Willington 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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Willington Surgery on 3 November 2015. 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 to report incidents. Information about safety was recorded, monitored, and appropriately reviewed. Learning was applied from events to enhance future service delivery but this was not always cascaded widely.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. This was kept under review by the practice which used audit as a mechanism to ensure patients received safe and effective care.
- Risks to patients were assessed and well managed. Regular liaison meetings were held with the wider multi-disciplinary team to co-ordinate the provision of effective and responsive care and this included a care coordinator. The CCG pharmacist attached to the practice provided regular and effective support on medication issues and provided support for the nurse prescriber.
- Most of the practice team had received an annual appraisal and had undertaken training appropriate to their roles, with any further training needs identified and supported by the practice. Those who had not completed an appraisal had one planned within the practice's agreed timescale
- Results from the national GP survey, and responses to our conversations with patients showed that patients were treated with compassion, dignity and respect, and that they were involved in their care and decisions about their treatment.
- Urgent appointments were available on the day they were requested. However, patients said that they sometimes had to wait a long time for non-urgent appointments.
- There was a clear leadership structure and staff felt supported by management and motivated to deliver

Summary of findings

high quality care. However, there had been a delay in reviewing some policies as they were uploaded onto the new IT and data management system, but there were plans to rectify this within 6 months.

- The practice proactively sought feedback from patients, which it acted upon. For example, the practice undertook patient surveys and encouraged ongoing feedback via the use of a suggestion box. The practice implemented changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG) who were proactive and met regularly.
- Information about services and how to complain was available and easy to understand. Complaints were followed up but learning was not always cascaded widely.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour

However, the practice should

Implement systems to ensure appraisals are completed within agreed timescales and recorded as such.

Review the arrangements for cascading learning from significant events to try and prevent recurrence.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents. Incidents were reviewed and any lessons learnt were discussed at monthly clinical meetings to make sure action was taken to improve safety in the practice. However, learning was not always disseminated widely and did not always include the attached team

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse. Staff were trained and knew how to act on a safeguarding concern and the practice reviewed their protection plans to ensure vulnerable children and adults were kept safe

Procedures for dealing with medical emergencies were robust and staff knew where to find emergency equipment

Administrative systems were in place that ensured that incoming correspondence and test results were seen by a GP on the day and dealt with quickly

The appointment of new staff was supported by appropriate recruitment checks, all of the practice staff had received clearance from the Disclosure and Barring Service (DBS) and there were enough staff to keep patients safe. They were actively recruiting two additional GPs to replace a partner who had just retired and to enable more GP appointments to be available for patients

Are services effective?

Good

The practice is rated as good for providing effective services. Systems were in place to ensure that all clinicians were up to date with best practice in delivering care and used the National Institute for Health and Care Excellence (NICE) guidelines to inform their work. Patients' needs were assessed and care was planned and delivered following best practice guidance and regular audits were undertaken and improvements were made as a result of these to enhance patient care

There was very good evidence of collaborative working with the multi-disciplinary team, particularly for people who were vulnerable or had complex needs. The CCG pharmacist attached to the practice provided regular and effective support on medication issues, contributed to audit activity and provided support and guidance to the nurse prescriber

Summary of findings

The practice was proactive in promoting good health to its users, including self-management and a range of information leaflets and self help groups were offered to patients. Nationally produced data showed patient outcomes were above average overall for the locality, and the practice achieved 94% of the available points within the 2014-15 Quality and Outcomes Framework

Staff had received training appropriate to their roles and any further training needs had been identified and planned through their annual appraisal system. 80% of staff had completed their annual appraisal at the time of our visit

Are services caring?

