

Corbin Avenue 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?

Requires improvement 

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 Corbin Avenue Surgery on 14 January 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. There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice including:

Summary of findings

The practice has implemented a 'Tracker Team', to support patients who are over 75 years old plus any other vulnerable adult patients. Each patient on this register had a care plan. The team puts in place any necessary and appropriate services and maintains regular contact with patients and carers until such time that the service is no longer required. Practice data shows there has been a 9% reduction in emergency admissions and that end of life care is more proactively discussed with patients since the introduction of the tracker team.

The areas where the provider must make improvements are:

- Ensure that vaccines are consistently stored appropriately and within the correct temperature range.

In addition, areas where the provider should make improvements are:

- Ensure any risk assessments carried out are fully implemented
- Ensure patients who do not have English as a first language are offered appropriate translation 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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.
- The practice had carried out a number of risk assessments to protect patients and staff. However, recommendations from risk assessments were not always fully implemented.
- The practice fridge used to store vaccines had temperature readings taken on a daily basis. However, on occasion the fridge temperatures were higher than the range for safe storage of vaccines.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The practice did not have a high number of patients registered who had English as a second language. However, these patients were not routinely offered translation services to assist with appointments.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that 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.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- 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 identifying notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The practice has implemented a 'Tracker Team' in June 2015, which consisted of a lead GP, a nurse and an administrator. The role of this team was to look after patients who are over 75 years old plus any other vulnerable adult patients. Each patient on this register had a care plan. The team put in place any necessary and appropriate services and maintained regular contact with both the patient and any carers until such time that the service was no longer required. Practice data from June to November 2015, suggested that emergency admissions in this age group had been reduced by 9%, compared to the same time period in the previous year. Practice data also suggested that since the tracker team, end of life wishes were more proactively being discussed with patients. 75% of patients in this age group had their wishes with regard to resuscitation recorded in their notes, compared to 38% the previous year.

The practice proactively highlighted other services which may be appropriate for this group. For example, during flu vaccination clinics, the Dorset Fire Service and the local Wayfinders (a signposting and support service for older people) are invited to also attend to give advice to patients.

Good



People with long term conditions

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

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall performance for diabetes related indicators was better than the CCG and national averages. The practice achieved 100% compared to a CCG average of 95% and a national average of 89%.

Good



Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice ran joint clinics with a diabetes specialist nurse from the local hospital on a regular basis. This was for patients with uncontrolled diabetes or those who were newly diagnosed. The practice used a standardised template for each long-term condition to record information to improve continuity of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79% which was comparable to the national average of 82%.
- A full range of sexual health and family planning services were offered by the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as good 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, travellers and those with a learning disability.
- It offered longer appointments and annual reviews for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told 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 a 'vulnerable adult' nurse who worked alongside the doctors. The nurse monitored vulnerable patients on a recall system. The nurse maintained close contact with them and their carers to assess their needs and to get the right services in place for them. Any member of staff, including support staff who may notice changes in behaviour, was able to refer a patient to the nurse for an assessment and support.

Good



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).

- Overall performance for mental health related indicators was above the CCG and national average. The practice achieved 100%, compared to a CCG average of 92% and a national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- There was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015, showed the practice was performing above local and national averages. A total of 256 survey forms were distributed and 110 were returned, which is representative of approximately 2% of the total practice population.

- 99% found it easy to get through to this practice by phone compared to a CCG average of 85% and a national average of 73%.
- 99% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 90% and a national average of 85%.
- 99% said the last appointment they got was convenient compared to a CCG average of 94% and a national average of 92%.
- 97% found the receptionists at this practice helpful compared to a CCG average of 90% and a national average of 87%.
- 99% described their experience of making an appointment as good compared to a CCG average of 82% and a national average of 73%.
- 94% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 68% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients commented on how quickly they could get an appointment, on how courteous and helpful staff were and that they felt well supported and listened to by clinical staff.

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

Corbin Avenue 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 advisor, a second CQC inspector, and a practice manager specialist advisor.

Background to Corbin Avenue Surgery

Corbin Avenue Surgery is located at Corbin Avenue, Ferndown, Dorset BH22 8AZ.

Corbin Avenue Surgery is based in a residential area of Ferndown, Dorset, and is part of NHS Dorset Clinical Commissioning Group (CCG). Corbin Avenue Surgery provides services under a NHS Personal Medical Services contract to approximately 5370 people living in the BH22 post code, which includes Ferndown, West Parley, West Moors, Longham, Canford Bottom and Hurn areas. The practice population has a higher proportion of older people (more than 65 years of age) compared to the average for England.

The practice has two male GP partners, one female partner and one female salaried GP who are supported by two practice nurses, two health care assistants and one phlebotomist. The clinical team are supported by a management team with secretarial and administrative staff. Corbin Avenue Surgery is a training practice for doctors training to be GPs and a teaching practice for medical students.

