be seen on the same day received an appointment.

The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs for this age group. The practice nurse had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.

People whose circumstances may make them vulnerable

Good

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 patients with a learning disability. For example, the practice had carried out annual health checks and offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had advised vulnerable patients on how to access various support groups and voluntary organisations. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments and offered additional attention such as longer appointments.

Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children who were considered to be at risk of harm. 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.

Staff told us that patients had been supported throughout particularly difficult times and described to us a number of occasions when they had done this. For example, we were told

about safeguarding issues had occurred where the GP and the practice nurse had provided support and counselling over and above usual provision to ensure patients remained safe from the risk of harm. This had often been out of hours or when surgeries had ended for the day. There had been a number of times when the GP had visited patients on their way home as part of the support they provided.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients with dementia and poor mental health. The GP and practice nurse understood the importance of considering patients ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.

The practice had completed care plans for a high proportion of its patients experiencing poor mental health (90% compared with the national average of 86.04%) and was proactive in monitoring their smoking and alcohol status in addition to their general health.

The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

For example, there had been times when patient referrals for access to specific support had been made but had not been immediately available to them. The GP and nurse had often supported patients through a mental health crisis as a result. They had monitored and supported the patient during and after their crisis by giving them time or counselling to help them make progress. The GP and practice nurse told us they would always see the patient and give them time whether they had an appointment or not.

Summary of findings

What people who use the service say

The national GP patient survey results published in April 2014 showed the practice was generally performing above local and national averages. There were 108 responses and represented a response rate of 40%. In all areas the practice was rated higher than the CCG and national averages. Results showed:

- 95% found it easy to get through to this practice by phone which was higher than the Clinical Commissioning Group (CCG) average of 66% and a national average of 73%.
- 100% found the receptionists at this practice helpful compared with a CCG average of 85% and a national average of 87%.
- 99% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 99% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 96% described their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 82% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 82% felt they did not normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

We saw published on the practice's website a newspaper article about the patient satisfaction survey results for 2014 that placed the practice as the sixth best out of 7,929 practices in England. This had resulted in congratulatory cards and letters from patients who expressed their views that the accolade and results of the survey were well deserved by the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GP and the nurse, and could always get an appointment when they needed one.

We spoke with 11 patients during the inspection who were all very positive about the service they received. They told us they had nothing but praise for the GP, who they said was dedicated to the patients. These patients were also extremely positive about all staff at the practice. They said that nothing was ever too much trouble and that staff were always happy to help where they could.

Dr Richard Hyslop

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to Dr Richard Hyslop

Dr Hyslop (known locally as The Old Cole House Surgery) is located in Bedworth, North Warwickshire. The Old Cole House Surgery is a single handed GP practice operating from a converted and extended end of terrace house in a residential area of Bedworth town. The practice provides primary medical services to patients in an urban area which has areas of deprivation and social issues related to drugs and alcohol. As a former mining town there are significantly larger numbers of elderly patients who worked in the pits with a relative high occurrence of lung diseases. The GP is supported by a practice manager, a practice nurse, administrative and reception staff. There were 2985 patients registered with the practice at the time of the inspection.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice is open for appointments from 8am to 6.30pm Monday to Thursday and from 8am to 2pm on Fridays. The practice is closed at weekends. Home visits are available for patients who are too ill to attend the practice for appointments. There is also an online service called 'patient access' which allows patients to order repeat prescriptions and book new appointments without having to phone the practice. The practice offers extended hours appointments which are available from 6.30pm till 8pm on Wednesdays.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. If patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service is provided to patients and is available on the practice's website and in the patient practice leaflet.

Patient support is provided when the practice is closed at lunchtimes and on Friday afternoons by a network support group that has been set up locally. Dr Hyslop and two other local practices operate an on-call system to cover these times. Telephone calls are routed via the nearby ambulance station and forwarded to the duty GP for a response.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for minor surgery, maternity care, family planning and smoking cessation.

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. This inspection was planned to check whether the provider was meeting the

Detailed findings

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.

This practice was last inspected in 2013 under our previous methodology. There were no concerns found at that inspection.

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.

