

Dr Keith T Tattum

Quality Report

Baddeley Green Surgery
998 Leek New Road
Baddeley Green
Stoke On Trent
Staffordshire
ST9 9PB

Tel: 01782 544466

Website: www.baddeleygreensurgery.com

Date of inspection visit: 14/12/2015

Date of publication: 11/02/2016

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Keith T Tattum	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Keith Tattum on 14 December 2015. Overall the practice is rated as good.

Our key findings were as follows:

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- Feedback about the appointment system was mixed; patients told us they could get an urgent appointment when needed, although some said it was difficult to book a future appointment.

We saw a feature of outstanding practice:

- The lead GP had an interest in poor mental health. The practice used nationally recognised assessment methods in determining the levels of depression experienced by patients and also offered relevant patients a psychological assessment. Patients experiencing depression had the opportunity to enter a contract with the practice to detail their expectations and hopes for the management of their condition. Data demonstrated that the practice was effective in their management and identification of patients with depression.

There were areas where the practice should make improvements:

Summary of findings

- Implement changes in infection control within the practice as detailed in the infection control specialist's audit.
- Undertake a written risk assessment for Legionella and mitigate any risks identified.
- Consider obtaining wider feedback from patients about the practice appointment system and improve the availability of bookable future appointments with GPs.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- We saw the practice needed to improve their management of infection control risks, although action was taken the day after our inspection.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Same day appointments were available for children and those with serious medical conditions.
- Data from 2014/15 showed that the number of patients who attended Accident and Emergency departments was 36.8% lower than the national average.
- Patient feedback was positive about the availability of urgent appointments, although some patients told us it could be difficult to book a future appointment.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Seasonal Flu vaccination rates for the over 65s were 76.6% compared with the national average of 73.2%.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

- Patients at the highest risk of unplanned admission to hospital were identified and care plans had been implemented to meet their health and care needs.
- Performance for the diabetes related indicators was comparable with the CCG and national averages. For example, 77.4% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 75.1% and national average of 77.5%.
- Longer appointments and home visits were available when needed.

Good



Families, children and young people

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

- We received positive feedback from patients in this group.
- Children under 12 were offered a same day appointment.
- The practice provided childhood immunisations and uptake rates were comparable to CCG and national averages.
- The practice's uptake for the cervical screening programme was 85.2% which was higher than the CCG average of 79.9% and the national average of 81.8%. The practice performance in this area was the highest within the CCG area.

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 reflected the needs for this age group.
- The practice offered evening appointments to benefit those of a working age.

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.
- The practice offered annual health reviews and longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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 patients with severe poor mental health had a comprehensive care plan completed within the previous 12 months, compared with the CCG average of 86.3% and national average of 88.3%.
- The practice used nationally recognised assessment methods in determining the levels of depression experienced by patients and also offered relevant patients a psychological assessment.
- 8.67% of patients had been identified as experiencing depression. This was higher than the CCG average of 7.74% and national average of 5.82%.
- Patients experiencing depression had the opportunity to enter a contract with the practice to detail their expectations and hopes for the management of their condition.

Good



Summary of findings

- 96.6% of patients with dementia had a face to face review of their condition in the last 12 months. This was higher than the CCG average of 85.1% and national average of 84%.

Summary of findings

What people who use the service say

We spoke with nine patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received nine completed cards, of which all but one were positive about the caring and compassionate nature of staff. All of the patients we spoke with told us they were treated with care dignity, respect and understanding.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2015.

The results from the GP national patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example;

- 87.7% described their overall experience of the GP practice as good. This was similar to the clinical commissioning group (CCG) average of 86.5% and national average of 84.8%.
- 92.6% said the GP was good at treating them with care or concern compared to the CCG average of 85.3% and national average of 85.1%.
- 99.3% had confidence in the last GP they saw or spoke with compared to the CCG average of 94.9% and national average of 95.2%.
- 95.7% said that the nurse was good at giving them enough time compared to the CCG average of 93.3% and national average of 91.9%.

The feedback we received from patients about their experience in obtaining appointments was mixed. Out of the 19 patients that provided feedback directly to us, 11 told us about their experience of the appointment system

- All said they could get an urgent appointment when needed.

- Five patients told us it was difficult to get a future appointment and six said they found it easy.
- Three patients said it could be difficult to get through on the telephone.

