

Dr N A Turner & Partners

Quality Report

Tiptree Medical Centre
Church Road
Tiptree
Essex
CO5 0HB
Tel: 01621 816475
Website: www.tiptree-medcentre.co.uk

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr N A Turner & Partners, also known as Tiptree Medical Centre on 27 September 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. However, the practice's Control of Substances Hazardous to Health risk assessment did not include all hazardous substances held at the practice.
- 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.
- The practice adhered to the accessible information standard, which supported patients with disability impairment or sensory loss to be involved in their care.
- The practice had been accredited as a dementia friendly practice. This involved training staff as to how to support patients with dementia and their families, and seeking to ensure that the practice was accessible to those who may be living with dementia.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Services at the practice included audiology, podiatry, urology, abdominal aortic aneurysm (AAA) screening, a Dementia advisor, midwife and Health in Mind (IAPT).
- Data from the national GP patient survey showed patients rated the practice in line with or slightly lower than others for several aspects of care. Action had been taken since the survey with a view to improve outcomes.
- Information about services and how to complain was available and easy to understand. The practice was committed to seeking and partaking in pilot schemes to improve patient care.

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.

The areas where the provider should make improvement are:

- Ensure the Control of Substances Hazardous to Health includes all hazardous substances stored at the practice

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for recording significant events.
- The practice responded to safety incidents, including Medicine and Health products Regulatory Agency (MHRA) alerts, which sought to ensure patients were safe.
- Arrangements were in place to monitor, review and share information in relation to children and vulnerable adults who were at risk of abuse.
- There were processes to monitoring and managing risks to patient and staff safety, including policies, checks and most risk assessments. However, the practice's Control of Substances Hazardous to Health risk assessment did not include all hazardous substances held at the practice.
- The practice had adequate arrangements in place to respond to emergencies and major incidents

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.
- Clinical staff had additional training and qualifications to meet patients' health 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 in line with or slightly lower than others for several aspects of care. Action had been taken since the survey with a view to improve outcomes.

Good



Summary of findings

- 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.
- The practice adhered to the accessible information standard, which supported patients with disability impairment or sensory loss to be involved in their care.
- The practice had been accredited as a dementia friendly practice. This involved training staff as to how to support patients with dementia and their families, and seeking to ensure that the practice was accessible to those who may be living with dementia.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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, a pharmacist had been recruited to provide advice and assistance about medicines.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Services at the practice included audiology, podiatry, urology, abdominal aortic aneurysm (AAA) screening, a Dementia advisor, midwife and Health in Mind (IAPT).
- An express minor illness or clinic was open from 8am until 9am every weekday. This was a walk-in clinic with no appointment necessary.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

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

Good



Summary of findings

- 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 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 was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was committed to seeking and partaking in pilot schemes to improve patient care.

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.

- There was an audit completed every six months to review the care and treatment of older patients and to check they had been seen in the last 12 months. If they had not been seen, they were called in for an appointment with a clinician.
- The practice met regularly with the Community Matron to share information about older people who may have health concerns.
- The practice offered home visits and a number of in house services, such as phlebotomy and audiology, so that the practice was responsive to the needs of older people.
- Older patients at risk of attending as unplanned admissions into hospital were identified and had care plans in place to address their needs.
- The practice promoted the message in a bottle scheme so that older people who may be frail or at risk would have their contact and health needs accessible in a designated location in the event of an emergency.

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. One of the practice nurses was awarded for their innovation in supporting patients with respiratory disease.
- There were diabetic clinics managed by two specialist nurses trained in insulin initiation. Diabetic care was led by a GP who had undertaken further training in diabetic care.
- There were quarterly multi-disciplinary meetings with other healthcare professionals to discuss diabetic patients, in addition to a quarterly multi-disciplinary meeting to discuss patients with other long-term conditions.
- The practice held a hypertension clinic which was led by the pharmacist employed at the practice.
- Opportunities were taken to educate patients to manage their health conditions. The practice had scheduled an evening to present on how to respond to an asthma attack.

Good



Summary of findings

- Performance for diabetes indicators was in line with local and national averages. The percentage of patients with diabetes whose cholesterol was within specified limits was 79%, which was in line with the local and England average of 80%.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. The pharmacist was available to review and give advice about medicines.
- In-house services provided which may be relevant to this population group included podiatry, urology, abdominal aortic aneurysm (AAA) screening.
- There was online access to pathology results of diabetic patients.