How we carried out this inspection

Before our inspection of Dr Hyslop we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted Warwickshire North Clinical Commissioning Group (CCG) and the NHS England area team to consider any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 27 August 2015. During our inspection we spoke with a range of staff that included the GP, the practice manager, the practice nurse and reception staff. We also looked at procedures and systems used by the practice. We spoke with 11 patients, and the chair of the patient representative group (PPG) a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice. We observed how patients were being cared for and talked with carers and or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Patients that were affected by significant events received a timely and sincere apology and were told about actions the practice had taken to improve care. Staff were aware of their responsibility to raise concerns and knew how to report incidents and near misses. They told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The practice carried out an analysis of all significant events.

We reviewed safety records, incident reports 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, one event detailed where a patient's sample had been placed with the wrong patient form. The sample had been discarded and a retest had been arranged with the patient. The analysis of the incident and details of action taken had been recorded. We saw that significant events had been discussed at practice meetings which demonstrated the willingness by staff to report and record incidents. We saw evidence from the minutes that learning was taken from and shared with staff to ensure that further incidents were prevented.

Safety was monitored using information from a range of sources, including best practice guidance from the National Institute for Health and Care Excellence (NICE) and local commissioners. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements. Staff told us that all policies were accessible to them. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP and the practice nurse 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. Staff gave us examples where they had taken action to protect and safeguard patients they considered to be at risk of abuse. This had included both adults and children who were in need of protection.
- A notice was displayed in the waiting room and in treatment rooms, advising patients that chaperones were available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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). When chaperones had been offered a record had been made in patients' notes and this included when the service had been offered and declined. Patients we spoke with confirmed they were aware of the chaperone facility and that there was a poster in the waiting room that offered this service.
- 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. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and legionella (a bacterium which can contaminate water systems in buildings). The practice had up to date fire risk assessments and regular fire drills were carried out. Any actions identified during fire drills were followed up. For example, we saw that action had been taken when a drill carried out in January 2015 highlighted that a fire assembly sign was needed. We saw that this action had been completed.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice nurse was the IPC clinical lead who liaised with the local infection prevention and

control teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that an external infection control audit had been carried out in August 2015 and no issues had been found.

- There were suitable arrangements in place for managing medicines, including emergency medicines and vaccinations to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Regular medicine audits were carried out with the support of the pharmacist employed by the practice 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.
- We looked at files for different staff roles including the new practice manager, two receptions staff and the practice nurse to see whether recruitment checks had been carried out in line with legal requirements. These four files showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). 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. We saw that processes were also in place when locum GPs were employed by the practice to ensure appropriate checks had been carried out.
- 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 the different staffing groups to ensure that enough staff were available each day. As this was a singlehanded GP practice we spoke with the GP and practice nurse about arrangements in place for when they were absent due to sickness or annual leave. We saw that long established locum cover was in place for these occasions. Staff confirmed they would also cover for each other at holiday periods and at short notice when colleagues were unable to work due to sickness.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all of the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines and equipment available in the treatment room.

There was also a first aid kit and accident book available. Emergency medicines and oxygen were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Copies of the plan were kept in the reception area, on the practice's computer system and the GP confirmed they kept a copy at home. Risks identified included power failure, loss of telephone system, loss of computer system, and loss of clinical supplies. The document also contained relevant contact details for staff to refer to which ensured the service would be maintained during any emergency or major incident. For example, contact details of local suppliers to contact in the event of failure, such as heating and water suppliers. We saw there was a procedure in place to protect computerised information and records in the event of a computer systems failure.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. The practice nurse told us they accessed NICE guidance and actioned recommendations where these were applicable and gave us examples of changes they had made to their practice in response to this national guidance. This included for example, changes in treatment for asthma and heart conditions.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the practice were 99.3% of the total number of points available, with 4% exception reporting. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014 showed:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 96.5% which was higher than the national average of 88.35%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 89.9% which was better than the national average of 83%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 90% which was higher than the national average of 86%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 83.33% which compared with the national average of 83.82%.

This practice was an outlier (negative indicator) in 2014 for the QOF clinical target in relation to prescribing hypnotic medicines at 1.43% compared to a national average of 0.28%. We saw that the practice had identified this as a priority and had taken steps to improve this. This included additional clinics for patients to review medicines to consider whether changes or reductions in medicines were appropriate, in line with best practice guidelines. The practice manager confirmed that the practice had been working with the Clinical Commissioning Group (CCG) medicines management team to improve this and had seen some improvements already this year. We were not able to evidence this at the time of the inspection.

