Rowden Medical Partnership

Quality Report

Rowden Hill,
Chippenham,
Wiltshire
SN15 2SB
Tel: 01249444343
Website: www.rowdensurgery.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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Good ●
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rowden Medical Partnership on 29 September 2016. Overall the practice is rated as outstanding.

- Our key findings across all the areas we inspected were as follows:
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example the initiation of complex care clinics.
- Information about safety was highly valued and was used to promote learning and improvement. For example the system developed by the practice to monitor patients on high risk medicines.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the implementation of an early home visiting service.
- 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 good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The partners recognised staff for their areas of expertise and demonstrated a willingness to learn and improve systems suggested by staff and there was a strong focus on staff development.
- The practice was a teaching and training practice and had been selected to provide training and mentoring for GP registrars who required additional support.

Summary of findings

- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice:

- People's individual needs were central to planning and the delivery of tailored services. For example, the practice had initiated a complex condition clinic where patients were seen by a GP, the pharmacist and the care coordinator to ensure patients received a comprehensive holistic review that met all health and social care needs .
- Patients with a care plan in place were given access to a dedicated urgent telephone line between 8am and 10am. Each day a GP was available to visit these patients between 9am and 10am. The purpose of this was to ensure that patients could be assessed and a management plan commenced early in the day, to help prevent unnecessary hospital admission . We saw a number of examples where patients had benefitted from this service.
- The practice had developed a system where all patients on high risk medicines were given written information, in a wallet sized card. Greater understanding had resulted in patients working in partnership with the practice and taking greater responsibility and ownership to ensure monitoring regimes were followed.
- The practices information technology administrator supported patients, who required it, on an individual basis or demonstration sessions during flu clinics, to gain access to online services which provided greater flexibility and convenience to access appointments and had increased the numbers of patients utilising on line services.

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?

Good

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.
- Information about safety was highly valued and was used to promote learning and improvement.
- The practice had developed a system where all patients on high risk medicines were given written information, in a wallet sized card. Greater understanding had resulted in patients working in partnership with the practice and taking greater responsibility and ownership to ensure monitoring regimes were followed.
- 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.

Are services effective?

Good

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.
- The practice participated in national research programmes which patients had benefitted from.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice was a teaching and training practice and provided placements for GP registrars, nursing and medical students. The practice had been selected to provide training and mentoring for GP registrars who required additional support.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

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 consultations with GP's and nurses.
- 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.
- The practice employed a care coordinator who supported carers to access the services they needed.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding 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. The practice had engaged with the clinical commissioning group to deliver an earlier home visiting service. The purpose of this was to ensure that patients could be assessed and a management plan commenced early in the day, to help prevent unnecessary hospital admission.
- There were innovative approaches to providing integrated patient-centred care. People's individual needs were central to planning and the delivery of tailored services. For example, the practice had initiated a complex condition clinic where patients were seen by a GP, the pharmacist and the care coordinator to ensure patients received a comprehensive holistic review that met all health and social care needs.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met those needs. For example, the practice employed a practice pharmacist to support optimal medicines management for patients. The practice also employed a care coordinator to enhance integrated care delivery by liaising with other health and social care professionals to help to support and coordinate the care of vulnerable patients who had complex needs.

Summary of findings

- Continuity of care was central to ethos of the practice and was achieved by operating a system of personalised list with the GPs.
- 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 patient participation group worked in partnership with the practice to implement extended hours surgeries which would best meet patient needs.
- Patients can access appointments and services in a way and at a time that suits them. The practices information technology administrator supported patients, who required it, on an individual basis or demonstration sessions during flu clinics, to gain access to online services which provided greater flexibility and convenience to access appointments.
- All patients who held care plans were given the number of a dedicated phone line during 8am and 10am to ensure they were seen as early in the day as possible.
- The practice was a young person friendly practice and delivered the 'No Worries' service, a confidential sexual health service for all young people aged 13-24.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding ☆

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

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable. The practice leadership and culture was used to drive and improve the delivery of high quality person centred care. The practice sought opportunities to deliver tailored care in the local community and improve health outcomes for patients. For example the initiation of a complex needs clinic that met all health and social care needs for a patient during a single attendance at the surgery
- High standards were promoted and owned by all practice staff and teams worked together across all roles.