Families, children and young people

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

- The midwife and health visitor held regular clinics at the practice.
- The express minor illness or injuries clinic began at 8am so that school-age patients could access an appointment out of school hours. Further, late night family planning appointments were available until 6pm.
- There were effective systems in place to identify and monitor children who may be at risk of abuse.
- Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 95% to 100%.
- Useful information about pregnancy, childhood immunisations and illnesses and sexual health was available on the practice website.

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.

Good



Summary of findings

- 2014/2015 data showed the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80% which was in line with the local average of 83% and England average of 82%.
- An express minor illness or clinic was open between 8am and 9am every weekday which sought to ensure that working age people (could access care outside of their working hours. There were late night and early morning appointments available with the GP.
- Patients could walk-in to have their bloods tested every week day between 8am and 10am.
- Appointment reminders could be sent by text message to patients providing their mobile phone number. Appointments could also be cancelled by text message or over the phone.
- Telephone consultations were available.
- Repeat medicines and appointments with the nurse practitioner could be requested online.
- Patients could register online, with the forms signed when they made their first visit to the practice.
- Queries could be sent to the GP or administrator via the website.

People whose circumstances may make them vulnerable

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

- There were 48 patients on the learning disabilities register and 46 had received an annual health check. One of the GP partners had a lead role for learning disabilities in the CCG.
- Feedback from a representative of a care home for people who had learning disabilities where a number of patients lived was positive. They told us how the clinicians had a good understanding of how to obtain consent, working with families where appropriate and taking the time to involve patients in their care treatment.
The practice had identified 222 patients as carers, which amounted to 1.9% of the practice list.
- Carers were supported appropriately during their consultations and invited for a flu vaccine. The practice offered a routine carer's health check and 171 patients had received a check in the year prior to our inspection.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.
- A GP care advisor was available at the practice to advise patients on obtaining benefits and extra support.
- The practice adhered to the accessible information standard, which supported patients with disability impairment or sensory loss to be involved in their care.

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 diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 95% which was higher than the local and England average of 84%.
- There was a dementia advisor who held regular clinics at the practice, to support patients living with dementia and their families. Further, regular clinics were held by Health in Mind (IAPT).
- The practice had been accredited as a dementia friendly practice. This involved training staff as to how to support patients with dementia and their families, and seeking to ensure that the practice was accessible to those who may be living with dementia.
- One of the GP partners held a lead role on the CCG for Mental Health and used this to inform the care and treatment of patients who were experiencing poor mental health (including dementia).
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychosis whose alcohol consumption had been recorded in the preceding 12 months was 93%, which was in line with the local average of 92% and England average of 90%.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. Surveys were sent to patients in January and July 2015. On the whole, results were positive, with patients responding that they found it easy to get through to the surgery by phone and describing their experience of making an appointment as good. 354 survey forms were distributed and 105 were returned. This represented a completion rate of 30%.

- 98% of patients found it easy to get through to this practice by phone compared to the local average of 71% and a national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 85% and the national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the local average of 71% and national average of 73%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 73% and the national average of 78%.

- 70% of patients said that they don't normally have to wait too long to be seen compared to the local average of 63% and national average of 58%.
- 86% of patients said that they usually wait 15 minutes or less after their appointment time to be seen compared to a local average of 70% and the national average of 65%

There were no CQC comment cards completed prior to our inspection. However, we reviewed the results of the NHS Friends and Family test of the month prior to our inspection. There were ten comment cards completed. In these, five patients commented that they would be extremely likely to recommend the practice, four would be likely to do so and one indicated that they would be neither likely nor unlikely to do so. We spoke with two patients on the day of our inspection. They told us that they felt involved in their care and treatment and that appropriate referrals are made to other services when these are required.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the Control of Substances Hazardous to Health includes all hazardous substances stored at the practice.

Dr N A Turner & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two GP specialist advisers.

Background to Dr N A Turner & Partners

Dr N A Turner & Partners, also known as Tiptree Medical Centre, is located in Tiptree, Essex and provides GP services to approximately 11,500 patients living in Tiptree, Kelvedon, Feering, Messing, Inworth, Great Totham, Tolleshunt Knights and Tolleshunt D'arcy. The practice is one of 44 practices located within the North East Essex Clinical Commissioning Group.