The practice had a system in place for completing clinical audits. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. It includes an assessment of clinical practice against best practice such as clinical guidance to measure whether agreed standards were being achieved. The process requires that recommendations and actions are taken where it is found that standards are not being met.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, one audit carried out in 2013 and repeated in 2014 showed that cervical screening had been carried out, that results had been followed through, and that any inadequate or unsuitable tests had been reviewed to ensure any potential learning outcomes were identified. The audits showed the practice had maintained positive outcomes for patients with low levels of inadequate test results reported.

We saw an audit for patients who were taking a medicine for the treatment of osteoporosis (a bone thinning condition) dated 2014 and 2015. This audit had identified, reviewed and monitored prescribing for patients to ensure

Good

Are services effective?

(for example, treatment is effective)

the practice followed guidance to ensure that patients took a two year break every five years from this medicine. For example, 30 patients were identified to take the two year break, two patients restarted treatment, and eight patients were to continue with their prescriptions. We saw that this audit was part of a wider CCG audit with the aim to ensure that all patients were monitored and that prescribing of these medicines did not extend beyond the five year recommended period. We saw notes of action taken and details of further action required at the next audit review recorded.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received 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. Staff told us that training opportunities at the practice were well facilitated. For example, staff told us that additional training opportunities when identified could be completed by staff where these provided improvements to the service for patients. They told us the practice would be very supportive with funding and making time available for this 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared in a timely way such as when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's 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 and that care plans were routinely reviewed and updated. For example, from minutes of meetings that had taken place throughout 2015 we could see that health visitors, the practice nurse, Macmillan nurse and school nurses had attended these meetings. We saw that discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. We saw evidence of written consent given by a patient in advance of minor surgery that confirmed this. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

The GP and practice nurse understood the need to consider Gillick competence when providing care and treatment to young people under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention

The practice had numerous ways of identifying patients who needed additional support and it was pro-active in offering help. For example, the practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required.

Good

Are services effective?

(for example, treatment is effective)

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. The GP and practice nurse showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations. The GP and practice nurse told us they would also use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or by carrying out opportunistic medicine reviews.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.16%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.8% to 100% and five year olds from 92% to 100% which compared with CCG rates of 98.2% to 99.2% and 92.3% to 99% respectively. Flu vaccination rates for the over 65s were 75.08% which was higher than the national average of 73.24%. The rates for those groups considered to be at risk were 63.5% which was higher than the national average of 52.29%.

The practice told us about the Health Aware Community Event that they had been involved in. This event had been a combined initiative by all the practices within the CCG area and was held at a local school in September 2014. We saw minutes of meetings that had taken place in the planning for this event which aimed to promote health and wellbeing within the community. Promotion stands offered patients a range of information such as healthy living, sexual health, NHS awareness, heart/diabetes, cancer screening and Macmillan Cancer Support.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone, and those patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a poster in the waiting room which informed patients of this facility.

We received 43 comment cards which were all positive about the standard of care received by patients at the practice. Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GP and the nurse, and could always get an appointment when they needed one.

Patients we spoke with confirmed the positive comments given in the comment cards. Patients told us that staff always had time for them, treated them with respect and were alert to their needs if they appeared distressed or confused.

Staff told us that patients had been supported throughout particularly difficult times and described to us a number of occasions when they had done this. For example, there had been times when patient referrals for access to specific support had been made but had not been immediately available to them. The GP and nurse had often supported patients through a mental health crisis or safeguarding issue as a result. They had monitored and supported the patient during and after their crisis by giving them time or counselling to help them make progress.

Results from the national GP patient survey 2014 showed the practice scored above average results in relation to patients' experience of the practice and the satisfaction scores on consultations with doctors and nurses. For example:

- 97% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 98% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 98% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 100% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

We saw published on the practice's website a newspaper article about the patient satisfaction survey results for 2014 that placed the practice as the sixth best out of 7,929 practices in England. Staff told us they were really proud of the feedback they had received.

