

Priorslegh Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	13
Areas for improvement	13
Outstanding practice	14

Detailed findings from this inspection

Our inspection team	15
Background to Priorslegh Medical Centre	15
Why we carried out this inspection	15
How we carried out this inspection	15
Detailed findings	17

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Priorslegh Medical Centre on 28 September 2016.

Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Significant events had been investigated and action had been taken as a result of the learning from events.
- Systems were in place to deal with medical emergencies and all staff were trained in basic life support.
- There were systems in place to reduce risks to patient safety. For example, infection control practices were good and there were regular checks on the environment and on equipment used.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Feedback from patients about the care and treatment they received from clinicians was very positive. Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment.
- Data showed that outcomes for patients at this practice were comparable to those of patients locally and nationally.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The appointments system was flexible to accommodate the needs of patients. Urgent appointments were available the same day and routine appointments could be booked in advance.
- Patients said they found it easy to make an appointment and there was good continuity of care.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.

Summary of findings

- Information about services and how to complain was available. Complaints had been investigated and responded to in a timely manner.
- The practice had a clear vision to provide a safe and high quality service.
- There was a clear leadership and staff structure and staff understood their roles and responsibilities.
- The practice provided a range of enhanced services to meet the needs of the local population.
- The practice sought patient views about improvements that could be made to the service. This included the practice having and consulting with a patient participation group (PPG).

We saw areas of outstanding practice:

- The practice provided an in house physiotherapy service which resulted in patients receiving timely support and in fewer patients requiring referral to secondary care.
- A care co-ordinator role had been established. This involved proactively contacting patients or their

families to support and co-ordinate patient care between services. We saw examples of the effectiveness of this service and the outcomes for patients.

- One of the practice nurses worked with the local authority to provide health education sessions to children and young people at a local school.

Areas where the provider should make improvement are:

- For audit purposes, the practice should consider introducing read coding when chaperoning has been offered or provided to patients.
- A review of the decision not to carry emergency medicines on home visits should be carried out and a risk assessment should be in place to support this.
- The practice should review and update information provided to patients about the complaints process.

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.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice.
- Staff were aware of their responsibilities to ensure patients received reasonable support, truthful information, and a written apology when things went wrong.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse.
- Staff had been trained in safeguarding and they were aware of their responsibilities to report safeguarding concerns. Information to support them to do this was widely available throughout the practice. Staff cited examples of how they had responded to child and adult safeguarding concerns.
- Risks were assessed and managed. For example, safety alerts were well managed and health and safety related checks were carried out on the premises and on equipment on a regular basis.
- Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection.
- The practice had a large and well established staff team. We looked at a sample of staff recruitment records and found that appropriate pre-employment checks had been carried out to ensure staff suitability.
- Systems for managing medicines were effective overall.
- The practice was equipped with a supply of medicines to support people in a medical emergency. However, GPs did not carry a supply of medicines for use in an emergency when they provided home visits.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Patients' needs were assessed and care was planned and delivered in line with best practice guidance.

Summary of findings

- The practice monitored its performance data and had systems in place to improve outcomes for patients. Data showed that outcomes for patients at this practice were comparable to those locally and nationally.
- The practice worked in conjunction with other practices in the locality to improve outcomes for patients.
- One of the practice nurses worked with the local authority to provide health education sessions to children and young people at a local school.
- A physiotherapy service was provided and this had resulted in fewer referrals of patients to secondary care.
- Staff worked alongside other health and social care professionals to understand and meet the range and complexity of patients' needs.
- A care co-ordinator role had been established. This involved proactively contacting patients or their families to support and co-ordinate patient care between services. We saw examples of the effectiveness of this service.
- Clinicians met on a regular basis to review the needs of patients and the clinical care and treatment provided.
- Clinical audits were carried out to drive improvement in outcomes for patients.
- Staff felt well supported and they had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- A respiratory specialist nurse and a diabetes specialist nurse were employed to provide support for patients with these conditions.
- A system for staff appraisal and professional development was in place and staff had undergone an up to date appraisal of their work.

Are services caring?

The practice is rated as good for providing caring services.