Summary of findings

- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. This included arrangements to monitor and improve quality and identify risk. Governance and performance management arrangements were proactively reviewed and reflected best practice. The practice management had evaluated information and data from a variety of sources to inform decision making that would deliver high quality care.
- 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 partners in the practice prioritised safe, high quality and compassionate care. The partners were visible and it was clear that there was an open culture within in the practice. There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice proactively sought feedback from staff and patients, which it acted on. The partners recognised staff for their areas of expertise and demonstrated a willingness to learn and improve systems suggested by staff.
- 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

Outstanding ☆

The practice is rated as outstanding 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 practice employed a care coordinator to enhance integrated care delivery, by liaising with other health and social care professionals, to help support and coordinate the care of older patients who had complex needs.
- The practice employed a practice pharmacist who worked with older patients who needed additional support to understand medicine regimes and to enhance compliance.
- A clinic to review older patients with complex needs had been initiated to ensure a comprehensive review that met all health and social care needs was delivered.

People with long term conditions

Outstanding ☆

The practice is rated as outstanding 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. Nursing staff had undertaken specialist diplomas in chronic disease to ensure high quality care was delivered to patients.
- The practice delivered an earlier home visiting service to ensure patients with deteriorating health, could be assessed and a management plan commenced early in the day, to help prevent unnecessary hospital admission.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within target range (2014/15) was 85% compared to a local average of 80% and a national average 78%.
- Longer appointments and home visits were available when needed.

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

Outstanding ☆

The practice is rated as outstanding 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 practice was a young person friendly practice and delivered the 'No Worries' service, a confidential sexual health service for all young people aged 13-24.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (2014/15) was 83% compared to a local average of 85% and a 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.
- GPs were always involved in child immunisation clinics which allowed for immediate decisions to be taken regarding unscheduled immunisations for poor attenders and for the children of a refugee family that were registered with the practice.

Working age people (including those recently retired and students)

Outstanding ☆

The practice is rated as outstanding 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.

Summary of findings

- 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.
- Extended hours surgeries were offered for patients to be able to attend outside of working hours.

People whose circumstances may make them vulnerable

Outstanding ☆

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- All patients with a care plan in place had access to an early morning dedicated telephone line to ensure these patients could be visited early in the day, to potentially prevent a hospital admission.
- The practice care coordinator supported vulnerable patients to gain access to appropriate social care packages.
- 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)

Outstanding ☆

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia).

- 91% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which was better than the local average of 88% and the national average of 84%.
- 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 (2014/15) was 97% compared to a local average of 93% and a national average of 88%.

Summary of findings

- 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.
- 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.
- The practice held an in house memory assessment clinic.

Summary of findings

What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. Of the 230 survey forms that were distributed and 126 were returned. This represented a 55% response rate compared to a national average of 38% and approximately 1% of the practice population.

- 60% of patients found it easy to get through to this practice by phone compared to the local average of 80% and the national average of 73%. The practice had recognised that this was lower than the local and national average and had rescheduled staffing, to add two receptionists to the phone answering team at peak periods and new phone lines had also been added.
- 91% 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 89% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the local average of 90% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area good compared to the local average of 83% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Many of the cards commented that they rated the practice very highly and how well all staff listened and were attentive to their needs.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Rowden Medical Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Rowden Medical Partnership

Rowden Medical Partnership is located near to the centre of Chippenham, a market town in Wiltshire. The practice is part of the Wiltshire Clinical Commissioning Group and has approximately 16,000 patients.

