

# The Abbey Medical Group

## Quality Report

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Date of inspection visit: 2 February 2016

Date of publication: 23/03/2016

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Abbey Medical Group on 2 February 2016. 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 report incidents and near misses. Opportunities for learning were identified and mechanisms were in place to share learning effectively.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients about their care was generally positive. Patients told us staff were polite and helpful and treated them with dignity and respect.
- Patients told us they generally found it easy to make an appointment with a GP, with urgent appointments available the same day.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice hosted the Citizen's Advice Bureau one day per week.
- The practice worked closely with their patient participation group to engage with their patients and the local community. For example, the PPG had facilitated a number of community health education events open to patients of the practice and members of the community.
- 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.
- The practice had a clear vision which had quality and safety as its top priority. The strategy was regularly reviewed and areas for improvement were identified on an ongoing basis.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw several areas of outstanding practice including:

- The practice had been selected to participate in a community pharmacy pilot project from October 2015. This placed an independent prescribing pharmacist within the practice for three days each week. From 1 October to 31 December the pharmacist had recorded 420 patient contacts. Contacts included medication reviews, nursing home reviews and queries from staff and patients. Feedback from the practice, patients and the project team was positive about the project. The practice benefitted from having medicines expertise on site and there was increased access to GP time for patients.

- There was an effective relationship between the practice and the patient participation group (PPG) which benefitted patients. The PPG facilitated a wide range of events to engage with patients and promote healthier living. For example, the PPG had organised an event in November 2015 which was attended by over 100 people and supported by 24 local organisations. In addition the PPG had built strong links with NHS organisations across the area and arranged events related to carers, men's health and pain management. These events were open to patients and members of the community.

However there were areas of practice where the provider should make improvements:

- Ensure blank prescriptions are handled securely in line with guidance.

**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 were effective systems in place to report and record significant events. Mechanisms were in place to identify learning and to disseminate this to relevant staff.
- Where patients had been affected by unintended or unexpected safety incidents, they were offered explanations and apologies. 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. However, the practice was not ensuring that serial numbers of prescription pads were recorded when these were issued in line with national guidance.
- Most risks to patients were assessed and well managed. A recent infection control audit had identified some outstanding actions carried over from the previous audit however; the practice had a clear plan in place to address these issues.

Good



### Are services effective?

- Data showed patient outcomes were in line with local and national averages. The practice had achieved an overall figure of 99.6% of the total number of points available for the Quality and Outcomes Framework in 2014/15. This was 5.2% above the CCG average and 6.1% above the national average. The practice had an exception reporting rate of 6.4% which was below the local and national averages.
- 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 and had access to relevant and role specific training.
- The skill mix of the practice team was kept under review to meet the changing demands of GP practice. For example, the practice was planning to recruit additional nursing staff to create more appointment capacity.
- Annual appraisals and personal development plans were in place for all staff.

Good



# Summary of findings

- Staff worked effectively with multidisciplinary teams to understand and meet the range and complexity of people's needs. Monthly meetings with wider members of the healthcare team were held to review complex and vulnerable patients.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice in line with others local and nationally for most aspects of care. For example 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 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 observed staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had been selected to pilot the impact of co-locating an independent prescribing pharmacist within the practice.
- The practice provided an anticoagulation clinic which enabled patients being treated with warfarin to be monitored locally meaning they did not have to travel to hospital for treatment.
- Patients said they generally found it easy to make an appointment with a GP and urgent appointments were available the same day. The practice offered extended hours access a number of mornings per week.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had comprehensive plans in place to make improvements to its branch site.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. Annual meetings were held to discuss and agree the vision for the practice. The strategy to deliver this vision was reviewed with actions for improvement being identified on an ongoing basis.
- The practice carried out proactive succession planning and sought to maximise the flexibility of staff resources. For example, the practice was restructuring the nursing team to enable recruitment and increased capacity. In addition reception and administration staff had been trained across a range of roles to facilitate cover and ensure business continuity in the event of staff absence.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk
- There was evidence of strong links with the local community. For example, the practice had worked with local schools to run a competition for pupils to design a new logo for the practice.
- The patient participation group (PPG) were extremely active. In addition to raising funds for the practice they worked to promote health and well-being of the practice patients and the wider community. They organised a range of events and educational sessions for patients and the community including events related to men's health, long term conditions and surviving after stroke.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- 10.6% of the practice population were over the age of 75. The practice offered proactive, personalised care to meet the needs of these patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Enhanced services were provided to local care homes with regular visits being conducted by the GPs and GP registrars.
- Medication reviews were undertaken in care homes by the practice based pharmacist.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had identified 2.3% of its patients as being at risk of admission.
- The practice offered nurse practitioner led weekly anticoagulation clinics to provide monitoring for patients taking warfarin.
- Indicators to measure the management of diabetes were higher than local and national averages. For example, the percentage of patients on the practice register for diabetes with a record of being referred to a structured education programme within nine months of entry onto the register was 96.2%. This was above the local and national averages and was achieved with a 0% exception reporting rate.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines 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.