Patients had responded to the press article and sent letters and cards of thanks and congratulations to the practice. Comments from patients included thanks from a patient who would not have been able to stay in their own home if the practice had not cared enough to support them; appreciation for what the practice had done for patients and recognition for the praise they deserved; and comments that the practice always made time for patients and it was appreciated. The practice website included an open response to patients thanking them for their feedback through the national patient survey results, with a commitment to continue to provide a caring service to meet patients' needs.

Care planning and involvement in decisions about care and treatment

Patients told us through the comment cards that health issues were discussed with them and 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

Good

Are services caring?

consultations to make an informed decision about the choice of treatment available to them. Patients commented that they could not ask for a more caring GP and that nothing was too much trouble for this practice.

Results from the national GP patient 2014 survey we reviewed showed that most patients surveyed had responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 97% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 98% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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

Patient and carer support to cope emotionally with care and treatment

There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations.

The practice's computer system alerted the GPs if a patient was also a carer. There was a practice register of all patients who were carers and the practice supported these patients by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. This was available in the form of an information pack which was accessible in the reception and waiting area.

Staff told us that if families had experienced bereavement the GP telephoned them and often visited to offer support and information about sources of help and advice. Leaflets giving support group contact details were also available to patients in the waiting room.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice took part in regular meetings with NHS England and worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. For example, we saw minutes of meetings where local GP practices had discussed the development of a Black, Ethnic, Minority (BME) group within the CCG area to help shape and inform services at local GP practices. From the minutes we established that regular meetings had been held to encourage representatives from all community groups to become involved in the project to increase health awareness. The community group included representatives from each of the GP practices. The practice worked with their patient participation group (PPG) to raise awareness of the project and to encourage increased membership to the group.

Services were planned and delivered to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example:

- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability and patients with drug or alcohol related health problems.
- The GP and the practice nurse made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- The GP and the practice nurse carried out a triage of the day appointment system to ensure that all health care needs of patients were met as required. This was introduced as a response to feedback from the patient survey carried out by the practice in 2014.
- The practice provided contact details at weekends for district nurses who needed to speak with the GP about patients needing care at the end of their life. The GP was available for consultations outside normal working hours for those patients. Regular multidisciplinary meetings were held with key partners to support patients with their palliative care needs.
- Extended appointment times were available from 6.30pm to 8pm on Wednesday evenings, which was helpful for those patients who had work commitments.
- Urgent access appointments were available for children and those with serious medical conditions.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this. Patients told us that when they had their medicines reviewed time was taken to explain the reasons for the medicines and any possible side-effects and implications of their condition. Patients told us this helped them understand what they needed to do to help themselves too.
- The practice had a mental health register and worked with a community psychiatric nurse and a psychiatrist to develop joint management plans to meet patients' needs.
- The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations, cervical smears and well man and well women clinics.
- A weekly clinic was held at the practice by a substance misuse worker to support patients with drug and alcohol related health issues.
- A minor surgery service was provided by the practice which included joint injections.

Access to the service

The practice was open between 8.30am and 6.30pm Mondays, Tuesdays and Thursdays. The practice was open on Wednesdays from 8.30am to 7.45pm, and on Fridays from 8.30am to 2pm. The practice was closed at weekends. Surgery times were from 9am to 12.30pm and 3pm to 6.20pm on Mondays, Tuesdays, Wednesdays and Thursdays, with extended hours appointments available from 6.30pm to 8pm on Wednesday evenings. Morning surgery appointments only were available on Fridays from 9am to 12.30pm. Minor surgery was scheduled on Tuesday and Thursday evenings from 6.30 to 7pm. Home visits were available for patients who were too ill to attend the practice for appointments. There was also an online service which allowed patients to order repeat prescriptions and book appointments. Booking of appointments could also be made up to 12 weeks in advance.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma, diabetes and heart disease.

The practice does not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients and was available on the practice's website.

There were disabled facilities, hearing loop and translation services available. In house training was provided to ensure all staff understood how the aids and translation service operated. Baby changing facilities were also available.

Results from the national GP patient survey 2014 showed that patient's satisfaction with how they could access care and treatment was mainly above local and national averages. For example:

- 95% patients said they could get through easily to the surgery by phone compared to the CCG average of 66% and national average of 73%.
- 96% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 82% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 73%.