The area the practice serves is urban and semi-rural and has relatively low numbers of patients from different cultural backgrounds. The practice has a slightly higher than average patient population in the above 45 years age group and lower than average in the 20 to 40 years age group.

The practice area is in the low to mid-range for deprivation nationally and has a lower than average number of patients (0.7%) who are unemployed compared to the local average of 3%. The practice has a higher than average (61%) number of patients, compared to the local average (3%), living with a long term condition which can mean there is an increased demand for GP services.

The practice is managed by seven GP partners (five female and two male).The practice is supported by two salaried GPs(female), nine practice nurses, five health care assistants, a practice pharmacist and an administrative team led by the practice manager. Rowden Medical Partnership is a teaching and training practice providing placements for GP registrars and medical and nursing students.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8am until 11.30am every morning and 2.30pm to 6.30pm every afternoon. Telephone appointments are also available to book. Extended hours appointments are offered from 7am on Wednesday and Friday mornings and from 6.30pm to 7.30pm on a Monday evening. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were available for patients that needed them.

When the practice is closed patients are advised, via the practice website and telephone answer machine that all calls will be directed to the out of hour's service. Out of hours services are provided by Medvivo.

The practice has a Primary Medical Services (PMS) contract to deliver health care services. A PMS contract is a locally agreed alternative to the standard General Medical Services contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

Rowden Medical partnership is registered to provide services from the following location:

Rowden Hill,

Chippenham,

Wiltshire

SN15 2SB

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of Rowden Medical Partnership.

Detailed findings

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 29 September 2016. During our visit we:

- Spoke with a range of staff, including, five GPs, four nurses and 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.

Good

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, following a dispensing error for a patient on a repeat medicine, the practice procedure was amended. When a patient's repeat medicine was changed, the GP asked the practice pharmacist to liaise with the appropriate dispensing organisation in order to reduce the possibility of a dispensing error.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from 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 safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were either trained to level two or 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 policy clearly stated which administrative staff were able to deliver chaperone duties.
- 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. The practice had a cleaning contract with an external company; weekly audits were conducted to ensure the practice maintained oversight of standards of work.
- 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 had developed a system where all patients on high risk medicines were given written information, in a wallet sized card. This specified the name of the medicine, the monitoring regime, and a table to indicate tests completed and next testing date. Additionally guidance for health professionals regarding appropriate action, if tests results were outside of recommended ranges. Greater understanding had resulted in patients working in partnership with the practice and taking greater responsibility and ownership to ensure monitoring regimes were followed.

Good

Are services safe?

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. In addition the practice employed a practice pharmacist.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment). Health care assistants were trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- 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.

Good

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 had developed their own templates for use with their computer system that were linked to NICE guidelines to ensure effective evidence based care was consistently provided.
- 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 100% of the total number of points available.

There were three clinical areas where QOF exception rating was higher than the local and national average, (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). The three outliers were depression 31%, chronic kidney disease 29% and heart failure 21%. These were investigated further on the day and there were found to be coding issues, which the practice were aware of and working to resolve. Clinical care was found to be in line with guidelines.

Data from 2014-2015 showed:

- Performance for diabetes related indicators was better than the local and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within target range (2014/15) was 85% compared to a local average of 80% and a national average 78%.
- Performance for mental health related indicators was better than the local and national averages. For example, 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 (2014/15) was 97% compared to a local average of 93% and a national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits, in addition to prescribing audits, completed in the last two years; three 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, following an external educational meeting attended by a GP, it was recognised that all patients with a specific heart condition should be referred for further investigations. Patients who had not had further investigation were identified and so received tests and the appropriate treatment. A follow up audit demonstrated that the number of patients routinely being referred for investigations and receiving treatment had increased.
- Rowden Medical Partnership was a 'Research Ready Accredited Practice' and member of the Clinical Care Research Network. The practice also undertook academic studies in conjunction with the local university research departments which had led to increased detection and management of certain conditions. For example during one study patients were check for a specific heart condition. Twelve patients were identified who were then able to receive appropriate management and potentially reduce their stroke risk. The practice employed a research nurse and an administrator to facilitate the research programmes.