Good



# Summary of findings

- 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 were relatively high for all standard childhood immunisations.
- The premises were suitable for children and babies. Urgent appointments were always available on the day.
- Fortnightly baby clinics were provided at the practice's branch surgery.
- One GP and two nurse practitioners provided a service to fit coils and contraceptive implants.
- The practice had run a competition for children in a local school to design a new practice logo.

## **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.
- Extended hours appointments were offered three to four mornings each week from 7.30am to facilitate access for working age patients.
- Telephone triage and telephone consultations were offered where this was appropriate.
- The practice was proactive in offering online services and all GP appointments were offered through the online booking system
- Health promotion and screening was provided that reflected 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.
- It offered longer appointments for people with a learning disability in addition to offering other reasonable adjustments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. In addition vulnerable patients were regularly discussed at the weekly partners' meetings.

Good



# Summary of findings

- Information was available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults. Staff were aware of their responsibilities regarding information sharing and documentation of safeguarding concerns.

## **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).

- 92.1% of patients with a mental health condition had a comprehensive care plan documented in their records in the previous 12 months which was above the CCG average of 81%.
- 75.5% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was 2.9% below the CCG average. However; this was achieved with an exception reporting rate of 4.3% which was 10.1% below the CCG average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- 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 where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia and all staff had received dementia training in 2015.
- The patient participation group was working to set up a memory group to help patients and carers affected by issues related to dementia.

**Good**



# Summary of findings

## What people who use the service say

We reviewed the results of the national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 239 survey forms were distributed and 111 were returned. This represented a 46% response rate.

Results showed:

- 78% of patients found it easy to get through to this surgery by phone, compared to a CCG average of 64% and a national average of 73%.
- 86% of patients were able to get an appointment the last time they tried, compared to a CCG average of 86% and a national average of 85%.
- 83% of patients described the overall experience of their GP surgery as good compared to a CCG average of 85% and a national average of 85%.
- 74% of patients said they would recommend their GP surgery to someone who had recently moved to the area compared to a CCG average of 76% and a national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 57 completed comment cards, 56 of which were entirely positive about the standard of care received. Patients described staff and friendly, polite and caring. They indicated patients were listened to by staff and found the premises safe and hygienic. A number of comment cards singled out individual staff and services for praise. Whilst the majority of patients were happy with access to services, four patients commented on waiting times for routine appointments or to see their preferred GP.

We spoke with four patients and a member of the patient participation group (PPG) during the inspection. All of the patients told us they were happy with the care they received and thought staff were professional, polite and caring.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure blank prescriptions are handled securely in line with guidance.

## Outstanding practice

- The practice had been selected to participate in a community pharmacy pilot project from October 2015. This placed an independent prescribing pharmacist within the practice for three days each week. From 1 October to 31 December the pharmacist had recorded 420 patient contacts. Contacts included medication reviews, nursing home reviews and queries from staff and patients. Feedback from the practice, patients and

the project team was positive about the project. The practice benefitted from having medicines expertise on site and there was increased access to GP time for patients.

- There was an effective relationship between the practice and the patient participation group (PPG) which benefitted patients. The PPG facilitated a wide range of events to engage with patients and promote healthier living. For example, the PPG had organised an event in November 2015 which was attended by over 100 people and supported by 24 local

# Summary of findings

organisations. In addition the PPG had built strong links with NHS organisations across the area and arranged events related to carers, men's health and pain management. These events were open to patients and members of the community.

# The Abbey Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to The Abbey Medical Group

The Abbey Medical Group provides primary medical services to approximately 11777 patients through a personal medical services contract (PMS). Services are provided to patients from two surgeries based at Blidworth and Ravenshead. Blidworth is a former mining community and Ravenshead has a primarily agricultural history.

