

Walton Surgery

Quality Report

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

Ratings

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

Summary of findings

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	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Walton Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection at Walton Surgery on 16 June 2015. The practice was rated as requires improvement overall. Specifically they were rated as requires improvement for safe, effective and well-led services and good for providing a caring and responsive service.

In particular, on 16 June 2015, we found the following areas of concern:

- There was no audit trail that reflected that following incidents or concerns being raised improvement action had been taken.
- Infection control audits were not being carried out in line with recommended timescales.
- Risk relating to the management of medicines, medicines alerts, prescription reviews and stocks of emergency medicines were not being assessed.
- A legionella risk assessment had not been carried out.
- Reception staff acting as chaperones had not received a disclosure and barring service (DBS) check.

- Staff were unclear which training they were expected to undertake and when it was due.
- Annual appraisals had been undertaken for clinical staff but not for administration staff.
- Data showed patient outcomes were average for the locality but where the Quality and Outcomes Framework was not being used there was no other performance measure in place.
- The practice had not sought views from patients in the form of a survey or by other means.

As a result of our findings at this inspection we took regulatory action against the provider and issued them with requirement notices for improvement.

Following the inspection on 16 June 2015 the practice sent us an action plan that explained what actions they would take to meet the regulations in relation to the breaches of regulations.

We carried out a further comprehensive inspection at Walton Surgery on 23 November 2016 to check whether

Summary of findings

the practice had made the required improvements. We found that the majority of the improvements had been made across all areas of concern. Overall the practice is now rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff were aware of their responsibilities regarding safety, and reporting and recording of significant events. There were policies and procedures in place to support this.
- The practice assessed risks to patients and staff. There were systems in place to manage these risks.
- Processes and systems around medicines management kept patients safe.
- Staff used current guidelines and best practice to inform the care and treatment they provided to patients.
- All patients said that they were treated with dignity and respect and involved in decisions about their care and treatment.
- There was a clear and effective complaints system in place.
- Patients had mixed views regarding access to appointments. Getting through on the telephone in the morning was identified as an issue by some patients. Others told us that access to same day appointments was good.

- The practice had difficulty recruiting GPs to the practice and had reviewed the way it provided clinical services to meet the needs of its patient population.
- There was a strong leadership structure in place and staff were supported to increase their knowledge and skills. Appraisals for non-clinical staff were not taking place, however we saw evidence that they still had access to training and career progression.
- There was an open and transparent approach evident throughout the practice. The practice management were aware of both their strengths and areas for improvement and had incorporated this into their planning for the future.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Provide non-clinical staff with regular performance appraisals.
- Improve access to appointments via telephone.
- Improve the monitoring of patients with poor mental health.

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.

- Staff were aware of and could explain their role and responsibilities in reporting and recording of significant events. They told us, and we found evidence to show, that following investigation of any incidents the outcome was shared with appropriate staff to ensure that lessons were learned and action was taken to improve safety in this area in the future.
- When things went wrong involving patients, appropriate actions were taken and a full investigation completed, with the person affected, or their designated next of kin, given accurate and honest information.
- There were processes and policies in place for the safe management of medicines.
- There were clear safeguarding processes in place for adults and children. Staff were aware of their roles and responsibilities with regards to safeguarding and were aware of potential signs of abuse.
- There were systems in place for the identification and assessment of potential risks to patients, staff and the premises, and plans in place to minimise these.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or below average compared to the CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were limited but 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 clinical staff.
- Although non-clinical staff had not received a formal appraisal they had access to training to meet their needs, support from managers and were given opportunities for development.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and 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 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.

- There was a clear leadership structure in place.
- The governance systems in place had been strengthened since the last inspection.
- Staff felt able to raise concerns and also provide suggestions for improvements to the running and development of the practice.
- The practice had policies and procedures in place, which were relevant to the practice, regularly reviewed and updated as required.
- There were systems in place for notifying about safety incidents and evidence showed that the practice complied with the duty of candour.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group provided feedback for the practice.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- Patients had a named GP.
- The practice was accessible for those with limited mobility.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people in their practice population. They provided information about community facilities to these patients and worked with multi-disciplinary teams from health and social care to keep patients in their own homes where this was their preference.
- The practice offered planned home visits for patients with enhanced needs, as well as urgent ones.

Good



People with long term conditions

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

- The practice adjusted their nurses' appointments to meet the needs of patients with co-morbidities. For example, when a patient attended for another health condition a review of their long-term condition may be completed at the same time.
- The practice performance for diabetes indicators was in line with or below the CCG and national average. For example, the percentage of patients with diabetes with a record of an annual foot examination and risk assessment was in line with the CCG and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP. 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.

