

Claremont Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Claremont Surgery, also known as Claremont & Holyport Practice, on 28 November 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 for reporting and recording significant events.
- Risks to patients were assessed and well managed through audits, benchmarking and learning from feedback.
- 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 reported through comment cards they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. The practice proactively recorded informal complaints to identify trends that could help improve the service.
- Appointments were available to meet the needs of the local population. This included early morning, evening and telephone appointments and weekend appointments through participation in a local seven-day access scheme.
- There was a clear leadership structure that supported staff to develop professionally and valued contribution, suggestions and innovation. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

Summary of findings

- Extensive in-house services were available for patients who experienced substance misuse. This included weekly GP-led opiate substitute prescribing clinics and nurse-led bloodborne virus clinics. Clinical staff had undertaken specialist training to provide 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?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting, recording and learning from significant events.
- 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.
- A prescribing lead, protocols for repeat prescriptions and annual audits ensured medication processes were safe and adhered to the most up to date national guidance.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included monthly adult and child vulnerable patients meetings and a track record of multi-agency coordination for the care of those with complex circumstances.
- Risks to patients were assessed and well managed. For example, improvements had been made to evacuation training and environment safety as a result of learning from a simulated exercise. In addition, a laminated card with the location of each item of emergency equipment was given to each locum doctor following learning from a resuscitation incident.
- Systems were in place to ensure patients who did not attend scheduled appointments received a follow-up contact to ensure there were no safeguarding problems.

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 above average compared to the Clinical Commissioning Group and national average.
- Staff assessed needs and delivered care that was benchmarked against national and international evidence based guidance.
- Clinical audits were embedded in the operation of the service and learning clearly informed improvements in practice, including in prescribing and the supervision of trainees.
- The partner team had a clear and consistent focus on education and professional development. This was evident

Good



Summary of findings

through the achievements of trainee doctors and the progression of healthcare assistants and nurses. A robust educational development programme was in place that all staff, including locum doctors, had access to.

- There was evidence of appraisals and personal development plans for all staff and these led to improvements in patient experience because staff were able to expand their clinical competencies and abilities as a result.
- Staff coordinated care with an in-house community team, including district nurses and a matron, to meet the needs of patients who needed palliative care, those with complex needs or who were bedbound. Such relationships demonstrably contributed to patient outcomes. For example, 95% of palliative care patients in the previous 12 months died in their preferred location because staff were able to effectively coordinate care.
- The Mental Capacity Act (2005) and patient consent were embedded in practice and staff worked with other agencies to conduct best interest assessments or ensure patients had access to an independent mental capacity advocate.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients reported on comment cards 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, including online.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff had access to an emergency fund to support patients who were at significant risk of immediate hardship.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified, such as through participation in a seven-day access scheme and clinical training for staff on substance misuse.

Good



Summary of findings

- A range of appointment types were available and there was continuity of care, with urgent appointments available the same day. A nurse practitioner partner significantly increased the capacity of the practice to offer appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs, including dedicated information areas for different patient groups.
- 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, patients and other organisations where appropriate.

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 according to an established patient charter. Staff were clear about the vision and their responsibilities in relation to it and had contributed to its development.
- The leadership structure encouraged staff to identify areas for professional development and rewarded good work. Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular internal and multidisciplinary governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group met quarterly and was actively involved in developing its membership to more closely reflect the population.
- There was a strong focus on continuous learning and improvement at all levels and the senior team worked with individuals to identify future training opportunities.
- The culture of the practice encouraged participation in research and pilot schemes to improve practice and explore better ways of delivering care.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of older patients in its population. This included taking the time to establish the most appropriate form of communication with each patient and ensuring they had access to community support services, particularly to improve exercise and reduce the risk of social isolation.
- The practice was responsive to the needs of older patients. For example, it offered home visits and urgent appointments and ran a leg ulcer clinic and Doppler assessments.
- A pharmacist-led review of medications led to older patients being invited to extended appointments to review their prescriptions and ensure they were appropriate for their needs.
- A carer's registration pack had been developed as part of a new relationship with another organisation to provide services to carers. A dedicated information board was available in the practice to signpost carers to services and a member of staff had trained as a carers champion.