The level of deprivation within the practice population is below the national average. Income deprivation affecting children and older people is also below the national average.

The clinical team comprises seven GP partners, two nurse practitioners, two practice nurses, two healthcare assistants and a phlebotomist. The clinical team is supported by a practice manager, an assistant practice manager, two reception managers and a range of IT, reception and administrative staff.

The practice opens from 8am to 6.30pm on Monday to Friday. The practice closes on the second Wednesday of every month for the afternoon to facilitate staff training. A range of appointments are available depending on the day of the week. These start from between 7.30am and 8am to 11.15am each morning and from between 2pm and 2.30pm

to 6pm each afternoon. The practice does not close for lunch. Extended hours appointments are available three to four mornings per week from 7.30am. The practice offers occasional Saturday morning opening.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Central Nottinghamshire Clinical Services Limited (CNCS).

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before our inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 February 2016. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There were effective systems in place to report and record significant events and incidents.

- Staff told us they would inform the practice manager or one of the partners of any incidents and complete the relevant reporting form. Copies of the reporting form were available on the practice's computer system.
- The practice partners and management team discussed any significant events at weekly practice meetings. Significant events were also reviewed annually to identify any themes or trends and to ensure any learning had been embedded.

We reviewed information related to safety including reports of significant events, patient safety alerts and minutes of meetings where these were discussed. Information about safety was appropriately disseminated and learning was shared to ensure improvements were made. For example, one significant event identified that a patient on a specific medication was not being monitored adequately and was not scheduled for regular medication reviews. As a result of significant event the practice was working with secondary care to consider a shared protocol for this patient others in a similar position. In addition, the practice searched for other patients on similar medications to ensure monitoring was in place and made improvements to their flagging system on the patient records.

Where patients were affected by unintended or unexpected safety incidents, they were offered support, explanations and apologies where appropriately. Patients were told about any improvements which had been implemented to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had a range of robust and well embedded systems and processes in place to keep people safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Policies and procedures reflected local pathways and relevant legislation and identified who staff should contact for guidance if they had concerns about a patient's welfare. There was a lead GP and a lead nurse for safeguarding who held

quarterly meetings with attached healthcare professionals to discuss children at risk. Staff demonstrated they understood their responsibilities in relation to safeguarding and provided examples of concerns they had escalated. Staff had received training relevant to their role and GPs were trained to safeguarding level 3.

- Notices in the waiting area and consultation rooms advised patients they could request a chaperone if required. All staff who undertook this role had received training and a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The premises were observed to be clean and tidy and appropriate cleaning schedules were in place. A practice nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There were appropriate infection control policies and protocols in place and regular infection control audits were undertaken. However, audits in 2015 and 2016 had identified improvements which the practice needed to implement. These areas for improvement were training updates for staff and a foot pedal operated bin for the toilet. We saw that there was an action plan in place to address these areas.
- We reviewed five 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.
- Arrangements to manage medicines, including emergency drugs and vaccinations, kept patients of the nurses had qualified as prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff and pharmacist for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Blank prescriptions were securely stored;

## Are services safe?

however, the systems in place to monitor their use were not in line with national guidance as serial numbers of blank prescription pads were not routinely recorded. This meant that prescription pads could not be tracked.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were arrangements in place to monitor and manage risks to patient and staff safety. There was a health and safety policy available and all staff were aware of how to access this. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place to plan and monitor the number and mix of staff needed to meet the needs of patients. All staffing groups had a rota system in place to ensure enough staff were on duty. Staff worked across both sites and reception and administrative staff had received training in a range of areas to ensure they could provide cover for colleagues.

### Arrangements to deal with emergencies and major incidents

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff used relevant and evidence based guidance and standards to assess patients' needs and deliver effective care and treatment. These included National Institute for Health and Care Excellence (NICE) best practice guidelines.

- There were systems in place to ensure clinical staff kept up to date with changes to guidelines. Clinical staff had access to NICE guidelines and attended regular training sessions and meetings where changes in guidance were discussed.
- Compliance with guidelines was monitored through an ongoing programme of audit.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 99.6% of the total number of points available. This was 5.2% above the CCG average and 6.1% above the national average. The practice had an exception reporting rate of 6.4% which was below the local and national averages. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/15 showed;

- Performance for diabetes related indicators was 100% which was 11.2% above the CCG average and 10.8% above the national average. The practice's exception reporting rate was below the CCG and national averages for nine of the ten indicators which measure performance for diabetes.
- The percentage of patients with hypertension having regular blood pressure tests was 86.1% which was 1.2% above the CCG average and 2.5% above the national average.