Patients we spoke with gave positive views about the appointments system. Patients told us that they had no problem with getting appointments and they could always see a GP if the appointment was urgent. They told us that for more general appointments the receptionists always tried to fit them in with the GP. Patients told us they sometimes had to wait to see the GP, but they would rather wait and see them as they knew they would be given the time they needed by the GP. Patients told us they were able to talk to the GP about more than one problem too and that they did not have to make separate appointments for each concern. This was confirmed by the GP.

We received 43 comment cards which were all positive about appointment system and availability at the practice. The comments confirmed the feedback from the national patient survey (2014), the feedback from staff and from the patients we spoke with during the inspection.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We found that there was an open and transparent approach towards complaints. Accessible information was provided to help patients understand the complaints system on the practice's website and in a complaints leaflet made available at the practice. We saw a copy of the complaints form available for patients to use should they wish to make a formal complaint. The form also included a copy of the procedure and explained to the patient what they could expect once their complaint was submitted to the practice. Patients commented through the comments cards that they were aware of the process to follow should they wish to make a complaint, although all patients told us they had not needed to make a complaint.

We saw that annual reviews of complaints had been carried out to identify themes or trends. We looked at the review for the year 2014 to 2015. We looked at three complaints received in the last 12 months and found these were dealt with promptly with responses to and outcomes of the complaints clearly recorded. We noted a letter of apology from a GP had been sent to a patient in response to that patient's concerns.

We saw evidence that showed lessons learned from individual complaints had been acted on. This had included for example, changes to procedures where they had been identified as a result of a complaint or a concern. Overall learning from the annual review of complaints was shared with all staff at the relevant team meetings. This ensured learning was shared and reviewed in an open and responsive way. We saw minutes of meetings that confirmed this.

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

We looked at a copy of the practice's statement of purpose. This told us that the aim of the practice was to support its registered patients in managing and improving their health status and well-being, through partnership, quality service provision and education. The practice aimed to provide a high standard of medical care by offering a service that satisfied the needs and expectations of their patients.

The vision of the practice was aligned to the clinical commissioning group (CCG) strategy. It was evident through discussions with staff during the day that this vision was shared throughout the practice. The practice had a robust strategy and supporting business plan which reflected the vision and values of the practice and ensured that these were regularly monitored.

Governance arrangements

The practice had a governance framework in place that 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 programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing above or in line with national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings and noted that complaints, significant events and Medicines and Healthcare products Regulatory Agency (MHRA) alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.

Leadership, openness and transparency

The GP and the management team at 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 GP and practice manger were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The practice encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They told us they were confident they would be supported if they needed to raise any issues or concerns. Staff said they felt respected, valued and supported, by everyone in the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

The practice was committed to working in an inclusive way with the PPG to improve outcomes for patients. For example, the PPG chair had been invited to take part in the presentation to the inspection team by the practice.

The practice saw education and information sharing important to support patients' health and well-being. We saw from the action plan in the PPG annual report for 2015, that three priority areas had been identified to help with this process. For example, the PPG aimed to increase patient awareness of the challenges faced in general practice and the NHS and how this would affect patients at the practice; they aimed to recruit members from a range of ages, ethnic and social backgrounds in order that information and topic feedback was diverse and representative of the patient population groups. To achieve

Are services well-led?

Good

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

this reception staff were required to actively promote and explain the PPG existence to newly registered patients; PPG members were to be visible in the waiting room; ad-hoc visits to the practice were to be carried out during surgery times to target potential new members; and the clinicians were to highlight potential members to management for follow up. The results of the actions would be published through the PPG meeting minutes on practice website.

Progress was being made with the actions identified. Reception staff confirmed that information was shared with new patients when they registered with the practice. We spoke with the PPG chair who confirmed that they were keen to increase the PPG membership and had spent some time in the practice waiting room explaining about the role of the PPG and how this could shape improvements for the benefit of patients.

A second action identified in the PPG report was to consider improvements to the availability of appointments with both the practice nurse and the GP. As a result of this the triage system was introduced to reduce the number of 'on the day' appointments needed. This increased the appointment opportunities for patients to book in advance. The practice told us the triage system had reduced the number of appointments patients had needed for advice and minor illnesses and therefore improved patients access overall.

The practice had also gathered feedback from staff 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 provided services for patients.