

Empingham Medical Centre

Quality Report

Main Street
Empingham
Oakham
Leceistershire
LE15 8PR

Tel: 01780 460202

Website: www.empinghammedicalcentre.co.uk

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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 Empingham Medical Centre on 15 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- This practice was not an outlier for any QOF (or other national) clinical targets. It achieved 99.3% of the total QOF target in 2014, which was 1.6% points above CCG Average and 5.8% above national average.
- 95% of people who responded to the July 2015 national patient survey said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.

- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they did not find it easy to make an appointment with a named GP. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about services and how to complain was available and easy to understand.
- 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).

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. A business plan was in place, was monitored and regularly reviewed and discussed with all staff. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

We saw two areas of outstanding practice:

- The practice had increased the flexibility of access to appointments and could demonstrate the impact of this by reduced use of the GP out of hour's service and Accident and Emergency. The practice had very positive patient survey results for July 2015.
- The practice had a Carer's Champion. This is a member of staff who supports carer's and acts as a key contact for carer information for the GP practice where they work. They aim to improve the carer's quality of life and help them to continue in their caring role. They

can also help ensure that the carer's voice is heard when the person they care for is having their needs assessed or met. Carer Champions will also help improve local services by feeding back what they learn from supporting carer's.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Have a system in place to ensure audit cycles have been completed.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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. Arrangements were in place to safeguard adults and children from abuse. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The practice used every opportunity to learn from internal and external incidents, to support improvement. Information about safety was highly valued and was used to promote learning and improvement.

Information about safety was recorded, monitored, appropriately reviewed and addressed. Most risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

There was some evidence of completed clinical audit cycles which were driving improvement in performance to improve patient outcomes.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It acted on suggestions for improvements and changed the way it

Good



Summary of findings

delivered services in response to feedback from the patient participation group (PPG). The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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 patient participation group (PPG) was active. The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were higher than both the CCG and national averages 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 had a named nominated GP for patients 75 plus and also took part in the admission avoidance scheme.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice took part in admission avoidance and worked in partnership with the integrated care co-ordinator from a local council and community services from a secondary care trust. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates for the standard childhood immunisations were comparable to CCG/national averages. The practice operated its own recall system for families, children and young people. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



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. 83% of people with a learning disability had received an annual health check. It also offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 100% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. 88% of people who had dementia had received an annual physical health check.

The practice had a Carer's Champion. This was a member of staff who supports carer's and acts as a key contact for carer information for the GP practice where they work.

The practice had told patients experiencing poor mental health about 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing well above local and national averages. There were 139 responses and a response rate of 56%.

- 96% find it easy to get through to this surgery by phone compared with a CCG average of 68% and a national average of 73%.
- 97% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 82% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 59% and a national average of 60%.
- 95% 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%.
- 98% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 89% describe their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.
- 57% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 62% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.
- As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards of which 27 were all positive about the standard of care received. Patients said they had excellent care, were treated with respect and as individuals. Patients found that staff were professional, polite and helpful. The two negative comments were about not being able to see the same GP.

Areas for improvement

Action the service SHOULD take to improve

- Have a system in place to ensure audit cycles have been completed.

Outstanding practice

- The practice had increased the flexibility of access to appointments and could demonstrate the impact of this by reduced use of the GP out of hour's service and Accident and Emergency. The practice had very positive patient survey results for July 2015.
- The practice had a Carer's Champion. This is a member of staff who supports carer's and acts as a key contact for carer information for the GP practice where

they work. They aim to improve the carer's quality of life and help them to continue in their caring role. They can also help ensure that the carer's voice is heard when the person they care for is having their needs assessed or met. Carer Champions will also help improve local services by feeding back what they learn from supporting carer's.

Empingham Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Empingham Medical Centre

Empingham Medical Centre is a GP practice which provides a range of primary medical services under a GMS contract to around 6105 patients from a surgery in Empingham, Rutland. The practice covers 120 square miles of villages surrounding Rutland Water.

The practice has 4 GPs (two female and two male), two salaried GPs, a practice manager, assistant practice manager, patient services manager, dispensary manager, one nurse practitioner, three practice nurses, health care assistant, five dispensers and seven reception and administrative staff.

The practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG). ELR CCG have full responsibility for commissioning healthcare services for residents in Blaby, Lutterworth, Market Harborough, Rutland, Melton Mowbray, Oadby and Wigston and the surrounding areas. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

The practice is open between 8.30 am and 6.30pm Monday to Friday. Saturday 8am to 10.30am. Appointments can be booked by phone, in person or online. All appointments are

confirmed by mobile text where possible. We found that the practice had a flexible appointment system where patients could have a longer appointment as required. The practice also gave patients appointments to suit travel arrangements. For example, if they used a bus service.