Good

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 and told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. In particular, the practice excelled in care provided for people whose situation made them vulnerable and those with a mental health problem including dementia

Urgent appointments were available on the day they were requested for patients with an urgent need and for older people and those with complex needs. However, patients said that they sometimes had to wait a long time for routine appointments

Staff we spoke to said that they felt valued and respected and that they enjoyed working there. Attached staff told us that they felt part of the team and were able to approach any member of the team to discuss any concerns at any time and that they felt listened to and acted upon. During our inspection we saw that staff were treated with respect and that there was an open, friendly atmosphere

Information about services for patients and carers was available and easy to understand and displayed in the reception area. This included information for carers of people with a learning disability. We found that patients were treated with compassion, dignity and respect, and that they were involved in their care and decisions about their treatment

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It took into account the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to make improvements to services where these were identified.. The practice worked closely with their pharmacist to coordinate changes in medication, provide blister packs where required and arrange delivery of medication

Summary of findings

Patients were able to make a routine appointment with a GP for up to three weeks in advance but not always with their preferred GP.There were always urgent appointments available the same day and older people or those with complex needs were also given a priority appointment on the same day

The practice was a new purpose build premises with good facilities and was well equipped

to treat patients and meet their needs.

Information about how to complain was available and was displayed in the reception area. Learning from complaints was shared with staff at monthly meetings but the learning was not always followed through which was demonstrated by some complaints and significant events being repeated

Are services well-led?

Good

The practice is rated as good for being well-led. Staff were clear about the values of the practice being patient centred and were motivated to deliver high quality care and promote good outcomes for patients.The practice were implementing a new computer system and were in the process of reviewing their policies and so there were some policies overdue a review. However there were plans to rectify this

Clinical meetings were held for clinical staff and opportunities were available for staff to learn and develop. Attached staff held their own meetings which were attended by some members of the practice team. Information relating to complaints and significant events was discussed and shared routinely with relevant staff. During September 2015, the practice had reviewed the previous year's complaints at a meeting where all the practice staff were invited to contribute

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty and staff told us that they felt able to report any concerns. The practice had systems in place for knowing about notifiable safety incidents which were cascaded to all relevant staff by the practice manager

The practice proactively sought feedback from patients, which it acted upon. For example, the practice undertook patient surveys and encouraged ongoing feedback via the use of a suggestion box. The practice implemented changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG). For example; barriers were introduced at the reception desk to enable better confidentiality

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

Good

The practice is rated as good for the care of older people and offered proactive, personalised care to meet the needs of the older people in its population and provided care plans for those at risk of unplanned admissions and for people with dementia.

The practice held a monthly meeting with members of the attached team (Community Support Team meetings) and the care coordinator specifically to discuss the care and management of older people who were in need of support. The meeting included the community matron, a psychiatric nurse, social care team, occupational therapist and voluntary sector where required

The practice offered home visits and urgent appointments so that older people with complex needs were prioritised to ensure they received care promptly. It also offered annual health checks with a nurse who specialised in long term conditions, and at the time of our visit 84% of people aged over 75 years had received a health check

They provided some services at the patients own home for older people who were house bound. For example; conducting blood tests, medication reviews, immunisations and vaccinations

The practice had close links with a local care home and undertook monthly reviews of all the residents there. They also made visits in between these arranged times when requested and provided a direct line access for the care home and other external stakeholders

People with long term conditions

Good

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority by a care coordinator who worked closely with community matron and nurse practitioner who had a lead role in managing long term conditions. All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. A robust process was in place to follow up on non-attenders. Longer appointments and home visits were also available when needed

Summary of findings

The practice made good use of specialist services to assist people with diabetes and those with lung disease and referred them to the self-help groups 'Diabetes and You' and 'Breathe-easy ' and proactively referred patients to these groups when identified with pre-diabetes

Specific care plans were written for all patients who were newly diagnosed with diabetes and chronic obstructive airways disease (COPD). Practice data showed that 71% of patients with a chronic disease had been offered smoking cessation advice

The practice worked well with the community matron and care coordinator to identify high risk patients and patients who had been admitted to hospital within the last five days with an acute attack of asthma. They proactively reviewed those patients on discharge from hospital

The practice provided 24 hour blood pressure monitoring and cardiac event monitoring that enabled patients to receive these tests closer to home and they also loaned blood pressure monitors to patients where required

