

Rowcroft Medical Centre

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

Contents

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	8
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	13
Background to Rowcroft Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rowcroft Medical Centre on 28 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had appointed a practice nurse lead to co ordinate and lead on the care and treatment for the care of patients with learning disabilities, dementia and the vulnerable elderly. Annual reviews

Summary of findings

were offered to all patients with learning disabilities, either at the practice or within the patient's home. Home visits had resulted in improved outcomes for patients.

- Patients recently diagnosed with dementia received a joint home visit by both the practice nurse lead and the practice care coordinator. This enabled a comprehensive assessment of the patient within the home environment. Liaison with, for example, community teams and social services resulted in a coordinated care package being initiated. This also led to good relationship building and gave the

families confidence to contact a named person for advice. The practice had installed a dedicated direct telephone line with answer service, for ease of access for these patients, carers and families.

The areas where the provider should make improvement are:

- The practice should improve the identification of patients who are also carers.
- The practice should improve collaborative and effective working with the patient participation group.

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 things went wrong patients received reasonable support, truthful information, and a 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.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 other health care professionals 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.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- The practice had taken steps to encourage patients who were carers to identify themselves, however the number of carers identified by the practice was significantly below the national average.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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, when a nursing home was opening within the practice boundaries the owners worked with the practice to develop a preferred model of care. This included one practice being totally responsible for all patients within the home. Following good outcomes, the practice worked with the clinical commissioning group for this model of care to be adopted by nursing homes across the county.
- There were innovative approaches to providing integrated patient-centred care. The practice tailored the needs of individual people and delivered care in a way to ensure flexibility, choice and continuity of care. For example, the practice had appointed a practice nurse to lead in the care of patients with learning disabilities, dementia and the vulnerable elderly. Comprehensive care planning, effective working with the care coordinator, community teams and social services, combined with the installation of a direct telephone line for relatives and patients to call the nurse lead for advice and help, had led to improved patient outcomes.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met these needs and promoted equality. For example, the practice had a number of deaf patients registered with the practice. In order to respond to this need the practice had arranged for a member of the administrative team to attend deaf awareness training and basic sign language instruction. A patient who was deaf had been invited to the practice to talk to staff regarding the needs of people who were deaf in order to raise awareness for all staff.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. The practice had analysed and responded

Good



Summary of findings

to the patient survey. In its communication with patients the practice recognised and commended the high scores the practice nurses had received and also communicated to patients' areas it was working to improve.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Lessons were learnt from analysis of trends and action was taken to as a result to improve the quality of care. For example, in the reception area there was a notice for staff to record minor grumbles and incidents that had occurred. The purpose of this was to be proactive in identifying any trends that would allow the practice to make a change to procedures before they became major incidents or formal complaints

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group (PPG) had three members who were all relatively new to the role and lacked clarity as to their role. The practice was actively trying to engage more members.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

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.
- The lead practice nurse for vulnerable patients worked with elderly patients and achieved good outcomes. For example, a patient who was 102 years old, wanted to remain in their own home. The nurse liaised with a care company and community teams to deliver a 24 hour care package to respond to this. This led to the patient being able to remain in their own home for the remainder of their life.
- When a nursing home was opening within the practice boundaries the owners worked with the practice to develop a preferred model of care. This included one practice being totally responsible for all patients within the home. The practice visited the home twice weekly in addition to visits as required. Following good outcomes, the practice worked with the clinical commissioning group for this model of care to be adopted by nursing homes across the county.

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 employed a care coordinator, who worked effectively with the nurses managing chronic diseases to monitor patients who were at high risk of hospital admission.
- Two nurses were responsible for reviewing patients who had been diagnosed with diabetes. Both had undertaken specialist training to carry out this role and both had recently received additional training to convert patients from oral medicines to injections in order to improve control of their blood sugars.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (2014 to 2015) was 83%, which was similar to the local average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

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

Good



People whose circumstances may make them vulnerable

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

Outstanding



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Annual reviews were offered to all patients with learning disabilities either at the practice or within the patient's home. Home visits had resulted in improved outcomes for patients. For example, the opportunity had been taken to improve the skills of carers when caring for a patient with diabetes. Communications with carers had also been improved. Carers of patients with learning disabilities had access to a direct telephone line to speak to the nurse for help and advice.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had a number of deaf patients registered with the practice. In order to respond to this need the practice had arranged for a member of the administrative team to attend deaf awareness training and basic sign language instruction. A patient who was deaf had been invited to the practice to talk to staff regarding the needs of people who were deaf in order to raise awareness for all staff.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- The percentage of patients with a serious mental health illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 90% compared to a local average of 93% and a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. Following diagnosis the nurse lead for dementia reviewed the patient in their own home this enabled a comprehensive assessment of the patient within the home environment. Liaison with the multidisciplinary team and social

Good



Summary of findings

services teams resulted in a coordinated care package being initiated. This also led to good relationship building and gave the families confidence to contact a named person for advice via the direct telephone line.