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. Multidisciplinary team members had completed training on care planning for patients with long term conditions and an additional nurse practitioner had been recruited to help implement this.
- The practice had established service agreements with in-house community nursing teams, which improved patient access. For example, patients who needed anticoagulation treatment were monitored and dosed at the same visit.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

- The practice participated in the national diabetes prevention programme and was inviting patients to participate at the time of our inspection.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Antenatal and post-natal care was available in the practice and a midwife was available four sessions per week. Nurses offered opportunistic pertussis and flu vaccinations.
- Monthly multidisciplinary vulnerable children meetings took place to review children with safeguarding needs.
- Children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Staff had direct access to district nurses and a midwife in-house, as well as regular access to health visitors for help in caring for patients with a child protection order.
- Young patients had direct access to contraception, including free condoms, through a healthcare assistant young person's coordinator without always having to make an appointment. Men only appointments were offered for advice, care and treatment related to sexual health.
- The practice proactively referred patients to a community exercise and health programme offered by the local authority as part of a broader approach to delivering age-appropriate health promotion.

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

Good



Summary of findings

expanded the services it offered to ensure these were accessible, flexible and offered continuity of care. This included appointments from 7.30am three days per week and evening appointments from 6.30pm two days per week.

- The practice participated in a local seven-day access scheme to offer GP and nurse appointments at weekends at a local hospital.
- The practice was proactive in offering online services as well as a full range of health promotion and screening. A text message service was used to send out appointment reminders.

People whose circumstances may make them vulnerable

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 patients 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.
- 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.
- The practice had identified 2% of patients considered to be most vulnerable and provided care plans with input from patients and their relatives, where appropriate. All patients in this group were offered home visits.
- A monthly multidisciplinary palliative care meeting was held with community nurses and Macmillan nurses to review patients.
- The practice advocated on behalf of vulnerable patients, for example to facilitate access to food share vouchers.
- Seven GPs were trained to Royal College of General Practitioner standards in providing care for patients who experienced substance misuse. A weekly opiate prescribing clinic and nurse-led bloodborne virus clinic was offered as part of a broader programme to provide proactive care and support.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was the same as the national average and similar to the Clinical Commissioning Group (83%).
- The practice was responsive to the mental health needs of the local population. For example, clinical staff undertook specialist training to help them support patients who were at risk of self harm.
- In-house depot injections were provided for patients and those living with dementia were cared for using the national shared-care protocol, which included six-monthly reviews.
- All patients with mental health needs were offered an annual review.
- 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 supported patients experiencing poor mental health to access 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 dementia and a specialist outreach worker would be based in the practice from January 2017.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016 and related to patient feedback from July to September 2015 and January to March 2016. The results showed the practice was performing in line with or better than local and national averages. 272 survey forms were distributed and 110 were returned. This represented 0.6% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the national average of 73% and Clinical Commissioning Group (CCG) average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76% and CCG average of 75%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 84%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79% and CCG 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 62 comment cards which were all positive about the standard of care received. Patients commented on the caring nature of all staff and highlighted individualised care for long-term or complex needs as particularly positive aspects of the practice.

Outstanding practice

- Extensive in-house services were available for patients who experienced substance misuse. This

included weekly GP-led opiate substitute prescribing clinics and nurse-led bloodborne virus clinics. Clinical staff had undertaken specialist training to provide services.

Claremont Surgery

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.

Background to Claremont Surgery

Claremont Surgery, also known as Claremont & Holyport Practice, is a two-site GP service. Services are provided from the following main location and branch practice, and patients can attend any of the two practice premises. We visited the main location during this inspection:

Claremont Surgery (the main practice)

Medical Centre

2 Cookham Road

Maidenhead

SL6 8AN

Holyport Practice (the branch practice)

Stroud Farm Road

Holyport

Maidenhead

SL6 2LP

The Claremont site has level access from the car park to all treatment rooms and the Holyport site has level access from the car park to the ground floor only. The practice has a clinical team of six GP partners, one nurse practitioner partner, six salaried GPs, two registrars, six practice nurses

and two healthcare assistants. Eleven doctors and all of the nursing team are female. The non-clinical team consists of a business manager, an operations manager, a practice coordinator and a team of receptionists and administrators. District nurses, health visitors and a midwife are based in the practice.