Good



Families, children and young people

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

- There were systems and processes in place to enable staff to identify and take appropriate action to monitor and safeguard children and young people living in disadvantaged circumstances.

Good



Summary of findings

- Immunisation rates were in line with CCG and national averages for standard childhood immunisations.
- Patients told us that children and young people were treated appropriately.
- Weekday appointments were available at the end of school hours.
- There was a small table and chairs with books available for children to read whilst waiting.
- The practice encouraged breast feeding and had signs to show mothers were welcome to breast feed their children.

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 practice offered online services such as online booking and prescriptions
- The practice offered a range of health promotion and screening that reflected the needs for this age group.
- The practice offered in-house anti-coagulation and phlebotomy.
- The practice offered coil fittings.
- The percentage of women aged 25-64 who have had a cervical screening test in the past 5 years was higher than the CCG and national average.

Good



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 such as those with a learning disability.
- The practice offered longer appointments for those patients who needed them.
- The practice worked with other health care professionals as needed in the case management of vulnerable patients.
- The practice sign-posted vulnerable patients to various support groups and voluntary organisations.
- Staff had received training in identifying and reporting possible signs of abuse.
- The practice had identified 197 carers which was 2.25% of the patient list.
- There was a local care advisor who the practice referred patients to for support.

Good



Summary of findings

- The practice referred vulnerable patient to an external agency which provided a multi-agency approach to supporting vulnerable patients and aimed at avoid unplanned admissions into hospital.

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was lower than the CCG and national average.
- Performance data for the number of patients with a mental health diagnosis with an agreed care plan recorded in their record in the last 12 months was lower than CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice referred patients to a local dementia support service.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 221 survey forms were distributed and 117 were returned. This represented a 53% response rate.

- 47% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the administrative and clinical staff.

We spoke with three patients and four members of the patient participation group during the inspection. All seven patients said they were satisfied with the care they received and that staff treated them with dignity and respect. They said the practice was clean and tidy, and referrals to other providers completed in a timely manner. Some patients told us that access via telephone in the mornings could be difficult and when you were connected that all appointments were gone. Others told us that access to appointments was good and that they were easily able to make same day appointments.

Areas for improvement

Action the service SHOULD take to improve

- Provide non-clinical staff with regular performance appraisals.
- Improve access to appointments via telephone.
- Improve the monitoring of patients with poor mental health.

Walton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Walton Surgery

The Walton Surgery is located in the small sea side town Walton On The Naze, Clacton, Essex. The practice is situated in a side street off the main high street and there are parking facilities

available for patients during surgery hours. The practice is one of 44 GP practices in the North East Essex Clinical Commissioning Group (CCG) area.

The list size of the practice at the time of our inspection was around 8800. There are two male GP partners and one female salaried GP, with support from locum GPs supplied by an agency. There are four nurse practitioners, three female and one male, two female practice nurses and three female health care assistants (HCAs). There are a number of other staff carrying out administrative duties, led by a practice manager.

The practice is open between 8.30am and 6.30pm on Mondays to Fridays.

Appointments times are from 8.30am to 12.30pm and 1.30pm to 6pm Monday to Friday.

When the practice is closed patients are advised to call the practice number where they will be redirected to 111, or dial 111 direct if they require medical assistance and are unable to wait until the surgery reopens. The out of hour's service is provided by Care UK.

The practice has lower than national average numbers of 0 to 49 year olds, and higher than the national average numbers of 65 to 85+ year olds. There is a higher percentage of income deprivation affecting children compared to the CCG and national average.

During our previous inspection at Walton Surgery on 16 June 2015, we found improvements were required in three of the five areas: safe, effective and well-led. The practice were issued with a requirement notice in relation to good governance. At that inspection the practice was found to not have an effective system in place to assess, monitor and mitigate some of the risks to patients. The full comprehensive report on the June 2015 inspection can be found by selecting the 'all reports' link for Walton Surgery on our website at www.cqc.org.uk.

Why we carried out this inspection

We undertook a comprehensive inspection of Walton Surgery on 16 June 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

We undertook a follow up inspection on 23 November 2016 to check that action had been taken to comply with legal requirements.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice. We carried out an announced visit on 23 November 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing and administration staff.
- Observed reception staff speaking with patients.
- Spoke with patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed an anonymised sample of the treatment records of patients.

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

At our previous inspection on 16 June 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of assessing, monitoring and mitigating some of the risks to patients needed improving.

These arrangements had improved when we undertook a follow up inspection on 23 November 2016. The practice is now rated as good for providing safe services.