Results from the national GP patient survey published in July 2015 showed mixed rates of satisfaction about appointments when compared to local and national averages:

- 68.9% of patients found it easy to contact the practice by telephone compared to the CCG average of 75.7% and national average of 73.3%.
- 97.6% of patients said the last appointment they made was convenient compared to the CCG average of 92.4% and national average of 91.8%.
- 64% of patients felt they did not have to wait too long to be seen compared to the CCG average of 61.3% and national average of 57.7%.
- 94.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.7% and national average of 73.8%.
- 74% of patients were able to secure an appointment the last time they tried compared to the CCG average of 86.1% and national average of 85.2%.

Of note within the GP national patient survey was that 20.3% of patients said their experience of making an appointment was poor. This was higher than the CCG average of 10.9% and national average of 12.4%.

We spoke with one member of the patient participation group (PPG) who told us that the practice had been very supportive and staff took the time to listen to any issues raised

Areas for improvement

Action the service SHOULD take to improve

- Implement changes in infection control within the practice as detailed in the infection control specialist's audit.
- Undertake a written risk assessment for Legionella and mitigate any risks identified.

Summary of findings

- Consider obtaining wider feedback from patients about the practice appointment system and improve the availability of bookable future appointments with GPs.

Outstanding practice

- The lead GP had an interest in poor mental health. The practice used nationally recognised assessment methods in determining the levels of depression experienced by patients and also offered relevant patients a psychological assessment. Patients experiencing depression had the opportunity to

enter a contract with the practice to detail their expectations and hopes for the management of their condition. Data demonstrated that the practice was effective in their management and identification of patients with depression.

Dr Keith T Tattum

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Dr Keith T Tattum

Dr Keith T Tattum is registered with the Care Quality Commission as an individual provider based at Baddeley Green Surgery.

The practice area is one of less deprivation when compared with the local and national averages. Life expectancy and the health of people within Stoke on Trent, whilst improving, are generally worse than the national average.

At the time of our inspection the practice was caring for 5,319 patients of which patients ages were broadly within national averages.

The practice clinical staffing consists of two male GPs and one female GP. An all-female nursing team consists of an independent nurse prescriber, practice nurse and healthcare assistant. The administrative team is led by a practice manager, assisted by a quality and performance manager and reception manager with six further members of reception/administrative staff.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

The practice is open from 8am to 6pm on Monday, Tuesday, Wednesday and Friday and from 8am to 1pm on a Thursday. During these times the reception desk and telephone lines are always staffed. Extended appointments are offered from 6pm to 9pm on a Wednesday. Patients can book appointments in person, by telephone or online for those who have registered for this service.

Why we carried out this inspection

We carried out the inspection 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 requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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:

Detailed findings

- 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)

Before our inspection we reviewed the information we held about the practice. We also reviewed intelligence including

nationally published data from sources including Public Health England and the national GP Patient Survey. We spoke with NHS Stoke on Trent Clinical Commissioning Group and received no concerns about the practice.

During the inspection we spoke with members of staff including GPs, the practice nursing team, the practice manager and administrative staff. We contacted a member of the practice patient participation group (PPG) to gain their view on the practice.

We gathered feedback from patients by speaking with them directly and considering their views on comment cards left in the practice for two weeks before the inspection.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. (Significant events can be described as a significant occurrence, which can be positive or negative, that leads to detailed analyse and learning to improve quality of care overall).

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- Significant events were recorded on a clinical commissioning group (CCG) computer system for sharing on a wider basis.
- The practice carried out a thorough analysis of the significant events.

The practice had recorded six significant events in the last year. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. One example of learning was from an occurrence when a patient was booked in for a diagnostic test for blood pressure instead of heart rhythm. The occurrence caused no harm to the patient, but an apology and explanation was issued. Analysis showed that the use of medical terminology was the root cause. Learning in the terminology was shared within the administrative team to minimise a similar event reoccurring.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Both children at increased risk of harm and vulnerable adults were identified on the practice computer system by alerts to make the treating clinician aware of the patient's individual circumstances. The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff on the practice computer system. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. All

staff had received role appropriate training to nationally recognised standards, for example GPs had attended level three training in Safeguarding Children. The lead GP was identified as the safeguarding lead within the practice and demonstrated they had the oversight of patients, knowledge and experience to fulfil this role.