The practice population has a similar number of children aged five to 18 years and patients over 65 years as compared to the local average. Economic deprivation levels affecting children and older people are significantly lower than average, as are unemployment levels. The life expectancy of male patients is higher than the local average by one year, and the female life expectancy is higher by three years. The number of patients on the practice's list that have long standing health conditions is comparable to that in the locality.

Dr N A Turner & Partners is governed by a partnership of two male GPs. There are also two part-time female salaried GPs working at the practice, and a male long-term locum. The nursing team comprises of a male advanced nurse practitioner and three female practice nurses. There are also two healthcare assistants and a pharmacist employed.

The practice manager is supported by a number of full-time and part-time administrative and reception staff.

The practice is open from 7am until 8pm from Monday to Friday. There is an express surgery every weekday morning from 8am to 9am, where patients with minor illnesses can attend at the practice to see the advanced nurse practitioner without making an appointment. Further details about suitable conditions for the express surgery are detailed on the practice website. There is a daily phlebotomy clinic from 8am until 10am every weekday for patients over the age of 18 to have blood tests.

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.

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 27 September 2016. During our visit we:

- Spoke with a range of staff including reception staff, the practice manager and the GP partners. We also spoke with patients who used the service.

Detailed findings

- Reviewed policies, procedures and other documents.
- Observed how patients were being cared for whilst waiting for their appointments.
- Spoke with patients.
- Reviewed 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 recording significant events. A comprehensive analysis took place, and there was evidence of review and shared learning. Significant events were discussed with relevant staff members, depending on whether the significant event was clinical or administrative in nature, and routinely discussed at practice meetings.

- Staff told us they would inform the practice manager of any incidents and we saw evidence of how these were recorded. They told us of significant events that they had been involved in. There was an open, transparent dialogue between the practice manager, reception manager and reception staff so that impact of a significant event could be mitigated in a timely manner.
- There was a policy in place which detailed how Medicine and Health products Regulatory Agency (MHRA) alerts were to be dealt with. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. A spreadsheet was maintained which detailed alerts that had been raised and what action had been taken to mitigate risks to patients. A pharmacist had been recruited to work in the practice in August 2016 and it was anticipated that responsibility for MHRA alerts would be transferred to them once they had settled into their role.

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 which sought to safeguard children and vulnerable adults 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 were two lead members of staff for safeguarding, so that there was always a suitable person available in the event of absence. Staff demonstrated they

understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level 3.

- The television screen 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
- The practice had completed an infection control audit and identified any actions required. There was an infection control protocol in place and staff had received training in infection control.
- The arrangements for managing emergency medicines and vaccines kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There were effective arrangements in place to monitor patients taking certain medicines used to thin their blood and we saw evidence of regular monitoring and review. There was a nurse prescriber employed by the practice who ran an anticoagulation clinic. Further, if this nurse was absent for any reason, blood samples could be taken by the phlebotomists on site. In relation to other high risk medicines, the provider had links with the hospital so that they could see results of blood tests prior to generating a repeat prescription. The practice carried out audits of certain high-risk medicines to ensure that their systems were safe. Further, as there was a pharmacist available on site, they were available for any medicine queries and to check the process for repeat prescribing was safe.
- Blank prescription forms for use in printers were kept securely at all times and tracked in respect of their location and issue in the practice.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment, for example, proof of identification and checks through the Disclosure and Barring Service (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There were systems in place to check that locum GPs had indemnity cover in place and were suitable for work.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice carried out regular fire drills. Although a fire risk assessment had not been completed for a number of years, one had been booked to take place in the weeks following our inspection. 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 infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We found that the practice's Control of Substances Hazardous to Health risk assessment did not include all hazardous substances held at the practice.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Administrative and reception staff were recruited and deployed in accordance with demand. We saw that changes to the administrative team had been made with a view to improving patient feedback around access.

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.

We saw that guidance and all relevant clinical matters were discussed at a monthly meeting as standard. Minutes we provided evidence of discussions and analysis.

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). Most up to date verified data available to us for the year 2014/2015 showed the practice had achieved 98.2% of the QOF target. This was above the CCG average of 91.5% and England average of 94.8%. Unverified data for 2015/2016 showed that the practice had improved on these figures, achieving 99% of the target.