Appointments are available until 6.30pm for those patients who need to be seen on the day. Extended hours surgeries with pre-bookable appointments are available on Saturday mornings.

Home visits were available on a daily basis to those patients who were unable to attend the surgery.

The practice has a dispensary which is open 8.35am until 6.30pm. The practice dispenses medicines to 83% of patients registered.

The practice has one location registered with the Care Quality Commission (CQC) which is Empingham Medical Centre, Main St, Empingham, Oakham LE15 8PR

Empingham Medical Centre have opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal

Detailed findings

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 provider had not been inspected before and that was why we included them.

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

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
- The working-age population and those recently retired (including students)

- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Before visiting, we reviewed a range of information we hold about the service and asked other organisations to share what they knew. We also reviewed information we had requested from the practice prior to our visit, as well as information from the public domain including the practice website and NHS choices.

Prior to the inspection we spoke to two care homes who told us the practice provided a very good service. Appointments and home visits were available on the day. The practice provided good continuity of care. Staff told us the GP's who visited the care homes were excellent, had a good rapport with the residents and medicines were reviewed on a regular basis.

We carried out an announced visit on 15 September 2015. During our visit we spoke with a range of staff including GPs, the management team, the nursing team as well as reception and administration staff.

During our visit we spoke with three patients and two representatives of the patient reference group to gain their views on the service provided by the practice.

We observed how people were interacted with and talked with carers and family members.

We reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff 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 the 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, out of date vaccine given.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. 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 abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. We found that the nurse practitioner did not have the level of safeguarding training required for her role. They had level 2 and not level 3 children's safeguarding. Since the inspection they are on a waiting list for a level 3 course.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. 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).

- There were some procedures in place for monitoring and managing risks to patient and staff safety. The practice had recently reviewed their health and safety processes and implemented a new system. They had already carried out a number of risk assessments and we saw that they had plans in place to implement further risk assessments. There was a health and safety policy available and a poster displaying health and safety information in the staff room. The practice had a fire risk assessment carried out in April 2015 by an external contractor. We reviewed the action plan from the risk assessment and found that a number of actions had not been completed. For example, external clinical waste were not kept in a compound or by a restraint system. A fire drill had been carried out in 2014 but it was identified that this was overdue for 2015. Since the inspection the practice have advised us that an emergency fire drill is scheduled for Thursday October 8th and further fire drills planned for March and October of every year.
- 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 other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead who kept up to date with best practice and implemented this. 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 there were action plans in place which were regularly reviewed to address any improvements identified as a result. Appropriate cleaning schedules were in place, however the cleaning records were not specific enough as they did not identify that individual rooms had been cleaned or when weekly or monthly tasks had been completed. Since the inspection the practice have now placed a cleaning schedule in each consultation room.

Are services safe?

- We found that the external clinical waste bins were locked but not in a secure compound in line with national guidance. Since the inspection the practice had informed us that they have ordered chains and padlocks to secure these bins to the wall.
- The practice had systems and processes for medicines management within the dispensary. Standing operating procedures (SOPs) were in place to cover all aspects of the work carried out by staff. They had been updated in 2015. Records showed that all members of staff involved in the dispensing process had received appropriate training. The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. There were arrangements in place for the destruction of controlled drugs. We found that the dispensary had secure containers to keep unwanted medicines returned by patients. A waste contractor collected the medicines from the dispensary at regular intervals.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice to ensure that patients were kept safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the seven files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For

example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. A staffing needs analysis had been reviewed in September 2015 to ensure that the practice maintained adequate staffing levels in order to meet the needs of the patients. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty and the practice had regularly carried out a staff needs analysis to ensure staffing levels were appropriate.

Arrangements to deal with 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 regular basic life support training and there were emergency medicines available in the treatment room. The practice had oxygen and a defibrillator available on the premises but only adult defibrillator pads were available. The practice immediately ordered paediatric defibrillator pads which arrived the next day. We found that emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system 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 were 99.3% of the total number of points available, with 7.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed:-

- The performance for diabetes related indicators was 99.98% which was 5.1% better than the CCG and 9.9% better than the national average.
- The performance for asthma related indicators was 100% which was 1.5% points above CCG average and 2.8% above the national average
- The performance for patients with hypertension was 100% which was 2.9% better than the CCG average and 11.6% better than the national average.
- The performance for patients with COPD was 100% and 2.8% better than the CCG average and 4.8% better than the national average.
- The dementia diagnosis rate was 100% and was 2.3% above CCG average, and 6.6 % above national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes.