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice 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 patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Of the 241 survey forms distributed, 124 were returned. This represented a 52% response rate and 1% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 100% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 98% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Many comments received highlighted the caring and professional attitude of all the staff.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- The practice should improve the identification of patients who are also carers
- The practice should improve collaborative and effective working with the patient participation group.

Outstanding practice

We also saw areas of outstanding practice:

- The practice had appointed a practice nurse lead to coordinate and lead on the care and treatment for the care of patients with learning disabilities, dementia and the vulnerable elderly. Annual reviews were offered to all patients with learning disabilities, either at the practice or within the patient's home. Home visits had resulted in improved outcomes for patients.
- Patients recently diagnosed with dementia received a joint home visit by both the practice nurse lead and

the practice's care coordinator. This enabled a comprehensive assessment of the patient within the home environment. Liaison with, for example, community teams and social services resulted in a coordinated care package being initiated. This also led to good relationship building and gave the families confidence to contact a named person for advice. The practice had installed a dedicated direct telephone line with answer service, for ease of access for these patients, carers and families.

Rowcroft Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Rowcroft Medical Centre

Rowcroft Medical Centre is located close to the centre of Stroud, a market town in Gloucestershire and has good transport links. The practice has a slightly higher than average patient population in the 40 to 65 years age group and lower than average in the under 35 years age group. The practice is part of the Gloucester Clinical Commissioning Group and has approximately 12,000 patients. The area the practice serves has relatively low numbers of patients from different cultural backgrounds. The practice area is in the lower-range for deprivation nationally.

The practice is managed by four GP partners, three male and one female and supported by five female salaried GP. The practice has four practice nurses, a healthcare assistant, a team of four healthcare workers, who perform blood tests and an administrative team led by the practice manager. Rowcroft Medical Centre is a teaching and training practice providing placements for GP registrars and medical students.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available 8.30am to 11.10am every morning and 2.30pm to 5.30pm Monday to Friday. Extended hours surgeries are offered between 6.30pm and

8pm on a Monday and Wednesday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were available for people that needed them.

When the practice is closed patients are advised, via the practice website and an answerphone message, to ring the NHS 111 service for advice and guidance. Out of hours services are provided by Medvivo.

The practice has a General Medical Services (GMS) contract to deliver health care services. This contract acts as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

Rowcroft Medical Centre is registered to provide services from the following locations:

Rowcroft Retreat

Stroud

Gloucestershire

GL5 3BE

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, 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 28 April 2016. During our visit we:

- Spoke with a range of staff including three GPs, three practice nurses, a health care assistant, the practice manager, four members of the administrative team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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 was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an error had occurred when a blood test request was amended on the computer system. This had led to the wrong blood tests being completed. It became apparent on discussion that a number of staff were unaware how to correctly make amendments to requests. Staff training was initiated and completed to prevent this happening again.

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 from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for children's safeguarding. This GP was also the children's safeguarding lead for the county and was proactive in sharing best practice within the practice as

well as on a locality level. The practice did not have a nominated GP or a policy for adult safeguarding. However post inspection we received evidence that this was now in place. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs and three nurses were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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 practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example the practice had a programme of work to replace work surfaces in the treatment rooms.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. There was mentorship and support from the medical staff for this extended role. Patient

Are services safe?

Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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 for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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 practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available. We found exception rating in several disease areas to be high when compared to local and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months was 74% compared to a national average of 77%
- Performance for mental health related indicators was similar to the national average. The percentage of patients with a serious mental health condition who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% compared to a national average of 88%.

The practice was found to have high exception reporting in several disease areas. This was investigated further by the inspection team on the day of the inspection. There were some coding anomalies, particularly for mental health,

which the practice were aware of and working to resolve. The practice had investigated each area of high exception coding, one area represented a small number of patients where one patient had been excepted resulting in a 33% exception rate. In another area, patients had been excepted if they were unable to perform a lung function test. This resulted them being excepted from the whole domain but the patients had received a full review in line with clinical guidelines. There were no common themes as to which patients were excepted and clinical care was found to be in line with guidelines.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit undertaken to ensure patients were receiving monitoring in line with guidelines found that some patients had not received this. The practice contacted patients with outstanding blood test monitoring to attend the practice, patient education was improved to increase awareness that blood test monitoring was required and alerts and recalls were placed on patients' notes to alert to the need for regular blood test. A follow up audit showed all patients had received appropriate monitoring.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. For example two nurses were responsible for reviewing patients who had been diagnosed with diabetes. Both had undertaken specialist training to

Are services effective?

(for example, treatment is effective)

carry out this role and both had recently received additional training to convert patients from oral medicines to injections in order to improve control of their blood sugars.