The practice is a training practice, with approval from the local School of General Practice until 2018. Up to three trainee doctors, from F2 to ST4 grades, can be accommodated and supervised at any one time.

A portable hearing loop system is available and there are quiet waiting facilities for patients who find the main waiting area can cause anxiety. Private space is available for breast-feeding. Patients can check-in using a self-service kiosk, which provides instructions in several languages.

The practice services a patient list of 18,124 and is in an area of very low deprivation. Of the patient list, 51% are living with a long-term condition and 62% are in paid employment or full time education.

Appointments are from 8am to 6.30pm Mondays to Fridays. Appointments from 7.30am are offered three days a week and evening appointments from 6.30pm are offered two days a week. Out of hours patients are directed to use the NHS 111 service and have access to GP and nurse appointments at a local hospital hub as part of a seven day access programme.

We had not previously carried out an inspection at this practice.

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

Detailed findings

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

How we carried out this inspection

Before our inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 28 November 2016.

During our inspection we:

- Spoke with a range of clinical and non-clinical staff and community nurses based in the practice.
- Spoke with members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff used an electronic system to submit incident reports, which were initially reviewed by the management team. 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. In the 12 months leading to our inspection, 14 significant events were reported.
- 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 an analysis of each significant event and these were discussed by clinical staff at weekly meetings. Findings were disseminated to all staff during monthly protected learning time. Staff used a significant event analysis policy to guide this process.

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, staff had liaised with laboratory colleagues to ensure urgent results were coded and sent appropriately to avoid the risk of delays.

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. Electronic policies were accessible by all staff, including trainees and locums. The policies clearly outlined who

to contact for further guidance if staff had concerns about a patient's welfare and detailed guidance was available for specific circumstances, such as on receipt of a police report of domestic violence.

- Reception staff alerted GPs or nurses to speak with them before seeing a patient who behaved erratically or who appeared to be under the influence of alcohol or drugs. This helped clinical staff to identify where safeguarding action may be needed.
- There was a lead member of staff for safeguarding. GPs and nurses attended safeguarding meetings including with the locality lead with other organisations to help coordinate care and reduce risks to patients. Staff used the meetings to focus on multi-agency working to identify and protect vulnerable patients, such as those affected by modern slavery or female genital mutilation. Clinical staff used a monthly vulnerable children's meeting to conduct patient reviews with support from the health visitor. A dedicated administrator attended this meeting to ensure the non-clinical team was aware of needs about making appointments or follow-up contact.
- Staff had started a vulnerable adult's register, which they planned to use to support a new monthly vulnerable adult's meeting. Where a vulnerable patient did not attend a booked appointment, staff followed-up with them.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurse practitioner were trained to child safeguarding level three. All other staff were trained to level two.
- A notice in the waiting room and in all clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. An infection control clinical lead had recently been appointed and had delivered a training session to all staff. There was an infection control

Are services safe?

protocol in place that included an annual audit of practice, including hand hygiene. The audit had resulted in improvements in the environment such as included replacing blinds and fabric chairs. GP partners reviewed the progress of audit action plans during monthly educational meetings.

- A clinical room was available for patients who may present an infection control risk. This helped staff to reduce the risk of cross-infection amongst other patients. Non-clinical staff followed a specimen-handling policy when accepting samples from patients at reception. This included a no-touch policy and the use of personal protective equipment and alcohol hand gel. A spill kit was available at reception and all staff were trained in its use.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The nurse practitioner was an independent prescriber 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines using patient specific directions or instruction from a prescriber.
- The practice used repeat audit cycles to monitor medication prescriptions. This included monitoring of the use of seven disease-modifying antirheumatic drugs for patients with rheumatoid arthritis. The audit found 95% of patients received appropriate monitoring. In response, staff altered the way they coded appointments and used the electronic records system

for recalls to ensure every patient was proactively reviewed at appropriate intervals. A re-audit was due in December 2016 to assess whether 100% compliance had been achieved.