Information about patients' outcomes was used to make improvements such as: Following an alert relating to potential problems when patients were on a specific combination of medicines the practice identified these patients and found all had received recommended regular blood tests. The practice had continued to monitor this to ensure management was optimised for all these patients.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- The practice had a comprehensive 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 had undertaken appropriate qualifications in diabetes and asthma and attended regular updates. Following attendance at external educational events nursing staff delivered a short presentation to other members of the team to ensure learnings were shared and cascaded.
- The practice was a teaching and training practice and provided placements for GP registrars, nursing and medical students. The practice had been selected to provide training and mentoring for GP registrars who required additional support.
- 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.
- 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, and 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 where appropriate.
- Counsellors delivered sessions at the practice to support patients with mental health issues

Good

Are services effective?

(for example, treatment is effective)

- In house memory assessment clinics were available for patients.

The practice's uptake for the cervical screening programme was 83% which was comparable to the CCG average of 85% 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 patients to attend national screening programmes for bowel and breast cancer screening. For bowel cancer 63% of eligible patients had been screened which was higher than the local average of 63% and the national average of 58%. For breast cancer 83% of the eligible patients had received screening compared to a clinical CCG average of 77% and a national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98%, compared to a local average of 73% to 97% and five year olds from 92% to 98% compared to the local average of 91% to 97%.

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.

Good

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 42 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 three 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:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% 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%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 93% 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 or above 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 90% 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 CCG average of 87% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and 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.

Good

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 321 patients as carers (2% of the practice list). The practice was flexible and offered longer appointments for patients who were also carers. The practice employed a care coordinator who supported carers to access the support that they needed. Young carers were also identified and signposted to appropriate support services. 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. 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.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice had engaged with the CCG to deliver an earlier home visiting service. The purpose of this was to ensure that patients could be assessed and a management plan commenced early in the day, to help prevent unnecessary hospital admission. Patients with a care plan in place were given access to a dedicated urgent telephone line between 8am and 10am. Each day a GP was available to visit these patients between 9am and 10am. Patients with a care plan in place were given access to a dedicated urgent telephone line between 8am and 10am. We saw a number of examples where patients had benefitted from this service. For example, when a GP visited a frail elderly patient, the early morning visit enabled the GP to organise appropriate treatment at the local ambulatory care centre. Mobilisation of community team support was possible as it was early in the day and the patient was able return home. If the visit had occurred later in the day the patient would have needed admitting to hospital over the weekend.
- The practice offered extended hours from 7am on Wednesday and Friday morning and between 6.30pm to 7.30pm on a Monday evening for working patients who could not attend during normal opening hours. Each GP also had three bookable telephone appointments available to patients unable to attend the surgery to improve access.
- There were longer appointments available for patients with a learning disability and patients who were carers.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice delivered care to a large care home. A GP visited twice weekly to review these patients. To enhance care, the practice delivered education to the care home staff.
- 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.
- There were disabled facilities, a hearing loop and translation services available.
- The practices information technology administrator supported patients with access to the practice's on line services. During flu clinics, the opportunity was taken to promote and provide demonstrations and support patients to access online services as well as responding to individual queries. This had led to 28% of the practices adult population registering for online services.
- The GPs within the practice had personalised patient lists which had improved their ability to have a comprehensive knowledge of each individual patient's social and medical needs. This system enabled them to respond quickly to patient needs in the most appropriate way and to effectively deliver the practice mission statement to "deliver modern high quality general practice with traditional values". Feedback from patients told us that they appreciated the continuity of care this system provided and felt it offered the opportunity for improved relationship building between themselves and their GP. In order to offer choice and flexibility patients who wished to consult with an alternative GP, for example, a same sex GP, for a specific condition were able to do so.
- The practice employed a care coordinator to enhance integrated care delivery, by liaising with other health and social care professionals to support and coordinate the care of vulnerable patients who had complex needs. The care coordinator gave patients and their families a point of contact within the practice for support and advice relating to social care needs. This had led to good relationship building and confidence by patients and families to contact the care coordinator for advice and support before problems became a crisis. A single point of access for external health care professionals had also had a positive impact on patients. We saw a number of examples where this service had benefitted patients one of which was when, a local podiatrist was concerned about a patient and contacted the care coordinator. A visit was undertaken the same day by the care coordinator, who arranged for a same day appointment with the GP and also with the nursing team. Collaboration with the pharmacist and a consultation resulted in improved management of