- Performance for mental health related indicators was 100% which was 8.5% above the CCG average and 7.2% above the national average.
- Data showed 75.5% of patients with dementia had received a face to face review in the last 12 months which was 5.9% below the CCG average and 8.5% below the national average. The exception reporting rate for this indicator was 4.3% which was 10.1% below the CCG average and 4% below the national average.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits completed in the last three years, six of these were completed audits where the improvements made were implemented and monitored. For example the practice undertook an audit to review the management of atrial fibrillation (a heart condition that causes an irregular and often abnormally fast heart rate) following a new NICE guideline being issued. The practice implemented changes to clinical practice as a result of the initial audit. Re-audit demonstrated improved management and monitoring of patients with this condition.
- The practice undertook repeated annual audits of minor surgery carried out at the practice. These audited infection rates and complication rates.
- We saw that audits had been undertaken in response to the release of new guidelines and alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- Findings were used by the practice to improve services. For example, the practice had recently undertaken an audit of patients with coeliac disease (a disease in which the small intestine is hypersensitive to gluten, leading to difficulty in digesting food). As a result of this initial audit the practice identified a need to improve the monitoring of patients with this condition. They introduced a register of patients with this disease and created a template for management of the condition and planned to re-audit to ensure improvements had been implemented.

The practice had commenced a community pharmacy transformation pilot project from October 2015. The practice was selected due to having a good track record in respect of quality, innovation and training. A prescribing community pharmacist was placed within the practice for

# Are services effective?

## (for example, treatment is effective)

three days each week. In the first quarter a total of 430 patient contacts were made by the community pharmacist. This was mixture of face to face and telephone reviews and included site visits to local nursing homes.

Activity included medication reviews, nursing home patient reviews and dealing with medication queries from patients and staff. Patient satisfaction was reported to be high and there numerous examples of improved patient outcomes which demonstrated the effectiveness of the pharmacist working closely with the practice. For example, the practice pharmacist had been able to advise a patient on the benefits of continuing to take a specific medicine and referred a patient to be seen in a clinic session within the practice for further advice. A progress report described patient satisfaction as high and indicated that the project team were very pleased with the process make by the practice and the pharmacist.

### Effective staffing

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

- Newly appointed staff were provided with a comprehensive induction programme that covered topics including safeguarding, fire safety, health and safety and confidentiality. Following their induction period, staff met with the practice manager to be signed off as having completed their induction.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. Support included ongoing one-to-one meetings, appraisals, coaching and mentoring and clinical supervision. All staff had had an appraisal within the last 12 months.

- Staff received regular training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to external CCG led training and in-house training.

### Coordinating patient care and information sharing

Information required to plan and deliver care was available to staff in a timely and accessible way through the practice's patient record system and their shared computer system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Incoming information from other services such as out of hours was reviewed daily. Inboxes were monitored by the assistant practice manager to ensure all incoming correspondence was dealt with appropriately.

Staff worked with other health and social care services meet patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team meetings took place on a monthly basis and were attended by a wide range of health and social care professionals including GPs, social workers and district nurses. Clinicians gave an overview of each patient and updates were provided. Actions were discussed and agreed and added directly to the patient notes during the course of the meeting.

### 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.
- Assessments of capacity to consent for children and young people were carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the

# Are services effective?

(for example, treatment is effective)

outcome of the assessment. Staff were able to give examples of when planned treatment had been suspended due to concerns about a patient's capacity to consent.

## Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted or referred to relevant services such as smoking cessation services which were hosted by the practice on a weekly basis.

The practice's uptake for the cervical screening programme was 81.6%, which was above the CCG average of 78.4% and the national average of 74.3%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. Information in the patient handbook and in the waiting area encouraged patients to attend for cervical screening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake rates for these were in line with the CCG and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages for the period from April 2014 to March 2015. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91.2% to 100%. For five year olds the immunisation rate for the infant meningitis c vaccine was 82.3% and for all other vaccines ranged from 93% to 97.6%. Practice provided data for April to September 2015 demonstrated that uptake rates ranged from 96% to 99%.