- We reviewed six 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. All staff also signed a patient confidentiality agreement as part of their contract.

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. The practice had up to date fire risk assessments and carried out regular fire drills. Each level of the Claremont surgery had a designated fire warden and there was a safe room on each floor to be used by patients with reduced mobility in the event of an evacuation. Each area was protected by fire doors and enabled people to remain there while awaiting emergency services. A simulated evacuation that involved staff, patients and visitors had led to learning and improvements in evacuation planning and training.
- 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 and a protocol was used to ensure that short staffing in either practice would not result in clinic cancellations.
- Reception staff were trained in the use of a risk protocol when taking calls for urgent appointments with the duty doctor. This meant they could prioritise patients who may need urgent attention.

Are services safe?

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 that alerted staff to any emergency. Staff were trained to respond appropriately to patients who presented with aggressive or violent behaviour, including recognising the cause of such instances.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and anaphylaxis kits available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- A practice support pharmacist had completed an audit of patients over the age of 75 who took 15 or more prescribed medications. Each patient was invited to a 40 minute appointment to review their prescriptions and the pharmacist reduced these wherever possible.
- Through the use of a sleep clinic for patients prescribed benzodiazepine, a psychoactive drug, the practice reduced prescribing by identifying patients who had historically been prescribed the medication without alternatives being explored.
- The practice had adopted and implemented updated 2016 sepsis guidelines and clinical staff were scheduled to receive updated Royal College of General Practitioners (RCGP) training. In addition, the practice planned to conduct an analysis of sepsis risk assessments in children against NICE guidelines in January 2017.
- The practice participated in an audit conducted by the Clinical Commissioning Group (CCG) on their adherence to an annual diabetic checklist. The practice achieved first place in the CCG group of 18 practices for the quality of documentation.
- An audit had taken place on the prescription of antipsychotics and antidepressants for patients with a learning disability. This was to ensure their needs were being met. As a result of the audit, three patients out of 14 had their medication stopped or changed and five patients had a consultant review.

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 from 2015/16 were 99.9% of the total number of points available.

Exception reporting was higher (5% or higher difference) than the Clinical Commissioning Group (CCG) or national averages in the asthma, diabetes mellitus, chronic obstructive pulmonary disease and osteoporosis and clinical domains. For asthma, this was 13% compared to 6% nationally and for osteoporosis it was 11% compared with 13% nationally.

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. We spoke with clinical staff about the four high areas of exception reporting and our specialist advisor reviewed practice data. We were satisfied exception reporting was mitigated through processes that monitored patient outcomes and wellbeing, including follow-ups, reviews and audits. The overall exception reporting average for 2014/15 was 11%. Data from 2015/16 showed a 2% increase. Dedicated staff were trained to ensure exception reporting was accurate and appropriate. For example, patients with asthma were sent three questionnaires for completion before this was reported as an exception.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than the national average and CCG average in four indicators and the same as the CCG and national average in one indicator. For example, 98% of patients with diabetes received a flu vaccination in the preceding 12 months, compared to the CCG average of 95% and the national average of 94%. In addition, 92% of patients with diabetes had a foot examination and risk classification in the preceding 12 months, compared with the CCG average of 89% and the national average of 88%.
- Performance for mental health related indicators was better than the national average and the CCG average in all three indicators. For example, 96% of patients with

Are services effective?