- Patients told us they were treated with dignity and respect and they were involved in decisions about their care and treatment. They gave us positive feedback about the caring nature of staff.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the national patient survey showed that patients rated the practice comparable to others locally and nationally for aspects of care. For example, having tests and treatments explained to them and for being treated with care and concern.

Good



Summary of findings

- Information for patients about the services available to them was easy to understand and accessible. Patients with communication or sensory difficulties had been contacted to ask them how the practice could best communicate with them and their requests had been acted upon.
- An annual patient health forum/event was held. This included voluntary organisations promoting health and social care support. The event was also used as an opportunity to provide the flu vaccination.
- The practice maintained a register of patients who were carers in order to tailor the services provided.
- The practice had a designated carers' advocate and a carers' notice board provided a range of information to sign post carers to support services.
- Regular patient newsletters were produced that included a range of information for patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of the local population and worked in collaboration with the NHS England Area Team, Clinical Commissioning Group (CCG), other GP practices, and partner agencies to secure improvements to services where these were identified and to improve outcomes for patients.
- The appointments system was flexible and responsive to patients' needs. Patients we spoke with said they did not find it difficult to get an appointment. Urgent and routine appointments were available the same day and routine appointments could be booked in advance.
- Patients gave us very positive feedback about the triage service and told us this was very responsive to their needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, this was comprehensive on the practice website but the copy available at the surgery required review. The practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- There were systems in place to govern the practice and support the provision of good quality care. This included arrangements to identify risks and to monitor and improve quality.
- The practice had policies and procedures to govern activity and regular governance meetings were held.
- The partners encouraged a culture of openness and honesty and they were aware of and complied with the requirements of the duty of candour.
- The practice had a robust system in place for responding to notifiable safety incidents to ensure appropriate action was taken in response.
- The practice used feedback from staff and patients to make improvements.
- The practice had an established and engaged patient participation group (PPG) who were consulted with and included in the development of the service.
- There was a clear focus on continuous learning, development and improvement linked to outcomes for patients.
- The challenges and future developments of the practice had been drawn up in a business development plan.

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 and treatment to meet the needs of the older people in its population.
- The practice had a higher than average number of older people in its population. Up to date registers of patients with a range of health conditions (including conditions common in older people) were maintained and these were used to plan reviews of health care and to offer services such as vaccinations for flu. Immunisation rates for flu were high.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to or in some cases better than local and national averages.
- The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions. This included these patients having a care plan detailing the care and treatment they required.
- GPs and practice nurses carried out regular visits to a local care home to assess and review patients' needs and to prevent unplanned hospital admissions. As a result clinicians were reported to have become familiar with patient's complex medical conditions resulting in effective and timely treatment for patients.
- A care co-ordinator liaised with community services to help co-ordinate patients' care and support following discharge from hospital.
- Home visits and urgent appointments were provided for patients with enhanced needs.
- The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.
- Monthly multi-disciplinary meetings were held to discuss the care and treatment for patients with complex needs.

Good



People with long term conditions

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

- The practice held information about the prevalence of specific long term conditions within its patient population. This included conditions such as diabetes, chronic obstructive

Good



Summary of findings

pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required regular checks received these.

- Practice nurses held dedicated lead roles for chronic disease management. As part of this they provided regular, structured reviews of patients' health. The practice employed two specialist nurses to provide this for patients with diabetes and with respiratory disease.
- A range of services were provided to support patients with diabetes and this resulted in fewer patients needing to attend secondary care. These included insulin initiation and management. Educational sessions were also provided for patients with diabetes.
- Data from 2014 to 2015 showed that the practice was performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions such as diabetes.
- The practice held regular multi-disciplinary meetings to discuss patients with complex needs and patients receiving end of life care.
- Regular clinical meetings were held to review the clinical care and treatment provided and ensure this was in line with best practice guidance.
- Longer appointments and home visits were available for patients with long term conditions when these were required.
- Patients with multiple long term conditions were offered a single appointment to avoid multiple visits to the surgery.
- The practice provided an in house phlebotomy service which was convenient for patients especially those requiring regular blood monitoring.
- A care co-ordinator contacted patients following discharge from hospital to check if they required any additional services.

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 those who were at risk, for example, children and young people who had a high number of A&E attendances.
- A GP was the designated lead for child protection.
- A regular meeting was held with health visitors to discuss child protection concerns.