- The practice had employed a care coordinator, who worked effectively with the nurses managing chronic diseases to monitor patients who were at high risk of hospital admission. The care coordinator, worked with patients to agree a care plan, which included for example, personal wishes, self management care, social needs and appropriate intervals that reviews would take place. Patients and their families were able to contact the care coordinator via a practice direct telephone line for help and advice. The care coordinator had only been in post for four months, in that time, no patient on the at risk register had been readmitted to hospital.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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. Following recommendations on an update training day the practice had initiated a system whereby two nurses gave childhood immunisations simultaneously.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 83%, which was similar to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its

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

patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 61% to 96% compared to a CCG average of 72% to 97% and five year olds ranged from 90% to 97% compared to a CCG average of 90% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 35 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

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

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 87 patients as carers (0.75% of the practice list). The practice was working hard to improve the identification of carers. Posters were visible in the waiting room area, the new patient pack contained information on the benefits of being identified

as a carer, the practice website had a dedicated page for carers. No young carers had been identified by the practice. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. To ensure that all families had received contact from the practice, a board was visible in a staff area which identified those who need to be contacted. Once contact had been made the GP indicated that this had been actioned.

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, when a nursing home was opening within the practice boundaries the owners worked with the practice to develop a preferred model of care. This included one practice being totally responsible for all patients within the home. Following good outcomes, the practice worked with the clinical commissioning group for this model of care to be adopted by nursing homes across the county.

- The practice offered a 'Commuter's Clinic' on a Monday and Wednesday evening until 8pm for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a number of deaf patients registered with the practice. In order to respond to this need the practice had arranged for a member of the administrative team to attend deaf awareness training and basic sign language instruction. A patient who was deaf had been invited to the practice to talk to staff regarding the needs of people who were deaf in order to raise awareness for all staff.
- A practice nurse was the lead for vulnerable patients who were elderly, had learning disabilities or were diagnosed with dementia. There was effective collaborative working with the practice employed care coordinator. A dedicated direct telephone line with an answer service was available for carers and families to call for advice.
- Annual reviews were offered to all patients with learning disabilities either at the practice or within the patients' home. Home visits had resulted in improved outcomes

for patients. For example, the opportunity had been taken to improve the skills of carers when caring for a patient with diabetes. Communications with carers had also been improved.

- Patients recently diagnosed with dementia received a joint home visit with both the practice nurse lead for vulnerable adults and the practice care coordinator. This enabled a comprehensive assessment of the patient within the home environment. Liaison with, for example, community teams, social services and community meals resulted in a coordinated care package being initiated. This also led to good relationship building and gave the families confidence to contact a named person for advice via the direct telephone line.
- The practice nurse for vulnerable patients also worked with elderly patients with good outcomes. For example, a patient who was 102 years old wanted to remain in their own home. The nurse leased with a care company and community teams to deliver a 24 hour care package to respond to this and led to the patient being able to remain in their own home for the remainder of their life.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 8.30am to 11.10am every morning and 2.30pm to 5.30pm daily. Extended hours appointments were offered at the following times on 6.30pm to 8pm Mondays and Wednesdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 99% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had analysed and responded to the patient survey. In its communication with patients the practice recognised and commended the high scores the practice nurses had received and also communicated to patients, areas it was working to improve. For example, improving

Are services responsive to people's needs?

(for example, to feedback?)

nurse availability in the evening, making more appointments bookable online, endeavouring to answer the phone within three rings and encouraging patients to register for online services.

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

Listening and learning from concerns and complaints

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

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

- We saw that information was available to help patients understand the complaints system for example within the new patient pack, the practice newsletter and the practice website.

We looked at nine complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, in the reception area there was a notice for staff to record minor grumbles and incidents that had occurred. The purpose of this was to indicate any trends that would allow the practice to make a change to procedures before they became major incidents or formal complaints.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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. Regular meetings were held with GPs and nurses and a monthly meeting with the multidisciplinary team. The practice closed for two hours for whole practice meetings once a month. This provided opportunity for protected learning time and whole practice discussions.
- 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 and supported in doing so. Staff were encouraged to note items; they wished to be raised at meetings, on a notice board in the reception area. We noted team social outings were held annually.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All 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.

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's patient participation group (PPG) had recently been re-launched following a decline in numbers. Three patients made up the PPG at present and two meetings had taken place. The members had recently met with another local PPG group to improve understanding of their role in order to further develop their own group. A GP and the practice manager had attended the first meeting. The group stated that they felt it would be beneficial if a practice representative

Are services well-led?

Good 

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

attended each meeting. The practice had attempted to encourage more patients to join the group with a notice in the newsletter and on the practice website. The practice had recognised that this was an area that needed improving and were working to achieve this.

- The practice had analysed and responded to the patient survey. In its communication with patients the practice recognised and commended the high scores the practice nurses had received and also communicated to patients, areas it was working to improve
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, reception staff had communicated to management that the design of the reception desk meant that they sat at an awkward angle

leading to potential back problems. The management had responded to this and had made arrangements for the reception desk to be replaced with a more suitable one. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a 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 appointed a practice nurse to lead in the care of patients with learning disabilities, dementia and the vulnerable elderly. Comprehensive care planning, effective working with the care coordinator, community teams and social services, combined with the installation of a direct telephone line for relatives and patients to call for advice and help had led to improved patient outcomes.