This practice was performing above or in line with local and England averages in respect of all indicators. Data from 2014/2015 showed:

- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 71% which was in line with the local and England average of 75%.
- Performance for mental health indicators was higher than local and national averages. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a care plan documented in the record in the 12 months was 91% which was higher than the local and England average of 88%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 93% compared to the local average of 92% and England average of 90%. On the day of our inspection, there were 94 patients on the mental health register and 86 had received a health check.

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to face review in the preceding 12 months was 95% which was higher than the local and England average of 84%.
- Performance for diabetes indicators was in line with local and national averages. The percentage of patients with diabetes whose cholesterol was within specified limits was 79%, which was in line with the local and England average of 80%.

There was evidence of quality improvement including clinical audit. There had been eight clinical audits completed in since the beginning of the year, two of which were completed two cycle audits. Audits had been chosen based on NICE guidelines and patient need. These resulted in quality improvement. We saw that audits were completed by the pharmacist where relevant, to ensure that the practice was adhering to current guidelines.

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 learning needs of staff were identified through a system of appraisals and meetings. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. New staff received an appraisal of their performance after three months, and all staff received an annual appraisal.
- Staff received training that included: safeguarding, fire safety awareness and infection control. Staff had access to and made use of e-learning training modules and in-house training.
- Clinical staff had additional training and qualifications to meet and further the requirements of their role. For example, there was a GP as the practice who had achieved a Certificate in Diabetic care (Warwick-course trained), one of the GP partners had a lead role for mental health in the CCG and held an advanced diploma in primary mental health care and two nurses were insulin-initiation trained.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

Dr N A Turner & Partners was aware of the health needs of their practice population and shared information appropriately. The practice held two quarterly multi-disciplinary meetings, one for patients with complex needs and another for patients who had diabetes. These meetings involved community nurses, specialist nurses and other healthcare professionals as appropriate. The practice had a policy of housing other healthcare services including podiatry, audiology, health visitor and urology which promoted information sharing. Further, the dementia advisor attended the surgery on a monthly basis to help facilitate occupational therapy and advice on benefits, for example.

The practice promoted the message in a bottle scheme whereby patients would ensure their personal and medical details could be easily accessed in the event of an emergency.

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. One of the GP partners had a lead role for learning disabilities within the Clinical Commissioning Group and feedback from a representative of a care home for people who had learning disabilities where a number of

patients lived was positive. They told us how the clinicians had a good understanding of how to obtain consent, working with families where appropriate and taking the time to involve the patient in their care treatment.

The practice obtained written consent for minor surgery and this was annually audited to ensure compliance.

Supporting patients to live healthier lives

The practice had scheduled a workshop for patients in the weeks following our inspection about what to do in the event of an asthma attack. This was to be presented by the practice nurse who held a diploma in asthma management.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 100% and five year olds from 95% to 100%.

The practice was proactive in recalling patients for their health checks. Data for the year 2014/2015 showed that 78% of females aged 25-64 had attended for their cervical screening compared to the local average of 76% and England average of 74%. Further, 67% of patients aged 60-69 had been screened for bowel cancer within the six months of invitation compared to a local average of 60% and England average of 58%.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Patients told us the staff at Dr N A Turner & Partners were helpful and polite.

- The reception area was positioned opposite the front door, adjacent to the waiting area. Although the front of the waiting area was exposed which meant conversations may have been overheard, receptionists could direct patients to a quiet area if they wished to discuss something private.
- There was discrete music played in the waiting area which sought to avoid private discussions being overheard, as well as a television screen which displayed health information.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or just below averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 85% and national average of 85%.
- 80% of patients said the GP was good at listening to them compared to the CCG average of 87% and the national average of 89%.
- 92% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

The practice was performing in line with, or just below averages in relation to responses relating to involvement in decisions with the GPs and nurses, detailed as follows:

- 83% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 87% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 77% of patients said that the last GP they spoke to was good at involving them in decisions about their care, compared to the CCG average of 81% and national average of 82%.

We saw evidence of the action taken as a result of this feedback. The practice enlisted the support of a person with relevant experience within the patient participation group to look at the feedback and offer suggestions as to how this could be improved. Accordingly, that practice carried out their own in-house survey, with questions aligned to those of the GP survey to gather a further pool of responses. These responses were analysed, and it was established that responses to the in-house survey were better with regards to some aspects of the feedback, such as treatment by the GPs and nurses, although comparable in relation to others (as detailed under the heading Responsive, below). An action plan was put in place, which included the recruitment of a further GP, to alleviate time pressures. A new GP was recruited in the weeks following our inspection.