Corbin Avenue Surgery is open between 8am and 6.30pm Monday, Tuesday, Wednesday and Friday, and from 8am to

5.30pm on Thursdays. When the practice is closed, patients can attend the branch surgery at Glenmoor Road, Ferndown. Appointments are available between these times, except between 1pm and 2pm daily. Extended hours surgeries are offered every Tuesday and Wednesday between 6.30pm and 7.30pm.

Corbin Avenue Surgery has opted out of providing out-of-hours services to their own patients and refers them to the Dorset Urgent Care service via the NHS 111 service. The surgery offers online facilities for booking of appointments and for requesting prescriptions.

Corbin Avenue Surgery has a branch surgery a few miles away at 54 Glenmoor Rd, Ferndown BH22 8QF. The management of both locations is organised at the Corbin Avenue Surgery. Staff work across both locations and patients are able to make appointments at both locations. We visited Corbin Avenue Surgery as part of this inspection, which has not previously been inspected by the Care Quality Commission.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 January 2016. During our visit we:

- Spoke with a range of staff (GPs, registered nurses, practice manager and other support staff including receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a new patient was mistakenly given a routine childhood vaccine twice in the absence of their medical and vaccination records. This was discussed with clinical staff in practice meetings and the protocol was altered to avoid the incident happening again.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements and policies. These were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, and this process was clearly visible in all clinical rooms. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role, including adult safe-guarding training. All staff

were trained in child and adult safeguarding to the level appropriate for their role. The practice placed alerts on the records of patients where there were safeguarding concerns.

- A notice in the waiting room and all clinical areas advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, following the last audit, wall-mounted anti-bacterial hand-gel was provided in staff toilet areas.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security), with the exception of the storage of vaccines.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccines.
- The practice had systems in place to ensure the safety of patients taking repeat medications and high risk medicines.
- We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Are services safe?

identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Risk assessments were carried out if the practice deemed that a DBS check was not needed for a particular staff role, for example for administration staff.

Monitoring risks to patients

Risks to patients were assessed, but were not consistently well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly. Records showed that equipment was promptly repaired or replaced where problems were identified.
- 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.
- A check for legionella had been carried out in August 2014 (legionella is a bacteria which can cause breathing problems) and the practice was found to be at low risk.
- A check for asbestos in 2010 (prolonged exposure to asbestos can cause long-term lung conditions) showed the practice premises were at low risk. However, the check showed that there was a small area of material containing asbestos under the sink in the staff room. This area had not been appropriately labelled as recommended in the check to inform people who might carry out maintenance of the potential risk. The practice were informed and provided evidence that they had appropriately labelled the sink within 48 working hours of the inspection.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, the practice were reviewing the staffing and skills mix required in response to a practice nurse reducing contracted hours.
- There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- Daily temperature readings of fridges that store vaccines were taken and recorded. However, on more than one occasion, high readings (in excess of 8°C) were recorded without a satisfactory explanation or check to establish if this was an ongoing problem. This was reported to the practice who provided an action plan within 48 hours of the inspection, setting out the steps to prevent future safety risk to patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training. The equipment and medicines held at the practice were in line with their emergency policies.
- The practice had a defibrillator (equipment to restore the heart to a normal rhythm in a cardiac arrest) available on the premises and oxygen with adult and children's masks. All emergency equipment was checked regularly by staff. All equipment we checked was fit for use. There was also a first aid kit available, and an accident book to record any incidents.

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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 99% of the total number of points available, with 6% exception reporting. Exception reporting means the percentage of people the practice has excluded from its data. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed;

- Performance for diabetes related indicators was better than the CCG and national averages. The practice achieved 100% compared to a CCG average of 95% and a national average of 89%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 86%, which is similar to the national average of 84%.
- Performance for mental health related indicators was above the CCG and national average. The practice achieved 100%, compared to a CCG average of 92% and a national average of 88%. Exception reporting (this is the percentage of patients that the practice can choose to exclude from its data) for people with mental health

and/or neurology health issues was 17%. The practice explained that this was largely due to people who did not attend for appointments, even after reminders sent by letter, text or phone-calls.

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 87% compared to a national average of 84%.

The practice was aware of areas reported in QOF where they could improve performance. The practice achieved 67% for the number of patients with cancer, (diagnosed within the preceding 15 months) who had a review within six months of diagnosis. This was 13% below the CCG and national averages. The practice had implemented an audit to review cancer diagnosis (type of cancer, date of diagnosis, and way it was diagnosed) and to identify whether patients had had a six month review, and to prompt a review if this had not occurred.

Clinical audits demonstrated quality improvement.