Good



Summary of findings

- Staff we spoke with had appropriate knowledge about child protection and they had ready access to safeguarding policies and procedures.
- Child surveillance clinics were provided for 6-8 week olds.
- Immunisation rates were comparable to the national average for all standard childhood immunisations. Opportunistic immunisations were given to encourage uptake.
- The practice monitored non-attendance of babies and children at vaccination clinics and staff told us they would report any concerns they had identified to relevant professionals.
- Two of the GPs had interests in women's health, family planning and paediatrics.
- Babies and young children were offered an appointment as priority and appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.
- A practice nurse provided educational/awareness sessions at a local high school covering topics relevant to the age group.
- Family planning and contraceptive services were provided.
- The practice had a high uptake of chlamydia screening due to a proactive approach taken by the clinicians.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were provided and patients therefore did not always have to attend the practice in person.
- The practice provided extended hours appointments one evening per week until 7.30pm.
- The practice provided a full range of health promotion and screening that reflected the needs of this age group. Screening uptake for people in this age range was comparable to or above national averages. For example 77% of females aged 50-70 had been screened for breast cancer in the last three years compared to a national average of 72%.
- The practice was proactive in offering online services including the booking of appointments and requests for repeat prescriptions. Electronic prescribing was also provided.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these.
- The practice worked with relevant health and social care professionals in the case management of vulnerable people.
- 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 was accessible to people who required disabled access and facilities such as a hearing loop system (used to support patients who wear a hearing aid) were available.
- Patients with communication or sensory difficulties had been contacted to ask them how the practice could best communicate with them and their requests had been acted upon.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice held a register of patients experiencing poor mental health and these patients were offered an annual review of their physical and mental health.
- The practice referred patients to appropriate services such as psychiatry and counselling services. A trainee counsellor was provided as an additional support to patients.
- The practice regularly worked with multi-disciplinary teams including in the case management of patients experiencing poor mental health.
- A system was in place to follow up patients who had attended accident and emergency and this included where people had been experiencing poor mental health.
- Processes were in place to prompt patients for medicines reviews at intervals suitable to the medication they were prescribed.

Summary of findings

- Patients experiencing poor mental health were informed about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The results of the national GP patient survey published July 2016 showed the practice received scores that were comparable to practices locally and nationally for patients' experiences of the care and treatment provided and their interactions with clinicians. The practice scored higher than local and national averages for questions about patients' experiences of making an appointment. There were 219 survey forms distributed and 139 were returned which equates to a 63% response rate. The response represents approximately 1% of the practice population.

The practice received scores that were comparable to those of the Clinical Commissioning group (CCG) and national average scores from patients for matters such as: feeling listened to, being given enough time and having confidence and trust in the GPs.

For example:

- 88% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 92% and national average of 88%.
- 97% said the last nurse they spoke to was good at listening to them (CCG average 91% national average 91%).
- 89% said the last GP they saw gave them enough time (CCG average 90%, national average 86%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 99% said they had confidence and trust in the last nurse they saw (CCG average 97%, national average 97%).

The practice scored comparable to or higher than the CCG and national averages for questions about access and patients' experiences of making an appointment. For example:

- 87% of respondents gave a positive answer to the question 'Generally, how easy is it to get through to someone at your GP surgery on the phone?', compared to a CCG average of 74% and a national average of 72%.
- 90% described their experience of making an appointment as good (CCG average 88%, national average 85%).
- 82% were fairly or very satisfied with the surgery's opening hours (CCG average 80%, national average 79%).
- 87% found the receptionists at the surgery helpful (CCG average 87%, national average 86%).

A higher than average percentage of patients, 90%, described their overall experience of the surgery as good or fairly good. This compared to a CCG average of 88% and a national average of 85%.

We spoke with eight patients during the course of the inspection visit and they told us the care and treatment they received was very good. As part of our inspection process, we also asked for CQC comment cards to be completed by patients. We received 19 comment cards. All of these were positive about the standard of care and treatment patients received. Patient feedback in comment cards described staff as; helpful, attentive, polite, pleasant, thorough, professional, excellent, kind, efficient, caring and understanding.