Families, children and young people

Good

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

There was a system in place to provide childhood immunisation and the rates were relatively high for all standard childhood immunisations with current figures averaging at 98% compared to the CCG average which was 95%

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

Appointments were available outside of school hours and the practice reserved some late afternoon appointment slots for children. The premises were suitable for children and babies. This included childrens toys, a breast feeding room and baby changing facilities

We saw good examples of joint working with midwives and health visitors who attended daily and were able to access the practice doctors easily for discussion and advice. The practice also hosted a monthly meeting where at least one GP met with the attached team, consisting of midwives, health visitors and the community matron to discuss child concerns, care plans and safeguarding concerns

Summary of findings

The practice offered a full range of contraceptive services including coils and implants and provided information on the C- card scheme whereby young people aged 13-19 could access confidential free sexual advice and condoms

The practice offered cytology and well woman clinics and had achieved 83% cervical cytology screening in 2014/2015 for people who were eligible for this which is comparable with the CCG average which is 84% and the national average which is 82%

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working age people (including those recently retired and students) and had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, telephone consultations with a GP was offered to people who were unable to access an appointment outside of their usual working hours. These were bookable in advance. Urgent appointments were available on the same day for those who needed them

The practice was mindful of working times of their patients and made time to contact them, where required at the end of their working day (up to 6.30pm)

NHS checks were offered for eligible people and performance data for 2014/2015 showed that 74% of eligible people had attended for a health check

There were health promotion leaflets and information available within the reception area which included; Chlamydia and sexual health information, flu vaccination information, counting the kicks for expectant mothers, smoking cessation, and information on self-help courses for new patients with a diagnosis of diabetes and those diagnosed with pre-diabetes

The practice offered travel vaccinations, flu clinics on Saturdays and were signed up to the 'Choose and Book' service which enabled patients some flexibility in where they accessed secondary care

People whose circumstances may make them vulnerable

Good

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

They held a register of patients living in vulnerable circumstances including people with a learning disability; people with a serious mental health condition including dementia; those who were at risk of abuse and those receiving palliative care

The practiced offered an annual health check for people with a learning disability. Practice data showed that 50% of patients with a

Summary of findings

learning disability who were on the practice register had attended for an annual health check and the remainder were planned for November to March 2016. They also provided primary care medical services for pupils in a local boarding school which was a specialist school for children with a learning disability.

The practice offered flexibility in accommodating vulnerable patients for appointments and offered some secondary care appointments at the practice where necessary, for example where patients needed to see a specialist but who were unable to travel to the local hospital.

Patient feedback showed staff were caring, compassionate and took time to listen

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and referred people for emergency access to community services where required, through the Voluntary Single Point of Access system

The practice had a safeguarding lead and staff had received appropriate training and knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours

People experiencing poor mental health (including people with dementia)

Good

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

The practice provided annual health reviews for people diagnosed with dementia. Practice data showed that 97% of people with dementia had had their care reviewed in a face to face meeting in the last 12 months which was higher than the CCG average which was 84%

The practice also carried out opportunistic screening for dementia for at-risk groups and for those people concerned about their memory. Where screening identified a potential problem, this was followed up by the practice

It carried out annual health reviews for people with severe mental health issues and had a system in place for monitoring attendance and implementation of care plans. Practice data showed that 77% of patients experiencing severe mental illn health had attended for a health check in 2014/2015 and had been given the opportunity to attend a health promotion event hosted by the practice and PPG

Summary of findings

Staff had a good understanding of how to support people with mental health needs and dementia and had received appropriate training including attending an event run by Southern Derbyshire Mental Health Champion who came to speak about 'mindfulness'

The practice held a monthly meeting with the community psychiatric nurse and the care coordinator which enabled care to be planned for people with dementia

Staff had received 'Dementia Friendly' training and we observed staff treating older people with respect. The practice told us that they were taking part in the Derbyshire Dementia Friendly pilot

Summary of findings

What people who use the service say

The national GP patient survey results published on 2nd July 2015 showed the practice was performing in line with local and national averages. 254 survey forms were distributed and 126 were returned which was a 50% response rate.