- Chaperones were available when needed, all staff who acted as chaperones had received training, been vetted and knew their responsibilities when performing chaperone duties. 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. The availability of chaperones was displayed in the practice waiting room.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The practice nursing team consisted of an independent nurse prescriber. The practice nurse used Patient Group Directions to allow them to administer medicines in line with legislation. Blank prescription pads were stored securely and their issue was tracked through the practice.
- We looked at the monitoring of patients who took medicines that needed regular checks undertaking for side effects. The practice used a system of issuing the medicines on a monthly basis following a check by a GP that the required blood tests and monitoring had been undertaken.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Although the practice maintained appropriate standards of cleanliness of hygiene and the premises were clean and tidy there were areas of infection control practice that were not in line with current guidance: For example:

- There was no provision for patients or staff to decontaminate their hands easily on entry to the building and between the waiting room and clinical rooms.

Are services safe?

- Flooring in some areas was in a condition that would make cleaning less effective.
- Soap dispensers for handwashing did not promote minimal touch for use.
- Sinks and taps were not all of a specification that promoted minimal activation as recommended in nationally accepted guidance.

The practice had undertaken regular infection control audits, although findings had not always been acted upon. We spoke with the practice management team about this, they told us that until recently the practice had long-term plans to move to a new purpose built premises. Unfortunately the plans had fallen through, although they recognised work was required to update the building.

Following the inspection, the practice manager implemented an action plan and shared this with us. They had sourced and implemented hand decontamination dispensers and flooring replacement. An infection control specialist had been tasked to evaluate the practice and the practice manager gave assurance that any required changes would be implemented straight away.

Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections.

We saw one example of risk that had not been fully mitigated:

- The practice did not have a formal written risk assessment for minimising the risk of Legionella (Legionella is a bacterium which can contaminate water systems in buildings). The practice manager undertook regular running of taps and documented this, but due to the number of staff employed the practice should have a documented risk assessment in place.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- All staff had received recent annual update training in basic life support.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date and stored securely.
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.

Management, monitoring and improving outcomes for people

- The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). QOF results from 2014/15 showed:
- The practice achieved 98.6% of the total number of points available; this was better than the national average of 93.5% and clinical commissioning group (CCG) average of 95%. This performance had improved from the 2013/14 performance of 76.5%.
- Clinical exception reporting was 5.3%. This was lower than the national average of 9.2% and CCG average of 9%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine.
- Performance for the diabetes related indicators was comparable with the CCG and national averages. For example, 77.4% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 75.1% and national average of 77.5%.
- 84% of patients with asthma had a review of their condition within the previous year. This was higher than the CCG average of 75.2% and national average of 75.3%.

- 96.6% of patients with dementia had a face to face review of their condition in the last 12 months. This was higher than the CCG average of 85.1% and national average of 84%.

The lead GP had an interest in poor mental health and held a position outside the practice with a NHS Trust in a lead role in this area. The practice used nationally recognised assessment methods in determining the levels of depression experienced by patients and also offered relevant patients a psychological assessment. Patients experiencing depression had the opportunity to enter a contract with the practice to detail their expectations and hopes for the management of their condition. Data demonstrated that the practice was effective in their management of patients with depression:

- 8.67% of patients had been identified as experiencing depression. This was higher than the CCG average of 7.74% and national average of 5.82%.
- 82.4% of patients identified with depression had their care reviewed within 10 to 56 days of their initial diagnosis. This was comparable with the CCG average of 79.1% and national average of 84.5%. Clinical exception reporting was 6.1% lower than the CCG average and 2.9% lower than the national average, meaning more patients had attended for review.

The practice performance in treatment of severe poor mental health was also better than local and national averages:

- 100% of patients with severe poor mental health had a comprehensive care plan completed within the previous 12 months. Compared with the CCG average of 86.3% and national average of 88.3%.

Patients with a learning disability were offered an annual health check to detect emerging health issues such as thyroid, visual and hearing issues. The 2015/16 practice performance was that 52.8% of patients had received a health check. The practice aimed to improve this performance in the new year after the flu vaccination campaign.

The practice participated in a number of schemes designed to improve care and outcomes for patients:

- The Quality Improvement Framework (QIF) is a local programme with the CCG area to improve the detection and management of long-term conditions.

Are services effective?

(for example, treatment is effective)

- The practice participated in the avoiding unplanned admission enhanced service. Two per cent of patients, many with complex health or social needs, had individualised care plans in place to assess their health, care and social needs. Patients were discussed with other professionals when required and if a patient was admitted to hospital their care needs were reassessed on discharge.

The practice performance for unplanned admissions to hospital was comparable or better than local and national averages. Data from the Health and Social Care Information Centre (HSCIC) from 2013/14 showed that:

- Emergency admissions rates to hospital for patients with conditions where effective management and treatment may have prevented admission was 14.8% lower than the national average.
- Emergency admissions rates to hospital for patients with long-term conditions were 9% higher than the national average.