Areas for improvement

Action the service SHOULD take to improve

- For audit purposes, the practice should consider introducing read coding when chaperoning has been offered or provided to patients.
- A review of the decision not to carry emergency medicines on home visits should be carried out and a risk assessment should be in place to support this.
- The practice should review and update information provided to patients about the complaints process.

Summary of findings

Outstanding practice

- The practice provided an in house physiotherapy service which resulted in patients receiving timely support and in fewer patients requiring referral to secondary care.
- A care co-ordinator role had been established. This involved proactively contacting patients or their families to support and co-ordinate patient care between services. We saw examples of the effectiveness of this service and the outcomes for patients.
- One of the practice nurses worked with the local authority to provide health education sessions to children and young people at a local school.

Priorslegh Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Priorslegh Medical Centre

Priorslegh Medical Centre is located in Poynton, Stockport. The practice was providing a service to approximately 11,300 patients at the time of our inspection.

The practice is part of Eastern Cheshire Clinical Commissioning Group (CCG). The practice is situated in an area with low levels of deprivation when compared to other practices nationally. The percentage of patients with a long standing health condition is 55% which is similar to the national average of 54%. The practice has a higher than average elderly population with 17% of patients over the age of 75 compared to the national average of 10%.

The practice is run by five GP partners. There are an additional three salaried GPs (four male and four female). There are six practice nurses one of whom is an advanced nurse practitioner, one health care assistant, a practice manager and a team of reception/administration staff. The practice is open from 8am to 7.30pm on Mondays and from 8am to 6.30pm Tuesday to Friday. When the surgery is closed patients are directed to the GP out of hours service provider (East Cheshire NHS Trust) by contacting NHS 111.

The practice is a training practice for trainee GPs and also hosts medical students.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice provides a range of enhanced services, for example: extended hours, childhood vaccination and immunisation schemes, checks for patients who have a learning disability and avoiding unplanned hospital admissions.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 September 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, a health care assistant, the practice manager, care co-ordinator and reception and administrative staff.

Detailed findings

- Spoke with patients who used the service and met with members of the patient participation group (PPG).
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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 a system in place for reporting, recording and responding to significant events. Staff told us they would inform the practice manager of any incidents and there was also a form for recording these available on the practice's computer system. The provider was aware of their responsibilities to report 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). The practice carried out a thorough analysis of significant events. Significant events and matters about patient safety were discussed at practice meetings and we were assured that learning from significant events and safety alerts had been disseminated and implemented into practice.

A system was in place for responding to patient safety alerts. This clearly demonstrated that the information had been disseminated appropriately and action had been taken to make any required changes to practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguard them from abuse. For example;

- Arrangements were in place to safeguard children and vulnerable adults that reflected relevant legislation and local requirements and safeguarding policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact details and process flowcharts for reporting concerns were displayed in the clinical areas. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. There were designated lead members of staff for safeguarding. All staff had received safeguarding training relevant to their role. For example the GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities to report safeguarding and some staff provided examples of when they had raised safeguarding concerns.
- Notices advised patients that staff were available to act as chaperones if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health

care professional during a medical examination or procedure). Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS) check. These 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 did not read code when chaperoning was offered or provided to patients.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. A practice nurse was the infection control clinical lead. They were responsible to liaise with the local infection prevention team and they carried out regular infection control audits. Improvements had been made in response to the findings of the most recent audit and a longer term plan was in place to replace carpeting in some areas of the building.
- The arrangements for managing medicines, including vaccinations were appropriate and safe. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A health care assistant had been trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Two of the practice nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. There was a system to ensure the safe issue of repeat prescriptions. Patients who were prescribed potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. The practice carried out regular medicines audits and a rolling programme of clinical meetings including the review of medicines prescribing. The practice worked with the Clinical Commissioning Group to identify improvements in prescribing. Medicines prescribing data for the practice was comparable to national prescribing data. A system was in place to account for prescriptions and they were stored securely.
- The practice had a high level of staff retention and many of the staff across all roles had been in post for a number of years. We reviewed a sample of staff personnel files in order to assess the staff recruitment

Are services safe?

practices. Our findings showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, proof of registration with the appropriate professional bodies and checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a range of health and safety related policies and procedures that were readily available to staff.
- The practice had up to date health and safety related risk assessments and safety checks were carried out as required. For example, fire safety checks and fire drills were carried out and electrical equipment and clinical equipment was checked to ensure it was working properly.
- 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 of the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