Patients reported that the surgery did the following things well;

- 79% of patients said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 69%, national average 65%).
- 80% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 96% of patients said that the nurse provided them with enough time, compared to CCG average of 92% and national average of 92%

Patients reported that the things they felt the practice could improve on were as follows;

- Opening hours could be improved as 63% of patients were satisfied with the opening times compared with the CCG average of 78% and the national average of 75%
- Getting to see or speak to a preferred GP as 50% of patients were satisfied that they could do this compared to the CCG average of 60% and national average of 60%
- The experience of making an appointment could be improved as 66% were satisfied that this was good compared to the CCG average of 74%and national average of 73%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. Patients told us that the doctors and nurses gave them enough time talk, were caring, friendly and kind.They praised the referral system and described the support they received as excellent and consistent

We spoke with 3 patients during the inspection. All 3 patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. They told us that they were treated with dignity and respect and that most of the services they would expect to see are provided. They also confirmed that slots for routine appointments were available weeks in advance but that there was limited availability of appointments during early morning or late evening for working people to attend outside of their working hours. Most patients said they had their medicines explained to them enough

The practice had a proactive Patient participation Group (PPG) which met monthly and worked well with the practice and the CCG. They produced a monthly newsletter and arranged for speakers to talk about topics such as dementia awareness and mindfulness. The PPG arranged a health promotion event where patients were invited to come and hear about health topics such as; welfare rights, pre-diabetes checks, long term conditions, childrens health and smoking cessation

Willington 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 practice manager specialist advisor and an Expert by Experience

Background to Willington Surgery

Willington Surgery is located in Willington which is an area of Southern Derbyshire. The practice provides services for approximately 8500 patients. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS Southern Derbyshire Clinical Commissioning Group (CCG)

The premises moved to the new purpose built premises in 2013. There is a large car park with disabled parking, sliding doors into the building to enable easy access and a large waiting room. The consulting rooms have wide doorways to allow wheelchair access. There is also a lift to the first floor. The practice accommodates a dispensary which is independently managed. A CCG pharmacist lead works closely with the practice to coordinate changes in medication, provision of blister packs and delivery of medication where required

There is a self check-in screen for patients to minimise queuing at the reception desk and staff are on hand to assist patients in using this if required

The practice told us that their population live in an area of deprivation which is lower than the national average. The practice has a larger elderly population than the national average and a lower population of babies and young children. There is a low number of people from an ethnic minority background within the polulation, however, provision is made by the practice to provide translation services if required.

The practice has five GP partners, one male and four female, and are currently recruiting two further GP's to replace one GP who has retired and to be able to expand services currently offered

There are also four qualified nurses and a health care assistant providing structured assessments and planned care. One qualified nurse is also a prescribing nurse practitioner. There is also a phlebotomist providing in-house phlebotomy services.

The practice is open for appointments from 8.30am to 11.30am and 3.00pm to 5.30pm on Monday to Friday and is closed on one Wednesday each month from 13.30 to enable staff to receive training and updates. There are currently no extended evening appointments but this is being discussed by the practice. Home visits are available where required between 12.00pm and 3.00pm weekdays and telephone consultations each morning and afternoon as required. Urgent appointment slots are available ach day from 8.00 am, 12.00pm and 4.00pm. The 4.00pm slots are reserved for children returning unwell from school

The practice is closed during the weekends and patients are directed to the out of hours service which is provided by Derbyshire Health United. Information is provided on the website, where there is also information about how to access the 111 service and a reminder about what might be considered a reason to dial 999 ie chest pain and/or shortness of breath, severe bleeding or collapse/ unconsciousness

Detailed findings

The practice also looks after children from two local boarding schools , one of which is a specialist school for children with learning disabilities and approximately 20 patients from a local residential home

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

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 3 November 2015. During our visit we:

- Spoke with a range of staff (GP partners, practice manager, practice nurses, reception and administration staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Talked to members of the Patient participation Group (PPG)
- 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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events, and we saw evidence of learning, although this was inconsistent

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. We reviewed minutes of meetings and saw evidence of discussions relating to significant events

The practice carried out an analysis of the significant events at monthly meetings where new events were discussed and actions from previous events checked. Clinical staff confirmed that they participated in these meetings regularly.Lessons were shared to enable action to be taken to improve safety in the practice. For example;

- There was a significant event where a change of medicine was recommended for a patientbut was not acted upon in a timely way. The practice changed their process for seeing and acting upon communications from outside agencies so that these were seen by a GP on the day that the communication arrived.