We looked at five clinical audits carried out in the last two years. Two of these were completed audits where the improvements made were implemented and monitored. We spoke with the GP partners as the practice need to have a system in place to ensure audit cycles carried out have

been completed. 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, implementation of patient specific directions for the monitoring of warfarin.

Effective staffing

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

- The practice had a comprehensive induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, infection control, health and safety and confidentiality. Nursing staff had additional induction covering clinical areas.
- The learning needs and objectives of staff were identified through a robust system of annual appraisals, meetings and reviews of practice development needs. The nurse practitioner was responsible for nurse appraisals and told us they were in the process of introducing interim reviews to monitor whether objectives were being met. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included regular meetings, appraisals, facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety, basic life support, infection control, records management, mental capacity and equality and diversity. Staff had access to and made use of e-learning training modules, in-house and external 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 with other services in a timely way, for example when people 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 people moved between

Are services effective?

(for example, treatment is effective)

services, including when they were referred, or after they are 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.

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. 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.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service. Registers of patients who may be in need of extra support were kept by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 83%, which is above the CCG average of 78%. 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 CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.9% to 100% and five year olds from 66.7% to 93.1%. We spoke with the management team who told us they would review their process for childhood immunisations to understand why they had variable rates for five year olds.

Flu vaccination rates for the over 65s were 74.78%, and at risk groups 62.87 %. These were comparable to CCG and national averages.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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. 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. A separate room was available for patients who wanted to discuss their needs privately.

27 of the 29 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the July 2015 national patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.

- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback on the comment cards told us 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 consultations to make an informed decision about the choice of treatment available to them. Patients we spoke with we aligned with these views.

Results from the July 2015 national patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 90% 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%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. There was also a hearing loop in both the reception and dispensary.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 2.2% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available in reception for carers to ensure they understood the various avenues of support available to them.

Are services caring?

The practice had a Carer Champion. This was a member of staff who supported carers and acted as a key contact for carer information for the GP practice where they work. They aimed to improve the carer's quality of life and help them to continue in their caring role. They can also help ensure that the carer's voice is heard when the person they care for is having their needs assessed or met. A Carer Champion will also help improve local services by feeding back what they learn from supporting carer's.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example,

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

- The practice offered flexibility of appointments and a Saturday morning clinic for working patients who could not attend during normal opening hours.
- Timed telephone consultations in work breaks of patients, for example, teachers.
- There were longer appointments available for any patients who needed them.
- Home visits were available for older patients and any people who were not able to attend the surgery.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

The practice was open between 8.30 am and 6.30pm Monday to Friday. Saturday 8am to 10.30am. Appointments can be booked by phone, in person or online. All appointments are confirmed by mobile text where possible. We found that the practice had a flexible appointment system where patients could have a longer appointment as required. The practice also gave patients appointments to suit travel arrangements. For example, if they used a bus service.

Appointments are available until 6.30pm for those patients who need to be seen on the day. Extended hours surgeries with pre-bookable appointments are available on Saturday mornings.

Home visits were available on a daily basis to those patients who were unable to attend the surgery.

The practice has a dispensary which is open 8.35am until 6.30pm.

The practice provided services to army personnel on a ministry of defence camp in the area. They also looked after their families to ensure continuity of patient care.

Results from the July 2015 national patient survey showed that patient's satisfaction with how they could access care and treatment was above average in most areas compared to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 96% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 89% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 57% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system. Patients we spoke with were aware of the process to follow if they wished to make a complaint but none had ever felt the need to complain.

We found the practice responded quickly when issues were raised. The practice had only received one complaint in the last twelve months. The complaint had been handled in timely manner.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, review of a policy.

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 to provide high quality medical care to meet the needs of their patients, whilst making responsible and equitable use of the resources available

This was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice were in the process of recruiting a new practice manager to replace the current practice manager who plans to retire in December 2015.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. We reviewed 17 of these, one of which was overdue a review.
- A comprehensive understanding of the performance of the practice
- A programme of clinical and internal audit which is used to monitor quality and to make improvements however the practice needed to have a system in place to ensure audit cycles have been completed.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice. Staff told us that they were approachable and always take the time to listen to all members of staff.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We were told and we saw evidence that the practice held regular team meetings. Staff said they felt respected, valued and supported.

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. There was an active PPG which met on a regular basis, had carried out patient surveys and discussed proposals for improvements with the practice management team. For example, following the patient survey in 2014 the PPG had compiled an action plan in conjunction with the practice. All actions had been completed and included carrying out an access survey on the premises, installing an automatic front door and reviewing the appointment system to include more online appointments and telephone consultations. The practice also monitored results from the NHS friends and family test. Over the months from June to August 2015 the practice had received 85 responses. Only one of these was negative and the practice had contacted the patient and addressed the issue.

The practice had also gathered feedback from staff generally through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.