There were no CQC comment cards completed prior to our inspection. However, we reviewed the results of the NHS Friends and Family test of the month prior to our inspection. There were ten comment cards completed. In these, five patients commented that they would be extremely likely to recommend the practice, four would be likely to do so and one indicated that they would be neither likely nor unlikely to do so. We spoke with two patients on the day of our inspection. They told us that they felt involved in their care and treatment and that appropriate referrals are made to other services when these are required.

Patients told us that the receptionists were friendly and polite. The results of the GP survey aligned with this feedback:

- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Are services caring?

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

- The practice had been accredited as a dementia friendly practice. This involved training staff as to how to support patients with dementia and their families, and seeking to ensure that the practice was accessible to those who may be living with dementia. An advisor from the Alzheimer's society attended at the practice every month to advise relevant patients of support available in the community.
- Staff told us that translation services were available for patients who did not have English as a first language. There were fact sheets on the website which were available in several languages. These explained the role of UK health services to newly-arrived patients, including those who may be seeking asylum.
- There was a portable hearing loop available for use in consultations. GPs were knowledgeable about how to use these and factors which may affect the device, such as air conditioning.
- The practice adhered to the accessible information standard, which supported patients with disability impairment or sensory loss to be involved in their care.

The practice established patient's communication requirements when they registered, and this information was added as an alert onto the electronic patient record.

Patient and carer support to cope emotionally with care and treatment

The practice website provided information about how to access services in the community. Further, 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 222 patients as carers, which amounted to 1.9% of the practice list. Relevant patients were invited to identify themselves as carers so that they could be supported appropriately during their consultations and invited for a flu vaccine. The practice offered a routine carer's health check and 171 patients had received a check in the year prior to our inspection. There were 48 patients on the learning disabilities register and 46 patients had received a routine health check in the year prior to our inspection.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was sensitive and aware of the needs of the practice population, and reviewed and made changes to services when this was required. They planned care and services in line with the needs of the local community. For example, they were aware of the limited bus service which ran to the nearest hospital and walk in centre which was located 12 miles away, and therefore they were proactive in offering a number of in-house services. These included audiology, podiatry, urology, abdominal aortic aneurysm (AAA) screening, a Dementia advisor, midwife and Health in Mind (IAPT).

Further services to respond to and meet people's needs were as follows:

- An express minor illness or clinic was open from 8am until 9am every weekday. This was a walk-in clinic with no appointment necessary. This was due to be extended in the weeks following our inspection.
- Patients could walk-in to have their bloods tested every day between 8am and 10am
- Appointment reminders could be sent by text message to patients providing their mobile phone number. Appointments could also be cancelled by text message or over the phone.
- Telephone consultations were available.
- Repeat medicines and appointments with the nurse practitioner could be requested online.
- An in-house pharmacist was available to facilitate and oversee medicines management.
- There was online access to pathology results diabetic patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were translation services available.
- Patients could register online, with the forms signed when they made their first visit to the practice.
- Queries could be sent to the GP or administrator via the website.

Access to the service

The telephones were open from 8.30am to 6.30pm Monday to Friday. The express minor injury or illness clinic was open from 8am until 9am every weekday morning. Late night appointments with a GP were available on a Monday and Tuesday from 6.30pm until 8pm, and early morning appointments with a GP were available from 7am on a Monday morning.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages:

- 65% of patients were satisfied with the practice's opening hours compared to the national average of 76% and CCG average of 76%.
- 50% of patients said they could get through easily to the practice by phone compared to the national average of 87% and CCG average of 87%.

Patients told us on the day of the inspection told us they sometimes had difficulty getting an appointment with a GP. On the day of our inspection, the next routine appointment available with a GP was in four working days' time, and there was a routine appointment with the nurse the following day. The provider had conducted an analysis of the results and put into effect an action plan. This included recruiting an additional GP, increasing the hours of the nursing team, and restructuring and recruiting into the administrative and reception team. At the time of inspection, a new telephone system had been installed which had the capability for calling patients back and letting patients know their position in the queue.