Arrangements were in place to respond to emergencies and major incidents. These included:

- There was an instant messaging system on the computers in each of the consultation and treatment rooms which alerted staff to an emergency.
- All staff had received annual basic life support training.
- A supply of emergency medicines available. These were readily accessible to staff in a secure area of the practice and staff knew of their location. There was a system in place to ensure the medicines were in date and fit for use. Doctors did not carry a supply of emergency medicines for home visit purposes. A review of the decision not to carry emergency medicines on home visits should be carried out and a risk assessment should be in place to support this.
- The practice had a defibrillator (used to attempt to restart a person's heart in an emergency) available on the premises and oxygen with adult and children's masks.
- A first aid kit was readily available.
- Systems were in place for the recording of accidents and incidents.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians assessed patients' 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 GPs clearly demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions. They also demonstrated how they used national standards for the referral of patients to secondary care, for example the referral of patients with suspected cancers.

The practice shared best practice guidelines at regular clinical meetings. Some of these meetings also included external speakers.

The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening their clinical record.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality 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 showed that the practice had achieved 98% of the total number of points available with 11% overall exception reporting (reporting for the number of patients excluded from the results). Data from April 2014 to March 2015 showed performance in outcomes for patients was comparable to those of the Clinical Commissioning Group (CCG) and national averages. For example,

- The percentage of patients with diabetes in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 90%, compared to a CCG average of 82% and a national average of 77%.
- The percentage of patients with diabetes whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 84% (CCG average 79%, national average 80%).

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 97% (CCG average 93%, national average of 89%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 79% (CCG average 83%, national average 83%).
- The performance for mental health related indicators was comparable to the local and national averages. For example, the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 78% (CCG average 86%, national average 84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan in the preceding 12 months was 88% (CCG average 93%, national average of 88%). We did note that exception reporting for mental health indicators was higher than local and national averages.

Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. An example of a recent audit was an audit of how many male patients with a diagnosis of prostate cancer had undergone a regular prostate specific antigen (PSA) test (PSA is a protein produced by the cells of the prostate gland). The audit had been carried out following a significant event and it had resulted in a new system of read coding for all patients who required follow up from secondary care. Other recent audits included; an audit of minor surgery and infection rates, an audit of chronic kidney disease patients for coding and tests, and an audit on the impact of the provision of microsuction (removal of ear wax).

The practice worked alongside other health and social care professionals in monitoring and improving outcomes for patients. Multidisciplinary meetings were held on a regular basis. These meetings included district nurses, health visitors, community mental health team (CMHT), social

Are services effective?

(for example, treatment is effective)

services. The needs of patients with more complex health or social care needs were discussed at the meetings with an aim to ensure that a holistic approach to their needs was being adopted.

The practice provided a proactive service to patients living in a local care home. GPs and practice nurses carried out regular visits and the practice reported that clinicians had become familiar with patient's complex long standing medical conditions as a result. They also told us that the continuity of the service had led to the effective treatment of patients and had resulted in patient's being referred to other health and social care professionals in a timely manner.

The practice provided a range of additional services to improve outcomes for patients. These included a minor surgery clinic, electrocardiogram (ECG) tests, 24 hour blood pressure monitoring, spirometry, insulin initiation, phlebotomy (taking blood for tests) and microsuction. A physiotherapy service was also provided two days per week and this had resulted in patients being seen within a two week timeframe and in a reduction in the number of patients referred to secondary care for musculoskeletal problems.

Effective staffing

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

- An induction programme was provided to newly appointed members of staff.
- Staff told us they felt appropriately trained and experienced to meet the roles and responsibilities of their work. Staff had access to and made use of e-learning training modules and in-house training. There was a training plan in place to ensure staff kept up to date with their training needs. Staff were supported to be multi-skilled to enable them to respond to any staff shortages or fluctuations in demand.
- Staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. Staff had also been provided with role-specific training. For example, staff who provided care and treatment to patients with long-term conditions had been provided with training in the relevant topics such as diabetes,

podiatry and spirometry. Other role specific training included training in topics such as administering vaccinations and taking samples for the cervical screening programme.