- There had been seven clinical audits undertaken in the last two years, four of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Findings were used by the practice to improve services. For example, following an audit of patients who were prescribed methotrexate (a medicine used to treat immune system problems, e.g. rheumatoid arthritis). The audit showed that three patients had not attended for the routine regular blood test needed. The issue was discussed in a clinical meeting and these patients' treatment was reviewed to ensure it was necessary and appropriate. If the GPs considered that the patient should remain on methotrexate the patient was contact to attend to have a blood test.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had a policy with regard to how many staff could take annual leave at one time to ensure adequate cover and skill mix at all times.

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. 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 patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they are discharged from hospital. The practice had a system in

place to identify patients who had been admitted to hospital; admissions were flagged up on the practice computer system. Support staff were proactive in seeking information about admissions and transfers between hospital services. We saw evidence that multi-disciplinary team meetings with community matrons, community mental health team and the community nursing team took place on a monthly basis.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. We saw evidence that the practice discussed issues about patients' capacity in practice meetings.
- The process for seeking consent was monitored through audits of records to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

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

The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 79% which was comparable to the national average of 82%. There was a policy to offer telephone, letter or text reminders for patients who did not attend for their cervical screening test. This was the responsibility of the administration team.

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

If these attempts to contact the patient did not succeed, the practice nurse contacted patients to offer additional support. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice computer system identified to staff those patients who were overdue a cervical smear or other screening. Staff used this information to discuss and offer screening to patients when they attended for other appointments.

Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 98% to 100% and five year

olds from 94% to 100%. Flu vaccination rates for the over 65s were 70% and at risk groups 51%. These were also comparable to CCG and national averages. There was a policy to offer reminders to parents and carers of children who did not attend for vaccinations, and to offer vaccinations opportunistically as children attended for other appointments.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated patients 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 and that 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.
- Telephone calls in the reception area could not be overheard by people waiting in this area.

All of the 13 patient CQC 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 also spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 86% said the GP was good at giving them enough time compared to the CCG average of 90% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.

- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 97% said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. However, some staff said they would use family members on occasion to provide translation during consultations, which may not protect patients' rights to privacy. The practice arranged sign-language support for people who were hearing impaired.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Notices and information for patients were organised in sections (older people, carers, young adults, children) to make it easier for people to find information.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them. The tracker team also provided additional support for carers and maintained regular contact with them.

Staff told us that 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/or by giving them advice on how to find a support service. The practice had conducted an audit of deaths of patients registered at the practice to identify whether the deaths were unexpected or expected, and the location of death. Three deaths (of 12) occurred in hospital. The practice has discussed in meetings what additional support can be put in place to minimise deaths in hospital.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours appointments every Tuesday and Wednesday evening until 7.30pm aimed at working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- There were routine appointments outside of school hours.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers where patients find it hard to use or access services. For example, the practice had a number of families registered who were part of the travellers' community, and registered extended family members at the practice as temporary residents.
- A GP had undergone counselling and Cognitive Behavioural Therapy (a talking therapy) training to support patients with mental health problems.

Access to the service

The practice was open between 8am and 6.30pm Monday, Tuesday, Wednesday and Friday and from 8am to 5.30pm on Thursdays. Extended hours surgeries were offered until 7.30pm on Tuesdays and Wednesdays. Appointments are available between these times, except between 1pm and 2pm daily. Appointments are available at the branch surgery, based a mile away in Glenmoor Road, between 5.30 to 6.30pm on Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available daily for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were higher than local and national averages. Patients told us on the day that they were able to get appointments quickly when they needed them.

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 99% of patients said they could get through easily to the practice by phone compared to the CCG average of 85% and national average of 73%.
- 99% patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 73%.
- 94% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, the process was clearly accessible on the practice website and in the practice waiting room and reception areas.

We looked at nine complaints received in the last 12 months and found all were satisfactorily handled and dealt with in a timely way and with openness and transparency to the patient. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint about a fitting of a pelvic ring (a device to support a prolapsed uterus) led to a change in the practice's protocol. Patients are now asked to wait for 20 minutes in the practice after fitting before leaving to ensure any discomfort has passed, and so that any remaining problems can be acted upon.

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, person centred care and promote good outcomes for patients. The practice aims were displayed in the waiting areas and on the practice website and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented; the majority were reviewed and updated annually and were available to all staff.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, however these were not always fully implemented.

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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 identifying about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice responded to feedback left on the NHS Choices website, and had gathered feedback from patients through surveys and complaints received. A PPG (patient participation group), had been formed but did not meet on a regular basis. We were told by the PPG and practice manager that meetings would begin more regularly in Spring 2016.

The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff had requested adaptive equipment to support their work, which had been provided promptly. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team had become part of a local federation with other practices in the area to discuss sharing and buying of services to better support patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered provider did not ensure that all reasonably practicable actions were taken to mitigate risks to the health and safety of service users. <ul style="list-style-type: none">A robust system was not in place to review and action fridge temperatures that exceeded recommended levels for the safe storage of vaccines. 12 (2) (b) (g)