Safe track record and learning

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

- We asked staff to explain the process of reporting significant events to us. They told us that they would inform one of the management staff, either the practice manager or the GP, and a significant incident form would be completed. All significant events were discussed at practice meetings and learning shared.
- Significant incident forms and the evidence of the analysis showed that when a significant incident directly affected a patient, a thorough investigation was completed, the patient was informed of the incident, given information and appropriate support. A face to face or written apology was given, depending on the patient's preference which would outline any actions taken to prevent the same thing happening again.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we viewed several incidents and saw evidence that they were discussed in practice meetings and the policies and procedures changes made if required.
- We reviewed safety records, incident reports, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts, patient safety and found that any required action had been taken. For example, we saw evidence of action taken following a medicines alert, with a change to the brand of medicine prescribed and allocation of a member of staff to review all patients the alert affected.

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:

- There were established systems and processes in place to ensure patient safety and enable staff to identify and take appropriate action to safeguard patients from abuse. These systems took into account the latest relevant legislation and local council requirements. Staff were aware of their responsibilities regarding this. One of the GP partners took the lead role for safeguarding. The practice were able to give us examples of where action had been taken as a result of safeguarding concerns raised by staff.
- Staff had received training on safeguarding children and vulnerable adults that was relevant to their role and at an appropriate level. We found that GPs were trained to child protection or child safeguarding level 3.
- There was a notice advising patients that a chaperone was available for examinations if required. Only staff that were trained for the role and had received a Disclosure and Barring Service (DBS) check were used as chaperones. Staff were aware of their responsibilities with regard to this role. (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 visibly clean and tidy. The lead GP was the infection control lead. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken; the last audit was comprehensive and showed no areas for concern.
- Arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There was an effective process in place for reviewing patients prescribed medicines requiring monitoring, including high risk medicines. The practice had access to an onsite pharmacist two and a half days a week via a national project.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had a system to ensure ongoing checks related to registration with professional bodies and immunisation status of staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had systems in place to assess and monitor risks to staff and patients. There were also risk assessments in place for infection control, health and safety, control of substances hazardous to health (COSHH), fire and Legionella testing. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice had experienced recruitment issues so had reviewed the needs of patients and which health professional these could best be served by. They had recruited a larger number of nursing staff and other staff, instead of GPs to meet the needs of their patients. Where locum staff were employed these were ones used regularly by the practice.

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 alert button on the computers in all of the consultation and treatment rooms which staff could press to summon other staff in an emergency situation.
- Staff had received training on basic life support and use of a defibrillator. There was a defibrillator available on the premises. Oxygen was stored in an accessible place.
- We spoke with staff regarding emergency medicines and found that they were kept in a secure area of the practice that was easily accessible to staff in the case of an emergency. We checked the medicines and found them to be appropriate, stored securely and within their expiry date, with a system for checking the dates in place.
- The practice had a business continuity plan in place for major incidents such as IT failure or flooding. The plan included emergency contact telephone numbers for relevant utilities and contact details for staff members. The business continuity plan had recently been tested in a real life situation and found to be effective.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 16 June 2015, we rated the practice as requires improvement for providing effective services as the arrangements in respect of staff appraisal and the use of public comparison data to identify areas of lower performance needed improving.

These arrangements had improved when we undertook a follow up inspection on 23 November 2017. The provider is now rated as good for providing effective services.

Effective needs assessment

Staff had access to guidelines from National Institute for Health and Care (NICE) and other online resources and used this information to deliver care and treatment that met patients' needs. Clinical staff also had discussions relating to the latest guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

- The most recent published results, from 2015 to 2016, indicated the practice achieved 90% of the total number of points available compared with the CCG average of 92% and the national average of 95%.
- The practice had higher than average exception reporting for one indicator. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). For example, for Osteoporosis the practice had exception reported 33%, compared with the CCG average of 21% and the national average of 13%. Other indicators were in line with CCG and national averages.

We spoke with the practice about exception reporting and were informed that the two partners meet weekly and exception reporting was discussed at this meeting.

This practice was an outlier for one diabetes QOF clinical target. Data from 2015 to 2016 showed:

- Performance for diabetes related indicators was in line with or lower (for one indicator) than the CCG and national average. For example, the percentage of patients with a blood test indicating a level higher than specified parameters was 63% compared to the CCG average of 72% and the national average of 78%. The percentage of patients with a blood pressure reading within specific levels was 78% compared to the CCG average of 77% and the national average of 78%.