- Clinical staff held lead roles and interests in a range of areas including; women's health, family planning, paediatric, obstetrics, ear nose and throat (ENT), minor surgery, skin conditions and diabetes. The practice employed two specialist nurses to support patients with diabetes and respiratory disease.
- Clinical staff were kept up to date with relevant training, accreditation and revalidation. There was a system in place for annual appraisal of staff. Appraisals provide staff with the opportunity to review/evaluate their performance and plan for their training and professional development.
- Staff attended a range of internal and external meetings. GPs attended meetings with the CCG. Practice nurses attended local practice nurse forums. The practice was closed for one half day per month to enable staff to attend meetings and undertake training and professional development opportunities.

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 intranet system. This included care plans, medical records, investigations and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring people to other services.

The practice reviewed hospital admissions data on a regular basis. GPs used national standards for the referral of patients with suspected cancers to be referred and seen within two weeks. Systems were in place to ensure referrals to secondary care and results were followed up.

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 people moved between services, including when they were

Are services effective?

(for example, treatment is effective)

referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary meetings took place on a regular basis and the care and treatment plans for patients with complex needs were reviewed at these.

The practice (along with a group of neighbouring practices) employed a full time 'Care co-ordinator' whose role was to ensure that patients discharged from hospital had the support they required. They liaised with patients, family members, health and social care professionals and support organisations to achieve this. We looked at the impact of this role in relation to outcomes for patients and found examples of very positive outcomes. The service resulted in the practice being proactive in contacting, supporting and co-ordinating care and support to patients. Any clinical oversight required to support this was provided by a practice nurse. The practice had been instrumental in putting a business case together and for piloting the scheme which has since been adopted across the Clinical Commissioning Group.

The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care.

The practice took part in an enhanced service to support patients to avoid an unplanned admission to hospital. This is aimed at reducing admissions to Accident and Emergency departments by treating patients within the community or at home. As part of this the practice had developed care plans with patients to prevent unplanned admissions to hospital and they monitored unplanned admissions and shared information as appropriate with the out of hours service and with secondary care services.

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 were aware of their responsibility to carry 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, where appropriate, recorded the outcome of the assessment.
- Written consent was obtained and recorded for minor surgical procedures such as removal of skin lesions.

Supporting patients to live healthier lives

The practice provided advice, care and treatment to promote good health and prevent illness. For example:

- The practice identified patients in need of extra support. These included patients in the last 12 months of their lives, patients with conditions such as heart failure, hypertension, epilepsy, depression, kidney disease and diabetes. Patients with these conditions or at risk of developing them were referred to (or signposted to) services for lifestyle advice such as dietary advice or smoking cessation.
- A practice nurse worked alongside the local authority to provide health education at a local high school. This included educating young people on health matters relevant to their age, for example; eating disorders, mood, contraception, acne, and alcohol.
- The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. Information from the QOF for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention were comparable to other practices. For example, the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 88% which was higher than the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening tests. 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.
- The practice also encouraged patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening uptake was higher than the national average with

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

persons (aged 60-69) screened for bowel cancer in the last 30 months at 66% (national average 57%) and females (aged 50-70) screened for breast cancer in the last 36 months at 77% (national average 72%).

- Childhood immunisation rates for the vaccinations given were higher than the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 97% to 98%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Health promotion information was available in the reception area and on the website. Patients were referred to or signposted to health promotion services such as smoking cessation and alcohol support services. A dietician attended the practice on a monthly basis.
- Information and advice was available about how patients could access a range of support groups and voluntary organisations.
- A trainee counsellor provided regular counselling sessions at the practice. Patients were informed of their status as a trainee prior to attending.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that 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. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Reception staff knew that they could offer patients a private area for discussions when patients wanted to discuss sensitive issues or if they appeared uncomfortable or distressed.

We made patient comment cards available at the practice prior to our inspection visit. All of the 19 comment cards we received were highly positive and complimentary about the caring nature of the service provided. Patients said they felt the practice offered an 'excellent' service and staff were helpful and treated them with dignity and respect. Patient feedback in comment cards described staff as; helpful, attentive, polite, pleasant, thorough, professional, excellent, kind, efficient, caring and understanding.