Flu vaccination rates for the over 65s were 76.9% which was above the CCG average of 71.1%. Flu vaccination rates for the under 65s at risk, pregnant women and children were all above CCG averages. For example, 58.5% pregnant women had received a flu vaccination compared to the CCG average of 41.9%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we saw that staff treated patients in a helpful, friendly and polite manner. In addition, the practice had measures in place to ensure patients felt comfortable and to maintain their dignity and privacy. These included:

- Curtains were provided in consulting rooms and were used to maintain privacy and dignity during sensitive examinations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.

The overwhelming majority of the 56 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said staff were helpful and caring. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice performance was in line with local and national averages for its satisfaction scores on interactions with GPs and reception staff. For example:

- 89% of patients said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 83% said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

However; the practice performance for satisfaction scores on consultations with nurses was below average. For example:

- 80% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 81% of patients said the nurse was good at listening to them compared to the CCG average of 91% and national average of 92%.

The practice told us that there had been staff absences which may have contributed to patients being less satisfied with the nursing staff. Feedback from the patient comments cards were positive and praised clinics offered by the nursing staff and singled out a number of nursing staff members for praise.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about care compared to the CCG average of 80% and the national average of 82%.

## Are services caring?

- 71% of patients said the last nurse they saw was good at involving them in decisions about care compared with the CCG average of 86% and the national average of 85%.

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

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 211 patients as carers and had a dedicated carers' champion to support their needs. Work undertaken by the patient participation group (PPG) had highlighted issues with carers. An information pack had been developed to signpost carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them where this was considered appropriate. Patients were offered consultations at flexible times and locations as required. There was information available for patients on how to access local and national support services.

This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/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 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. For example, the practice had been selected to support a CCG and NHS initiative trialling the use of independent prescribing pharmacist within the GP setting.

- The practice offered extended hours appointments four days per week from 7.30am to facilitate access for working age patients.
- There were longer appointments available for patients with a learning disability and for those who needed them.
- 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 was a hearing loop and translation services were also available.
- The practice had ramped access from the car park for patients using wheelchairs, disabled access toilets and a lowered reception desk.
- A children's play area was available in the waiting area in conjunction with baby changing facilities and a pram and pushchair parking area.
- The practice offered a room to the Citizen's Advice Bureau free of charge each week to enable patients to access support and information.
- An enhanced service was provided to local care homes with daily visits being conducted by GPs and GP registrars.
- The practice offered a weekly anticoagulation clinic led by the nurse practitioners. This supported patients to manage and monitor warfarin (a medicine to stop blood from clotting) without having to attend hospital.
- The practice provided care for a number of pupils at a local college for people with a wide range of disabilities. A set block of appointments were block booked for these patients each week and one of the GP partners took a lead in this area.
- All staff received dementia awareness training in 2015.

### Access to the service

The practice opened from 8am to 6.30pm Monday to Friday. The practice closed on the second Wednesday of every month for the afternoon to facilitate staff training. A range of appointments were available depending on the day of the week. These started from between 7.30am and 8am to 11.15am each morning and from between 2pm and 2.30pm to 6pm each afternoon. The practice did not close for lunch. Extended hours appointments were available three to four mornings per week from 7.30am. The practice offered occasional Saturday morning opening. In addition to pre-bookable appointments that could be booked up to six weeks in advance for GP and eight to 10 weeks for nurses, urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was generally in line with local and national averages. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 78% of patients said they could get through easily to the surgery by phone compared to the CCG average of 64% and the national average of 73%.
- 63% of patients said they usually saw or spoke their preferred GP compared to the CCG average of 59% and the national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We saw evidence that the practice reviewed access to appointments on an ongoing basis and was working to ensure the number of available appointments was maximised.

### Listening and learning from concerns and complaints

The practice had effective systems in place to handle 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 displayed in the waiting area to help patients understand the complaints system and advise them how they could make a complaint.

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

We looked at 12 complaints received in the last 12 months and found these were responded to in a timely way. Explanations and apologies were offered to affected patients where this was found to be appropriate. The

practice tracked complaints, identified learning and discussed issues at regular meetings. We saw that complaints had identified training needs, for example, for reception staff in relation to dealing with prescriptions.