medicines. A social care package was initiated and, with the consent of the patient, the family contacted. Further referrals to Age UK, occupational therapist and physiotherapist had led to the patient being fully supported in their own home and a potential hospital admission averted.

- The practice employed a practice pharmacist for 30 hours a week to support optimal medicines management for patients. Patients who were not taking medicines as prescribed were identified and contacted by the pharmacist and invited for a review. Changes to medicines following discharge from hospital were reviewed and the patient contacted to ensure they understood their new medicines and regimes. Collaborative working with hospital colleague's ensured care was individualised. For example, a patient was receiving an injection only available to be given at the local hospital on a monthly basis. However it was in the patient's best interest to attend the surgery for the treatment. Liaising with the consultant and the hospital pharmacy resulted in this being actioned in a safe way and demonstrated that the practice delivered care tailored to individual patient's needs.
- There was a proactive approach to understanding the needs of different groups of people and to deliver care in a way that met those needs. The practice had recognised that patients with complex needs could not always get the optimal care within a general GP appointment and had initiated a dedicated clinic for these patients. Patients were seen by the GP, the practice pharmacist and the practice care coordinator to ensure patients received comprehensive holistic reviews. We saw evidence of where this had had a positive impact on patient outcomes. For example, medical needs and care plans were reviewed and amended to ensure interventions were tailored to the needs of the individual by the GP. Medicines were rationalised and explained to patients and confusions resolved by the pharmacist. Social care needs were identified and implemented in a timely way by the care coordinator.
- During childhood immunisation clinics a GP was always present as well as a nurse and health care assistant. We were shown evidence of the benefits to patients of a GP being involved with the clinic. For example, the GP was able to take immediate decisions regarding administering immunisations that were unscheduled. Also the GP had the confidence and knowledge to give immunisations opportunistically when on a home visit for a traveller family who were poor attenders. Additionally the practice had recently registered child refugees. With the assistance of an interpreter the GP was able to take the decision to commence an immunisation programme that day and develop a plan for this to be completed.
- The practice was a young person friendly practice and delivered the 'No Worries' service, a confidential sexual health service for all young people aged 13-24, which offered access to contraception, testing and treatment of sexually transmitted infections, support and information about safer sexual relationships.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 11.30am every morning and 2.30pm to 6.30pm each afternoon. In addition to pre-bookable appointments that could be booked up to four 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.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%. The practice had recognised that this was lower than the local and national average and had rescheduled staffing, to add two receptionists to the phone answering team at peak periods and new phone lines had also been added.
- People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

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, notices in the waiting room, on the practice website and in the practice booklet

We looked at 11 complaints received in the last 12 months and found that these were dealt with in an appropriate manner and 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, when a complaint was received regarding an unhelpful receptionist the practice recognised the importance of continuous customer service training for staff and ensured that this was revisited at a staff away day.

Are services well-led?

Outstanding ☆

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

Our findings

The leadership and culture of the practice was used to drive improvements and deliver high quality person centred care. The practice undertook a systematic approach to work effectively as a whole practice team, involve the patients and the community and other organisations to deliver the best outcomes and deliver the care within the community wherever possible. The strategy and supporting objectives were stretching, challenging and innovative, while remaining achievable.