Staff consistently demonstrated a patient centred approach to their work during our discussions with them.

Results from the national GP patient survey showed patients felt they were treated with care and concern. The patient survey contained aggregated data collected between July to September 2015 and January to March 2016. The practice scored comparable to or higher than average when compared to Clinical Commissioning Group (CCG) and national scores, for patients being given enough time, being treated with care and concern and having trust in clinical staff. For example:

- 89% of respondents said the last GP they saw gave them enough time compared to a CCG average of 89% and a national average 86%.
- 96% said the last nurse they saw or spoke to was good at giving them enough time (CCG average of 93%, national average of 91%).
- 86% said that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (CCG average 88 %, national average 85%).

- 95% said that the last time they saw or spoke to nurse, they were good or very good at treating them with care and concern (CCG average 90%, national average 90%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 99% said they had confidence and trust in the last nurse they saw or spoke to (CCG average of 97%, national average 97%).

The practice scored similar to and higher than local and national averages with regards to the helpfulness of reception staff and patients' overall experiences of the practice: For example:

- 87% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 87% and a national average of 86%.
- 90% described their overall experience of the practice as 'fairly good' or 'very good' (CCG average 88%, national average 85%).

We met with three members of the patient participation group (PPG). The PPG was well engaged and actively involved in areas of development. They provided us with examples of the how their feedback had resulted in changes at the practice, for example, changes to the telephone system. They told us they were involved in putting on an annual health forum and that they played a role in sharing information with patients. They gave us highly positive feedback about the caring nature of staff and their experiences of the practice in general.

We also spoke with an additional five patients who were attending the practice at the time of our inspection. They gave us positive feedback about the caring nature of the GPs and other clinical staff.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they felt listened to and involved in making decisions about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views. Results from the national GP patient survey showed the practice had scored similar to local and national averages for patient satisfaction in these areas. For example:

Are services caring?

- 88% of respondents said the last GP they saw was good at listening to them compared to a CCG average of 92% and a national average of 88%.
- 97% said the last nurse they saw or spoke to was good at listening to them (CCG average of 91%, national average of 91%).
- 90% said the last GP they saw was good at explaining tests and treatments (CCG average of 89%, national average of 86%).
- 97% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average of 91%, national average of 89%).
- 82% said the last GP they saw was good or very good at involving them in decisions about their care (CCG average 84%, national average of 81%).
- 91% said the last nurse they saw or spoke to was good or very good at involving them in decisions about their care (CCG average 84%, national average of 85%).

Staff told us that translation services were available for patients who did not use English as their first language. The practice had a protocol in place for meeting the accessible information standards. They told us they had contacted

patients who may require information to be provided in an alternative format or who may wish to be contacted in a preferred way and that they had acted on each request made.

Patient and carer support to cope emotionally with care and treatment

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect. Information about how patients could access a number of support groups and organisations was available at the practice.

The practice maintained a register of carers and at the time of the inspection there were 138 carers on the register. The practice's computer system alerted GPs if a patient was also a carer. Carers could be offered longer appointments if required. They were also offered flu vaccinations and health checks. Written information was available to direct carers to the various avenues of support available to them. A member of staff was a designated carers advocate, a carers' notice board was provided in the reception area and the practice's website included a section for carers.

Patients receiving end of life care were signposted to support services. Staff told us that if families had suffered bereavement, their usual GP contacted them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were most at risk and developing care plans with them to prevent an unplanned admission. The practice planned to increase this from two percent of the most at risk patients to five percent in line with the CCG target.

The practice provided a flexible service to accommodate patients' needs. For example;

- There were longer appointments available for patients with a learning disability.
- 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 conditions that require same day consultation.
- The practice offered extended hours until 7.30pm on Mondays for working patients who could not attend during normal opening hours.
- Flu clinics were provided on Saturdays to encourage uptake of the flu vaccine.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

The practice was open from 8am to 7.30pm on Mondays and from 8am to 6.30pm Tuesday to Friday. A regular newsletter was made available to patients informing them of the services provided.

The appointment system was well managed and sufficiently flexible to respond to peoples' needs. People told us on the day that they were able to get appointments when they needed them. Patients told us the triage system worked well for them and resulted in a timely and appropriate response that suited their individual needs.