# 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 an ethos which outlined their commitment to the provision of high quality care and to ensuring that services were provided with dignity, compassion and respect. This ethos encompassed the services provided to patients and extended to the community, stakeholders and staff.
- The practice had annual vision meetings to identify a strategic direction for the practice and to consider issues such as succession planning and staffing structure.
- In addition the practice identified areas for improvement on an ongoing basis. These were logged and regularly reviewed, discussed and progress was monitored.
- The practice was proactive in submitting applications for additional funding to enhance its service provision. In addition we saw evidence that the practice regularly reviewed staffing and resource to ensure that it maximised the use of clinical staff time. The practice was seeking to increase the number of available appointments through increasing the skills of healthcare assistants, the recruitment of new nursing staff and employing a dedicated administrative officer.

### 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 staff were aware of their own roles and responsibilities. Administrative and reception staff had recently undergone training in a range of areas to ensure they were competent across a number of roles. This ensured that the practice would be well equipped to deal with any challenge presented by staffing shortages.
- Practice specific policies were implemented and were available to all staff. These were regularly reviewed and updated.

- A comprehensive understanding of the performance of the practice was maintained and reviewed on a regular basis.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had a rolling programme of meetings in place which supported the governance and effective running of the practice and ensured timely communication of key messages to all staffing groups. The partners met on a weekly basis to discuss a range of issues including significant events, complaints and strategic planning

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. For example, partners had special interests and additional qualifications in a range of areas including family planning and minor surgery. In addition, the practice had strong links with the CCG. Safe, high quality and compassionate care was prioritised within the practice. The partners were visible and staff told us they were approachable and always took the time to listen to all members of staff.

We saw that the practice was keen to engage with the local community. For example the practice had changed its name in 2015 and had worked with local schools to run a competition for pupils to design a new logo for the practice. This was planned to link with the schools' 'values week'. The practice also demonstrated strong links with the local neighbourhood policing teams and the police held neighbourhood surgeries at the practice.

When there were unexpected or unintended safety incidents:

- The practice offered affected people support, explanations and apologies where appropriate.
- They kept written records of verbal interactions as well as written correspondence and evidence indicated that the practice was proactive in offering to meet with patients to discuss any issues of concern.

# Are services well-led?

Good 

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

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

- In addition to weekly meetings attended by the practice partners and management, clinical meetings were held on a regular basis within the practice. The practice manager also met weekly with the reception managers and assistant practice manager to discuss rota planning and any issues. Following this meeting key messages were cascaded to all staff by the practice manager.
- 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, by the partners and management within the practice. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the nurse practitioner had been involved in discussions about a possible restructure of the nursing team and their comments had been invited to support the business case to increase nursing staffing.

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

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

- The practice had an effective relationship with its patient participation group (PPG) which promoted strong links between the practice and the community and sought to give patients a meaningful voice in how their care was provided through building local and strategic networks. The PPG had defined aims and objectives and produced annual action plans.
- In addition to fundraising and undertaking patient surveys the group was proactive in working with the practice to promote health and well-being for patients and the local community. The PPG had organised a range of events and open meetings that provided information directly or indirectly related to healthier living. For example, the PPG had hosted an event called 'Staying Well, Living Longer' in November 2015 which

had been attended by over 100 people and supported by 24 organisations. Key messages from events were circulated via a PPG newsletter which was available in the waiting area and on the practice website. In addition the PPG had a virtual PPG of over 1000 patients who received information electronically.

- The PPG had strong links with local CCG and other NHS organisations. This enabled them to work with the practice and organisations across the NHS and voluntary sector to run events and training courses which benefitted the patients of the practice and the wider community. For example, the PPG had facilitated events and courses related to men's health, pain management, dietary awareness and a six week course for people with long term conditions. Current work was focussed on their key project for Spring 2016 of setting up a memory group for patients and carers.
- Feedback from staff was gathered through staff meetings, appraisals and discussions. In addition to appraisals for staff with their line manager, the practice manager also met regularly with all administrative and reception staff on an individual basis to seek feedback. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had been selected to be part of the local pharmacy transformation pilot. An independent prescribing pharmacist had been selected to work with the practice three days per week. Feedback from the project team was positive about the work being done by the pharmacist and the practice. In addition to this the summary report for the period from October to December 2015 described patient satisfaction as high. The pharmacist had a total of 430 patient contacts in a three month period and these included, medication reviews (including discharged from secondary care) and nursing home patient

# Are services well-led?

Good 

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

reviews. The pharmacist also dealt with medication queries from patients and staff. In addition to providing a benefit to the practice of medicines expertise, there has been increased capacity for GPs to see patients.