Data from 2015 to 2016 in relation to mental health performance showed:

- Performance for mental health related indicators was lower or in line with the CCG and national average. For example, the percentage of patient's, with a diagnosis of schizophrenia, bipolar affective disorder and other psychosis, who had had an agreed care plan documented in their records was 76% compared to a CCG and national average of 88%. The percentage of patients whose alcohol consumption was recorded was 92% compared to the CCG average of 92% and the national average of 90%.

We spoke with the practice about their performance for patients with diabetes and those with a mental health condition. We found that they were aware of their performance and they shared their strategy for the next 12 months to address the care of patients with diabetes. The GP responsible for mental health no longer worked at the practice. The practice told us that they were aware that they needed to improve this area and were working to identify a replacement lead to improve patient outcomes in this area.

There was evidence of some quality improvement activity including clinical audit.

- Some of the audits undertaken related to reviewing referrals to specialist clinics. They reviewed the quality, completeness and appropriateness of the referral. The audits had been repeated. Another audit related to the practice mail scanning and processing systems. There was also an audit undertaken to review the practice prescribing.
- The practice completed annual cervical screening audits and used this to improve the quality of screening offered to female patients.

Are services effective?

(for example, treatment is effective)

- We saw that one of the prescribed medicines that was audited was the subject of an earlier medicines safety alert. Action taken to address the alert included monitoring prescribing/patient usage of the medicine.

Effective staffing

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice had an induction programme for all newly appointed staff. Core training for staff covered such topics as safeguarding, infection prevention and control, fire safety and health and safety.
- Staff received role-specific training and updating as relevant. For example, for those reviewing patients with long-term conditions. Staff administering vaccines had received specific training.
- The learning needs of clinical staff were identified through a system of appraisals, meetings and reviews of practice development needs. Clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work. We found that clinical staff had received an appraisal which included a personal development plan. It was evident that the process was a two way one in which staff were able to contribute their thoughts and aspirations.
- Non clinical staff had access to training as required and had opportunities to progress in their careers, however none had received an appraisal in the last 12 months. Staff felt supported.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Staff had access to the information they required to plan and deliver patients' care and treatment through the practice's records system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Meetings took place with other health care professionals on a regular basis when care plans and actions were routinely reviewed and updated for patients with complex needs and adult or child safeguarding concerns. Where meetings did not take place this did not affect the standard of care provided to the patients. Staff liaised with other professionals on outside of these meetings too. Staff had working relationships with school nurses, health visitors, social workers, community matron and other community staff.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The majority of consent was 'informed' consent, whereby the procedure was explained and the patient does not decline. This was then documented in the patient's notes.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinical staff assessed the patient's capacity and documented this appropriately.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were referred to a local provider to offers these services.

The practice's uptake for the cervical screening programme was 89%, which was higher than the CCG average of 83% and the national average of 82%. There were 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.

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

Data for other national screening programmes such as bowel and breast cancer showed that the practice uptake was in line with CCG and national averages. For example, the uptake of screening for bowel cancer by eligible patients in the last 30 months was 57% for the practice, compared to 60% average for the CCG and 58% national average. The uptake of screening for breast cancer by eligible patients in the last 36 months was 76% for the practice, compared to 75% average for the CCG and 72% national average. If patients did not attend after receiving an invitation to a national screening programme the practice nurse contacted the patient to check the reason and encourage attendance.

The amount of patients with a diagnosis of cancer on the practice register was 1% higher than the CCG average and 1.3% higher than the national average.

Childhood immunisation rates for the vaccinations given were higher than CCG and national averages. For example,

- The percentage of childhood 'five in one' Diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenza immunisation vaccinations given to under one year olds was 94% compared to the CCG percentage of 95% and the national average of 93%.
- The percentage of childhood Mumps, Measles and Rubella vaccination (MMR) given to under two year olds was 93% compared to the CCG percentage of 93% and the national average of 91%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 100% compared to the CCG percentage of 96% and the national average of 83%.

Patients had access to appropriate health assessments and checks, some via an external provider. These included health checks for new patients and NHS health checks for patients aged 40–74. Where abnormalities or risk factors were identified during these health checks, these were followed up appropriately.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were polite to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We saw a notice advising patients that a private area could be offered if they wanted to discuss issues privately. Staff could also use this if patients appeared distressed.
- For patients who may find it difficult to sit in the waiting area with other people, the practice offered the last appointment of the day.

The majority of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Most patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We spoke with three patients who told us that they were treated with dignity and respect.