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

- The percentage of respondents who gave a positive answer to 'Generally how easy is it to get through to someone at your GP surgery on the phone' was 87% compared to a CCG average of 74% and a national average of 72%.
- The percentage of patients who were 'very satisfied' or 'fairly satisfied' with their GP practice opening hours was 82% (CCG average 80%, national average of 79%).
- 83% said they were able to get an appointment the last time they wanted to see or speak with a GP or nurse (CCG average 81%, national average 75%).
- 77% of patients described their experience of making an appointment as good (CCG average 75%, national average 73%).

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. These assessments were done by a telephone triage system. 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.

The practice was located in a purpose built building. The premises were accessible and facilities for people who were physically disabled were provided. Reasonable adjustments were made and action taken to remove barriers when people found it hard to use or access services. For example, a hearing loop system was available to support people who had difficulty hearing and translation services were available.

Listening and learning from concerns and complaints.

The practice had an effective system in place for handling complaints and concerns. A complaints policy and procedures was in place. We saw that information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with. The information on the practice's website informed patients of their right to make a complaint directly to NHS England if they so wished and that the

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

second stage of a complaint managed locally was to refer to the Parliamentary and Health Services Ombudsman. However, this information was not clear in the copy available in the reception area.

There was a designated member of staff who handled all complaints in the practice. We looked at complaints received in the last 12 months and found that these had been logged, investigated and responded to in a timely manner and patients had been provided with a thorough explanation and an apology when this was appropriate.

Complaints were discussed as regular practice meetings and an annual review of complaints was carried out. We found that lessons had been learnt from the sample of complaints we looked at and action had been taken to improve the quality of care and patients' experience of the service.

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 statement of purpose which outlined its aims and objectives. These included;

to provide the best possible quality service for patients within a confidential and safe environment, to show patients courtesy and respect at all times, to involve patients in decisions regarding their treatment, promote good health through education and information, provide a range of services suitable and adaptable to patient need, ensure that patients see the right clinician at the right time, encourage patient feedback, ensure staff have the right skills and training to carry out their duties competently. Staff we spoke demonstrated that they supported the aims and objectives and the values linked to these. They consistently demonstrated a patient centred approach to their work.

The GP partners had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality.

Governance arrangements

The practice had effective arrangements in place to govern the service and ensure good outcomes were provided for patients.

- There were arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks.
- The GPs used evidence based guidance in their clinical work with patients. The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.
- Clinical audits had been carried out to evaluate the operation of the service and the care and treatment provided and to improve outcomes for patients.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised

annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).

- There were clear methods of communication across the staff team. Records showed that regular meetings were carried out as part of the quality improvement process to improve the service and patient care. A rolling programme of meetings was scheduled to encompass a wide range of areas of work.
- Practice specific policies and standard operating procedures were available to all staff. Staff we spoke with knew how to access these and any other information they required in their role.

Leadership and culture

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

The partners encouraged a culture of openness and honesty. 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). The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support and an explanation.

There was a clear leadership and staffing structure and staff were aware of their roles and responsibilities. Staff in all roles felt supported and appropriately trained and experienced to meet their responsibilities. Staff had been provided with a range of good quality training linked to their roles and responsibilities.

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

Are services well-led?

Good 

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

The feedback we received from patients about staff in all roles was very positive and patients told us they felt staff provided a high quality service.

The practice actively encouraged and valued feedback from patients. The practice had a well-established and engaged patient participation group (PPG). Members of the PPG told us they attended regular meetings with the practice and they gave us a number of examples of how the practice had made improvements to the service in response to their feedback. Members of the PPG were highly complimentary about the practice and felt there was a strong drive to listen to the views of patients and to improve and develop the service.

The practice also sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for 2016 showed that the majority of patients were either extremely likely or likely to recommend the practice.

The practice used information from events, concerns and complaints to make improvements to the service.

Staff were involved in discussions about how to develop the service and were encouraged to provide feedback about the service through a system of regular staff meetings and appraisals.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. This included the practice providing training for GPs and being involved in local schemes to improve outcomes for patients. A business development plan was in place which covered the future aims and objectives of the practice in relation to patient services, clinical care, the premises, staffing and finances. The plan detailed future aspirations and how they intended to achieve these.