Vision and strategy

- The practice had a clear vision to ensure the highest standard of family care and to offer patients continuously improving and appropriate access to health care professionals.
- The practice valued staff engagement and the involvement and integration of the local community.
- The practice had a mission statement to deliver modern high quality general practice with traditional values which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a comprehensive strategy and supporting business plans which reflected the vision and values and were regularly monitored. Away days were held annually for individual practice teams to ensure current strategies were appropriate and planning for future challenges were addressed. Cross team working was achieved through meetings where all staff groups were represented.
- The practice continually assessed skill mix within the practice, in order to address the changes required of general practice. For example, the decision taken to employ a practice pharmacist ensured safe coordinated management of practice prescribing in line with evidence and improved patient understanding and compliance with the medicines prescribed.
- Quality improvement projects were regularly undertaken by the practice to continually improve the services offered to patients. For example the initiation of the complex conditions clinic.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We looked at a number of these policies. For example, recruitment, chaperoning and infection control and found them to be in date and regularly reviewed.

A comprehensive understanding of the performance of the practice was maintained. The practice had used local and national data as well as in house data to identify areas where improvements could be made for the benefit of patients. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment which had led to improved outcomes for patients:

- An extensive programme of continuous clinical and internal audit as well as research programmes was used to monitor quality and to make improvements.
- The practice had developed their own templates for use with their computer system that were linked to NICE guidelines to ensure effective evidence based care was consistently provided.
- The practice had a GP who was a member of the clinical commissioning group executive committee which ensured sharing of best practice and further development of services within the local area.
- There were 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. The practice culture promoted effective teamwork, where each team member was integral, in ensuring that high quality care was delivered to all of their patients.

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

Are services well-led?

Outstanding ☆

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

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. The practice had an experienced, stable team. They recognised that staff retention was integral to delivering a high quality service and encouraged staff development in line with the needs of the individual, as well as the practice, and worked hard to ensure high staff satisfaction. We were told by the management team how proud they were of their staff.

- Staff told us the practice held regular team meetings. We saw minutes of meetings attended by staff. For example team manager meetings, significant event and complaints analysis, nurse meetings, administration and multi-disciplinary team meetings. The practice manager and a GP attended the local cluster meetings, which consisted of other local practices and a wide range of other stakeholders. These provided the opportunity for the sharing of good practices and addressing local challenges.
- An informal daily coffee time meeting provided the opportunity for staff to share specific challenges and gain advice and support from colleagues as well as celebrating successes.
- 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. We noted team away days 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 had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual group which represented a wide cross section of the population group. Suggestions made by the group were welcomed by the practice and implemented. For example, an invitation to join the PPG was added to the new patient registration form and suggestions for the extended hours the practice should offer was listened to and implemented
- The practice had gathered feedback from staff through staff away days and generally 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. Staff told us they felt involved and engaged to improve how the practice was run. The partners recognised staff for their areas of expertise and demonstrated a willingness to learn and improve systems suggested by staff. For example, the lead nurse presented the rationale of implementing a new blood testing system for patients on blood thinning medicines. The management team listened and implemented the new system which patients had benefited from. A number of suggestions made by the practice pharmacist when initially employed to rationalise and improve medicine management safety within the practice had also been implemented.

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.

- The practice were working to develop a locality based PPG incorporating the local hospital League of Friends group.
- The practice was working with other local practices to develop a local urgent care centre to ensure care delivery was accessible to patients at the right time at a convenient location.

Are services well-led?

Outstanding ☆

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

- The practice was a teaching and training practice and provided placements for GP registrars, nursing and medical students. The practice had been selected to provide training and mentoring for GP registrars who required additional support. The practice was working with the local area to develop a local training hub to streamline and meet the needs of all trainees and students.