Results from the national GP patient survey, published in July 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was in line with and for some questions above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- 87% of patients said the GP gave them enough time which was the same as the CCG and the national average.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them. The majority of patient feedback from 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 above or in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments which was the same as the CCG and national average.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language, with the exception of Braille. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available to help patients understand their diagnosis.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

If a patient found it difficult to wait in the waiting area, due to their health condition, then either an appointment would be booked when the practice had low numbers of patients, a room would be made available for them to wait in or they would be offered a chair in a quiet part of the practice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 197 carers (which was 2.25% of the practice list). Carers were sign posted to the various avenues of support available to them. The practice linked in with an external agency to provide support for carers via a multiagency approach. There was also a local care advisor who they could refer to.

Staff told us that if families had suffered bereavement the practice sent them a card offering, if required, either a telephone call, appointment or home visit. Support was offered in whichever format they preferred.

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 were engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) and other local providers to secure improvements to services where these were identified. For example, the practice was looking at new premises and also the benefits to patients and practices of a 'super partnership' involving several local practices.

- All patients had access to longer appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered alternative therapies, such as acupuncture.
- Telephone appointments were available to patients whose medical condition could be treated over the telephone.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for the disabled, a hearing loop and translation services available.
- Baby changing facilities were available within the patient toilet. Breast feeding was supported.
- Patients who were in the process or had undergone gender reassignment were greeted by the practice using their preferred name and their preferred gender was documented on their records.
- The practice provided a service to the local sailing/boating community who lived on their boat and temporarily moored close by. They also provided reviews for patients in this community with long term conditions when they were in dock.
- The practice had a register of patients living in a permanent caravan site.
- The practice complete routine reviews and checks opportunistically when they were able. For example, when flu clinics took place.

Access to the service

The practice was open between 8.30am and 6.30pm on Mondays to Fridays. Appointments times were from 8.30am to 12.30pm and 1.30pm to 6pm Monday to Friday.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mixed compared with the CCG and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 76%.
- 47% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 73%.

We spoke with the practice regarding the low satisfaction rates for telephone access to the practice. They told us that they were aware of this being an issue and as a result offered access to telephone appointments the patient preferred or if all face to face appointments were booked.

People views on the day of the inspection were mixed on whether they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

Home visit requests were triaged to establish which was the most appropriate clinician to complete the home visit. 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.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager handled all complaints in the practice, with clinical input from the GPs.
- We saw that information was available within the practice to help patients understand the complaints system.

We looked at three complaints received in the last 12 months in detail and found these were satisfactorily handled and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken

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

as a result to improve the quality of care. For example, one complaint had several components to it, the practice arranged a meeting to discuss concerns, which were then fully investigated and we saw that a letter was sent addressing all the issues.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 16 June 2016, we rated the practice as requires improvement for providing well-led services as the overarching governance arrangements needed improving.

These arrangements had improved when we undertook a follow up inspection on 23 November 2016. The practice is now rated as good for providing well-led services.

Vision and strategy

The practice had a clear vision to provide the best quality, comprehensive healthcare for their patients.

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 staff were aware of their own roles and responsibilities and those of other staff. We found there was a strong team approach throughout.
- Non clinical staff appraisals needed to be completed; however we found that they were still able to access training and career progression opportunities.
- The practice had a system in place for monitoring and assessing the quality of services provided through quality improvement. The practice were aware of their ongoing performance and used a variety of different methods to maintain and improve the standard of care provided to patients.
- There were practice specific policies which were implemented, updated and were available to all staff.
- There were arrangements in place for identifying, recording, reviewing and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had a clear understanding of the challenges facing the practice. They had looked at alternative ways to provide a service to patients to ensure high quality care. Staff told us the partners were approachable and they felt listened to.

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 partners encouraged a culture of openness and honesty which was evident throughout our inspection. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal or written apology, depending on the circumstances.
- The practice kept records of written correspondence.

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

- Staff told us the practice held regular team meetings within staffing groups with a lead member of staff from each group attending a practice meeting. Minutes were cascaded to all staff via the computer system.
- Staff told us they had the opportunity to raise any issues both at team meetings and outside of these and felt confident that action would be taken to resolve these concerns.
- The practice encouraged a degree of informality and had tried to reduce to concept of hierarchy to encourage staff to provide feedback and suggestions for improvements to the service.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG provided feedback to the practice. We met with the PPG during the inspection and they told us that the practice responded to any feedback from the group. The PPG attended flu clinics to obtain patient feedback.
- The practice gathered feedback from staff through staff meetings and informal conversations. Staff told us they would not hesitate to give feedback and discuss any

Are services well-led?

Good 

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

concerns or issues with colleagues and management. Staff told us that they felt able to make suggestions for ways to improve the quality of care and that these, where possible, would be acted upon.