There had been seven clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The audits included that medicines had been prescribed appropriately and that the monitoring of medical conditions was appropriate. Where necessary audits had been discussed by the practice team and changes to practice made as needed.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer. Data from NHS England in 2014 showed:

- 70.8% of practice patients with a new diagnosis of cancer had received their diagnosis via a fast tracked referral pathway (two week wait). This was higher than the CCG average of 51.3% and national average of 48.8%.

Effective staffing

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

- GPs had been trained and had experience in providing extra services on site including family planning, management of poor mental health, joint injections and minor surgery.

- The nursing team included an experienced independent nurse prescriber who had extended training in the management of diabetes, Chronic Obstructive Pulmonary Disease (COPD) and asthma.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through appraisals, and staff told us they felt supported.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

The practice held a number of regular meetings including palliative care meetings to discuss care and treatment for patients approaching the end of their life. The meetings included practice staff and allied professionals such as community nurses, palliative care nurses, community matron and others as relevant.

When patients were referred to hospital in either an emergency or urgent situation, relevant information was relayed to the receiving department by the provision of printed copies of referral letters. In most circumstances patients had the option to choose the hospital they wanted to receive planned treatment at and were guided through the process.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- The process for seeking consent was monitored through record audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

New patients were offered a health assessment with a clinical member of staff when joining the practice.

The practice's uptake for the cervical screening programme was 85.2% which was higher than the CCG average of 79.9% and the national average of 81.8%. The practice performance in this area was the highest within the CCG area. Clinical exception reporting was lower, meaning more patients had attended for screening following an invitation.

Data from 2014, published by Public Health England, showed that the number of patients who engaged with national screening programmes was higher than local and national averages:

- 78.1% of eligible females aged 50-70 had attended screening to detect breast cancer. This was higher than the CCG average of 74.6% and national average of 72.2%.
- 67.4% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 55.1% and national average of 58.3%.

The practice provided childhood immunisations and rates were comparable to CCG and national averages. For example, 97% of children aged two had received the measles, mumps and rubella (MMR) vaccine. This was similar to the CCG average of 98.1%.

Flu vaccination rates for the over 65s were 76.6% compared with the national average of 73.2%. Vaccination rates in 'at risk' groups was 50% compared with the national average of 53.8%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2015. The survey invited 265 patients to submit their views on the practice, a total of 114 forms were returned. This gave a return rate of 43%.

The results from the GP national patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example;

- 87.7% described their overall experience of the GP practice as good. This was similar to the clinical commissioning group (CCG) average of 86.5% and national average of 84.8%.
- 92.6% said the GP was good at treating them with care or concern compared to the CCG average of 85.3% and national average of 85.1%.
- 99.3% had confidence in the last GP they saw or spoke with compared to the CCG average of 94.9% and national average of 95.2%.

Results for how patients felt about their interactions with the practice nurses were also higher than local and national averages. For example:

- 95.7% said that the nurse was good at giving them enough time compared to the CCG average of 93.3% and national average of 91.9%.

We spoke with nine patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received nine completed cards, of which all but one were positive about the caring and compassionate nature of staff. All of the patients we spoke with told us they were treated with care dignity, respect and understanding.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed a positive patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in July 2015 showed;

- 91.4% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 81.2% and national average of 81.4%.
- 90.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.3% and national average of 86%.
- 92.7% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 86.8% and national average of 84.8%.
- 95.4% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.3% and national average of 89.6%.

Individual patient feedback we received from patients about involvement in their own care and treatment was mostly positive, 18 out of 19 patients felt involved in their own care and treatment.

Patient/carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received. For example, a patient told us about the high level of support they had received during a prolonged period of poor mental health. They told us they staff had made their difficult circumstances more manageable.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff. Annual health assessments were available for carers and the availability of assessments was advertised within the practice.

If a patient experienced bereavement, practice staff told us that they were supported by a GP with access and signposting to other services as necessary. We received positive feedback from a patient who told us they had received a high level of support when they experienced bereavement.

Written information was provided to help carers and patients to access support services. This included organisations for poor mental health and advocacy services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice offered evening appointments until 9pm on a Wednesday.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were annual health checks offered and longer appointments available for patients with a learning disability.
- Emergency admissions to hospital were reviewed and a GP contacted patients to review a patients' care needs if required.
- There were disabled facilities and translation services available.

Data from 2014/15 showed that the number of patients who self-attended Accident and Emergency departments was 36.8% lower than the national average.