(for example, treatment is effective)

schizophrenia, bipolar affective disorder or other psychoses had an agreed, documented care plan in the preceding 12 months compared with the CCG average of 92% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 14 clinical audits completed in 2015/16 all of which were completed audits with at least two cycles and with improvements identified, implemented and monitored. For example, the practice undertook an audit of prescriptions for antimicrobials that are associated with resistance against the *Clostridium difficile* bacteria. The audit found 83% of prescribing was clinically appropriate and that the Holyport branch practice had higher rates. Staff identified this was due to historic relationships between the practice and local population and began a targeted education programme.
- Plans for 2017 included a full audit of the quality of patient notes by all clinical staff.
- Audits were also used to establish practice against national guidance and benchmarks. For example, an audit in 2016 of the failsafe mechanisms in place for minor surgery found practice to meet or exceed the requirements of the RCGP.
- The practice participated in peer review and research and had received positive feedback from the area School of General Practice in relation to the standard of education for medical trainees and audit programme.
- Audits and benchmarking were used to identify where additional services could be provided. For example, clinical staff were setting up in-house bowel screening for patients who did not take up invitations to screening at hospital. This was a new initiative with a future audit plan in place.

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 and the role of the Caldicott guardian, infection prevention and control, fire safety, health and

safety and confidentiality. Medical students or those on a training placement, such as physician assistants and trainee district nurses, spent time with the nursing team to build their competence.

- The practice demonstrated education was an integral part of its remit, such as through an established track record of supporting Deanery trainees.
- New non-clinical staff worked with a 'buddy' for up to 12 weeks to help them become confident and proficient in their role. This process included two-weekly supervision sessions with the operations manager. Locum doctors were assigned a mentor from the permanent GP team to build their confidence and ensure they met practice standards in patient care and communication.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff such as for those reviewing patients with long-term conditions. The practice maintained an ongoing focus on staff development through two monthly educational meetings. One meeting took place as part of a breakfast club that included discussions and training provided by external speakers on topics such as managing abnormal blood results. The second meeting was a monthly afternoon of protected learning time for all relevant staff. This included end of life care, safeguarding, child protection and basic life 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, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

- A nurse practitioner partner formed part of the clinical team and worked alongside GPs as an independent prescriber. This member of staff received structured support and supervision from a mentor GP to ensure their practice was safe and of a high standard.

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.
- A dedicated member of staff was assigned to coordinate the receipt of test results and the patient recall process. This meant test results were handled quickly because staff were not also engaged in other tasks.
- Regular multidisciplinary meetings were held to ensure the care of patients with complex needs was coordinated appropriately. This included with in-house district nurses for end of life care as well as community nurses. Coordination between the community team and GPs had enabled 95% of palliative care patients to die in their preferred location in the previous 12 months. Monthly end of life care meetings were held in the practice, attended by Macmillan cancer nurses and followed the national Gold Standards Framework.
- Although the community teams were responsible for patients at other practices as well, we observed close working relationships with the practice team that benefited patients. For example, GPs coordinated care of housebound adults, patients with long term conditions and those recently discharged from hospital with the community team. In addition, practice nurses could see patients in the practice and community nurses provided home follow-up visits at weekends for those with complex needs. This took place according to care plans that detailed the involvement of both teams and managed risk effectively.

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, 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, including the Children's Act 1989.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. Staff used a mental capacity checklist that adhered to the principles of the MCA to determine a patient's ability to consent to care or treatment. This included the involvement of an independent mental capacity advocate or best interest assessor where needed. We saw this used effectively for a patient with deteriorating health who had a learning disability.
- 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 and audits.
- Where a patient or relative with the appropriate consent had authorised a 'do not resuscitate' order, the practice ensured a copy was kept on site, with the patient, with the district nurses and that the ambulance service was aware of this.

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 and the practice had established links with numerous local organisations, such as a befriending service and exercise club.
- A physiotherapist was available on the premises.

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

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to or better than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 96% and five year olds from 87% 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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.
- Staff maintained a record of patient needs and ensure communication matched this. For example, this system prevented appointment letters being sent to patients with dementia or with a diagnosed mental health condition that meant the letter could cause distress.

All of the 62 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 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. The PPG had designed a new patient questionnaire, which was due to run in November 2016 and December 2016 to obtain a more detailed understanding of patient experience.

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:

- 93% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) and national averages of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 85% 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 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

From reading patient comments and looking at care plans, we found patients were involved in decision making about the care and treatment they received.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Translation services were available for patients who did not speak 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.
- Medication review audits included patients in discussions about the best combination of medicines for their needs.