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. The policy identified who to contact in the first instance, and avenues of recourse in the event that the complainer was unhappy with the outcome.
- We saw that verbal complaints and comments were recorded, shared with the practice manager and actioned.
- There had been 21 complaints in the year prior to our inspection. We found that these were investigated by the practice manager or GP partner as appropriate and learning was shared with the relevant people involved.

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 Dr N A Turner & Partners had a clear vision and strategy. The practice manager and GPs were focused and committed, and had a clear understanding of the challenges that GP services were facing in a wider sense and how these impacted on their delivery of services. They had an effective understanding of their practice population, and what action was required to meet their needs.

In their mission statement, Dr N A Turner & Partners stated three of their eight aims were to nurture a culture which responds and adapts to the changing face of general practice, keep up to date with developments in health care by continuing to learn, and promoting best practice through utilising specialist expertise within the practice team and encouraging the continuous professional development of all members of the practice team. During the course of our inspection we saw how the mission statement had been put into effect; the practice invested in their trusted members of staff and continued to utilise the knowledge gleaned in their outside roles to inform and improve the care and treatment that it provided.

Governance arrangements

The practice had an informed administrative team led by a capable, qualified practice manager which underpinned the delivery of care and governance processes.

Following the feedback from the GP survey relating to some issues experienced by patients in getting through on the phone, the practice recruited three additional members of staff into the administrative team, which was headed by a newly appointed, experienced reception manager. They told us how they had been inducted and trained for the role and how they ensured the reception team were up-to-date on relevant issues. We saw evidence of how issues were documented and cascaded.

There was a clear, dynamic staffing structure and staff were aware of their own roles and responsibilities. During the course of inspection, we saw practical examples of how their roles had influenced and supported the delivery of care.

- Practice specific policies were implemented and available to all staff. Staff were knowledgeable about where to find these and what they said.

- There was a programme of clinical and internal audit to monitor quality and to make improvements. Where issues were identified, audits were conducted and findings implemented.
- There were arrangements for identifying, recording and managing risks at the premises. Policies were meaningful and practice-specific.
- The practice valued training and development of clinical and non-clinical staff. It was a training practice for student nurses.
- Staff felt supported and valued. There was a white board in the staff room where staff would share their ideas for improvement and write up compliments they had received. Staff would periodically nominate a charity to raise money for and there were photos in the staff room of team fundraising events. Staff attended social events with the GP partners, and received regular salary reviews.

Leadership and culture

The partners valued professional development and roles outside of the practice to ensure retention of staff and continued learning. One of the partners committed one day per week as a clinical lead for mental health on the Clinical Commissioning Group and the other spent one day per week as a GP appraiser and working with NHS England.

The practice was managed by a practice manager who had achieved qualifications relevant to the role, including a masters degree in Business Administration and a diploma in management. They were a member of a neighbourhood plan working group which discussed local development and expansion, which provided insight into the evolving practice population. They also had other roles on local steering groups to promote further information sharing.

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

The practice valued feedback from its patient participation group (PPG), comments and complaints from patients and that from the GP patient survey.

On the day of our inspection we spoke with a representative of the PPG. The PPG consisted of 16 patients at the practice who met once a quarter to discuss current issues. They told us that they felt their feedback was valued, and that their meetings were always chaired by a

Are services well-led?

Good 

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

GP partner of the practice manager. They told us how they had raised issues, for example in relation to repeat prescribing processes, and how systems had changed as a result of their feedback.

We saw evidence of how the provider had responded to the feedback raised in the GP patient survey. They had enlisted the support of the PPG to obtain further feedback from the patients, and written an action plan in response to this. We saw that actions were being progressed, which included the recruitment of a GP, extending the hours of the nursing team, recruiting, training and reorganising the administration team, appointing a pharmacist to deal with medicine queries and updating the information available on the practice website.

Continuous Improvement

The practice looked to the future and anticipated changes and responded to these proactively. It continued to be involved in pilots and innovative ways of providing services, including the appointment of a pharmacist, providing and looking to extend the express minor illness and injury clinic and training and developing both clinical and non-clinical staff.

Moving forward, the practice had expressed their interest in being involved in a pilot involving Skype consultations, which at the date of our inspection, the precise implementation was still being considered by the Clinical Commissioning Group. Further, although the current facilities were modern, large and accessible, the practice had considered that this would not always be the case in light of continued development in the locality. Therefore, they were considering and exploring alternative premises options or expansion of the existing building.