Access to the service

The practice was open from 8am to 6pm on Monday, Tuesday, Wednesday and Friday and from 8am to 1pm on a Thursday. During these times the reception desk and telephone lines were always staffed. Extended appointments were offered from 6pm to 9pm on a Wednesday. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice operated a mixed system of offering appointments; some appointments were released on a daily basis with some were planned bookable appointments. Staff told us if a patient had requested a non-urgent appointment on two consecutive days and not been successful in obtaining one, the patients' details were passed to a GP to follow up. Telephone appointments were available on a daily basis.

The feedback we received from patients about their experience in obtaining appointments was mixed. Out of the 19 patients that provided feedback directly to us, 11 told us about their experience of the appointment system.

- All said they could get an urgent appointment when needed.
- Five patients told us it was difficult to get a future appointment and six said they found it easy.
- Three patients told us it could be difficult to get through on the telephone.

Results from the national GP patient survey published in July 2015 showed mixed rates of satisfaction about appointments when compared to local and national averages:

- 68.9% of patients found it easy to contact the practice by telephone compared to the CCG average of 75.7% and national average of 73.3%.
- 97.6% of patients said the last appointment they made was convenient compared to the CCG average of 92.4% and national average of 91.8%.
- 64% of patients felt they did not have to wait too long to be seen compared to the CCG average of 61.3% and national average of 57.7%.
- 94.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.7% and national average of 73.8%.
- 74% of patients were able to secure an appointment the last time they tried compared to the CCG average of 86.1% and national average of 85.2%.

Of note within the GP national patient survey was that 20.3% of patients said their experience of making an appointment was poor. This was higher than the CCG average of 10.9% and national average of 12.4%.

We looked at the appointments system and saw that there were urgent appointments available on a daily basis. We checked the availability of future appointments and saw that although appointments were available on a daily basis, most were not released until that day. At the time of our inspection the soonest routine appointment that could be made without telephoning each day was four weeks ahead. The practice management told us they had tried different appointments over the years and also increased the number of telephone consultations available.

Are services responsive to people's needs?

(for example, to feedback?)

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.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards and in the practice booklet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had received two complaints in the last 12 months. We tracked both complaints and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy. There were no trends to the complaints received. Complaints were discussed individually with staff and at practice meetings. Learning from complaints was evident and when appropriate the practice issued an apology and explained how systems had been changed to limit the risk of reoccurrence.

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's mission statement was to provide services to patients that were SAFE-C (Safe, Accessible, For the Patients, Effective and Caring). The mission statement was displayed within the practice and on their website. The staff we spoke with knew and understood the values contained within the mission statement and applied them to their areas of work.

Governance arrangements

The practice managed and mitigated risks, areas of risk had been assigned to members of the management and wider team.

- The risks of side effects from medicines that require close monitoring for side-effects had been mitigated by a robust prescribing and monitoring procedure.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained.
- Practice specific policies were implemented, regularly updated and were available to all staff.

Leadership and culture

The leadership team within 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 GPs and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had a patient participation group (PPG) that met to discuss services at the practice and make suggestions for changes or improvements. We spoke with one member of the PPG who told us that the practice had been very supportive and staff took the time to listen to any issues raised. Issues discussed by the PPG previously included appointment capacity, car parking and issues with telephone lines being very busy at times. The practice had shown it had responded to areas within their control and implemented measures including additional reception staff being available at peak times, call monitoring software and increased capacity for appointments. The practice had previously conducted internal patient satisfaction surveys, the most recent being in 2013.

Current methods of gathering feedback from patients included considering comments from the PPG, using the GP national patient survey results and NHS Friends and Family Test results. We looked at a four month range of results from the NHS Friends and Family Test and saw the results were positive, out of 31 responses:

- 25 said they would be extremely likely to recommend the practice to others.
- 4 said they would be likely to recommend the practice.
- 2 said they would be neither likely nor unlikely.

We spoke with staff, all told us that they felt able to approach the management team with any issues and they felt supported. Staff who performed reception duties told us that it was at times very busy within the reception area, with a high number of telephone calls received whilst they

Are services well-led?

Good 

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

performed other duties. The practice manager told us that they had identified this area of staff concern during staff appraisals had had costed an increase in staffing within the reception area.

Management lead through learning and improvement

Staff told us that they were supported to develop within their role and had regular appraisals.

The lead GP had an additional role as a clinical director with a local NHS Trust and had implemented a number of improvements in services for patients who experienced poor mental health, including psychological assessments and a contract of expectations between the clinician and patient. The practice performance in the management of short and long-term poor mental health was higher than local and national averages.