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 but this was a manually-operated system and was in development by an external organisation locally commissioned. Whilst this was in progress, staff opportunistically identified people who may be carers and ensured they were offered appointments and signposting to other services. The organisation responsible for

developing local carer's services was due to attend staff training in January 2017. A carer champion was in place in the reception team and this individual had changed the patient registration form to identify carers who were able to identify themselves as such. The practice had identified 300 patients as carers (1.6% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

If families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours for commuters, with three early morning sessions and two evening sessions each week.
- There were longer appointments available for patients with a learning disability, dementia or complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations.
- There were disabled facilities, a hearing loop and translation services available.
- All nurses had undertaken training to become dementia friends. This meant they had the knowledge and ability to communicate effectively with patients living with dementia and could support their carers.
- The practice demonstrated engagement with patients who had previously missed appointments due to complex needs. For example, staff worked with a patient experiencing substance misuse to identify their wider holistic needs and improve engagement with them. This involved a one-to-one meeting with the patient and extra training for reception staff about how to ensure the patient could be seen by the duty doctor without an advanced appointment.
- Opiate substitute prescribing clinics were provided daily for the Local Authority Drug and Alcohol Avoidance Team. Seven GPs with at least Royal College of General Practitioners level 1 substance misuse qualification led the clinics. In addition a weekly blood borne virus clinic was offered by a practice nurses. Patients who were stable on opiate substitute medication were offered early or late appointments to avoid missing work. A practice nurse attended regular substance misuse clinics to ensure the practice remained up to date in the latest care and treatment guidance.

- Printed information was available in all waiting areas and was organised by patient group to ensure straightforward access. For example, a dedicated young person's information board included information on domestic violence and safe sex. Notices in the nurse waiting room included information on breastfeeding and information in GP waiting areas included dementia care and signposting to independent living telecare services. A dedicated carer's board had been provided as part of the practice's new relationship with an external specialist organisation and this included details of how people could access a befriending service. To help people access so much information more readily, a summary board was on display in reception that directed people to different areas of the practice. This included a direct-dial internal number to call for young people who wanted sexual health care or advice.
- The practice monitored its local population to help plan care through the use of registers of patients with a learning disability, dementia, mental health needs, patients receiving palliative care and patients over the age of 84.
- A young person's coordinator facilitated easy access to condoms and sexual health advice and the nurse practitioner offered weekly long-acting reversible contraception clinics.

Access to the service

Appointments were from 8am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, emergency appointments and telephone appointments were available for people that needed them. Early morning appointments from 7.30am were available three days per week. Evening appointments were available from 6.30pm to 8pm. The practice was taking part in a national pilot to improve patient access by enabling patients to attend evening and weekend appointments at a nearby hospital.

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.

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 79%. In response the practice had changed the way appointments were handled, including with the introduction of a new reception coordinator role.

Are services responsive to people's needs?

(for example, to feedback?)

- 79% of patients said they could get through easily to the practice by phone compared to the CCG and national averages of 73%.

Feedback from patient comment cards and our discussion with the patient participation group indicated people could get appointments when they needed them. This was achieved through a booking system that enabled staff to assess

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

The nurse practitioner role was well established in the practice and offered a consultation service that included health management and disease prevention, which helped to increase capacity to see patients in a timely manner.

A reception day leader was on shift at all times the practice was open. This member of staff was dedicated to managing appointments, home visits and telephone triage appointments. This helped to reduce delays to appointments and the member of staff acted as a single point of contact between clinicians and the reception and administration team.

The management team monitored the number of appointments wasted by patients who did not attend and displayed this in the waiting areas as the amount of time it meant clinicians had not been available for new appointments. This system was in place to encourage patients to contact the practice when they could not keep a booked appointment.

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.

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.
- Information about how to make a complaint was displayed in waiting areas, in the patient information handbook and on the practice website.
- The management team monitored complaints on a monthly basis for trends and themes and acted on these. For example, a previous trend in complaints about communication with reception staff resulted in customer service training being provided for all non-clinical staff, including conflict awareness. The practice had received no similar complaints since the training had been delivered.

Between November 2015 and November 2016, the practice received nine formal complaints. There were no trends or similarities between complaints and in each case an investigation took place with a clear resolution and immediate communication with the complainant. The practice liaised with other service providers where the complaint related to joint services. The practice also recorded informal complaints as a learning strategy. In the same period, 15 informal complaints were recorded and acted on. Lessons were learnt from individual concerns and complaints. For example, patient education and receptionist training took place to ensure the correct type of appointment was booked and locum doctor mentors discussed policies and procedures with them as part of regular supervision.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a patient charter that was displayed in waiting areas that outlined the standard of service and care patients could expect. Staff had contributed to the charter and told us they were proud of what it stood for.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Partners had conducted a planning and succession session in 2016 that established their key strengths for the future according to an international behavioural test. For example, partners planned to contribute to the 2016/17 project plan based on their core skills identified by the test. The project plan consisted of six areas focused on maintaining and developing the practice, including continuing to develop a single working culture for both practices and maximising the use of technology.

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 for clinical, non-clinical and management teams that ensured governance arrangements met the needs of both practice sites. Managers and clinical leads were responsible for both sites and some nurses and administration staff were trained to work at both sites. Governance arrangements meant learning from significant events and changes in practice or policy were communicated to all staff, regardless of their normal place of work.
- Practice specific policies were implemented and were available to all staff, who had the opportunity to contribute to the development and implementation.
- A comprehensive understanding of the performance of the practice was maintained through governance meetings.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- 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 demonstrated to us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. There was a culture of sustainability in the practice. For example, at the time of our inspection, all partners in post had been former trainees in the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Alternating weekly GP clinical and GP partner meetings ensured consistent communication between clinical staff. Locum doctors attended the meetings if they were normally in the practice on the scheduled days.
- Staff told us they felt supported and that senior staff were approachable and always available.
- 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.

Are services well-led?

Good 

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

- The senior team ensured staff were acknowledged for plaudits received from patients through the friends and family survey and the NHS Choices website in monthly meetings.
- Staff said they felt respected, valued and supported. 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.
- One nurse from the Holyport practice told us they had been encouraged to keep their clinical competencies up to date and they felt professional development was a significant focus of 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. The PPG had 12 to 15 regular attenders and met quarterly for both practice sites. A GP attended each meeting as a clinical representative and the group carried out patient surveys and reviewed how care was provided to patients with complex needs. Posters were on display in the practice to try and encourage young people to join the group, which members felt would make it more representative of the practice population. The practice acted on feedback from the PPG, such as changing the type of phone line available to reduce the cost to callers and playing background music in the Holyport Surgery waiting room to reduce the risk private conversations would be overheard.
- The practice gathered feedback from staff through regular meetings and annual appraisals. From looking at appraisals we saw staff were encouraged to discuss ideas for change in the practice and the senior team

were supportive of this. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or the senior team and spoke confidently about the whistleblowing policy.

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. This included participation in a seven-day access scheme and the introduction of an outreach worker access scheme for patients with Alzheimer's or dementia from January 2017.

There was a consistent focus on developing staff in the practice to maintain a stable team. This included working with individuals to explore new developments with them. This had included completion of the association of medical secretaries, practice managers, administrators and receptionists (AMSPAR) professional accreditation course and funding for a new GP to complete a specialist diabetes course. Staff told us this was a significant factor in encouraging them to stay in the practice long-term. Engagement with other organisations was used to enhance the teaching provision of the practice. This included weekly training for a physician assistant and a placement for a clinical pharmacy advisor from the Clinical Commissioning Group. The focus on training and educating trainee doctors was cited as positive during the last area School of General Practice reapproval visit and as such the practice was able to continue with this until March 2018 pending a routine review. The practice approach to audits was cited by this team as a notable element of the educational environment.

Non-clinical staff were encouraged to take up 'champion' roles, which enabled them to attend specialist training and extend the scope of their training and responsibility. For example, one administrator had become a drugs champion and had attended a drug clinic to feedback to the whole administration team on current practice and challenges.

The practice was participating in the national Macmillan cancer audit that aimed to learn from every new cancer diagnosis by reporting each as a significant event.