However, several significant events had reoccurred after being reviewed at meetings and we found that some of the lessons learned from events had not been shared widely with staff or embedded into practice

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

Any safety notifications or alerts were disseminated to all staff by the practice manager and the staff we spoke to told us that they knew how to respond to any that affected their area or role. The pharmacy lead dealt with all alerts that were medicines related

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse and all staff followed current processes and practices and knew who to contact if they had any concerns and felt at ease when approaching a GP partner or manager

Appropriate arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and all staff knew who the lead was and how to raise a safeguarding concern. Staff demonstrated they understood their responsibilities and all had received training relevant to their role

A notice in the waiting room advised patients that a chaperone was available 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 standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP Partner was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice and delegated some monitoring activity to the nurse practitioner. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. We saw that two has been completed in the preceeding two years and saw evidence that action was taken to address any improvements identified as a result. For example;

- new leak resistant boxes were purchased to transport specimens which prevented issues in the event of a spillage,
- Protective aprons were available in all GP consulting rooms to ensure these were more easily accessible.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Specific vaccinations were correctly stored in refridgerators which were temperature checked and monitored continually using an electronic device.We were shown data which confirmed that temperatures were kept within acceptable limits

Good

Are services safe?

The practice carried out regular medicines audits, with the support of a local pharmacist lead who was employed by the CCG and worked at the practice for one day each week to ensure prescribing was in line with best practice guidelines for safe prescribing

One recent audit carried out jointly by the pharmacist and GP was as a result of a significant event relating to a prescription error. The audit provided a review of all patients with a particular condition who were being treated with a special medicine. The medicine review enabled GP's to monitor and assess the ongoing need for the medicine and offer alternatives where appropriate or refer to secondary care

Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants (HCA) to administer vaccinations and this included the HCA's in administering the flu vaccine

We reviewed five personnel files and associated electronic files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety and had a health and safety policy available. The practice was a new building which was managed by an external company. We saw up to date fire risk assessments and evidence of regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The nurses were also responsible for checking and cleaning clinical equipment daily and kept a log to demonstrate this.The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella

Arrangements were in place for planning the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff told us that they covered one another during sickness absence.

One partner had recently retired and the practice had been proactively recruiting GPs to fill the deficit and were confident that this would be resolved in the next few months

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. The staff we spoke to described what they would do in the event of an emergency.

All staff received annual basic life support training and there were emergency medicines available in the treatment room which were in date and staff knew where to find them

The practice had two defibrillators available on the premises and oxygen with adult and children's masks and these were fit for use and regularly checked by the practice

There was a business continuity plan in place that enabled the practice to respond to interuptions to its service due to an event or major incident such as a power failure or building damage

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems to ensure all clinical staff were kept up to date with best practice guidance and standards including National Institute for Health and Care Excellence (NICE)

The staff and clinicians had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records

The practice had started discussions on how their nurses would achieve revalidation of their practise to demonstrate that they were up to date with practice developments

The partners worked with their CCG pharmacy lead and proactively reviewed medicines management and prescribing. The Pharmacy lead also met with the nurse practitioner each week to offer support and guidance in her prescribing role, ensuring best practice in prescribing was followed

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The results from 2014/15 indicated the practice had achieved 94% of the total number of points available, with 10.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. This was 89% which was 4% below the CCG average and less than 1% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice achieved 100% which was 1% above the CCG average and 2% above national average.
- Performance for mental health related indicators was similar to the CCG and national average. This was 89% which was 8% below the CCG average and 4% below the national average.
- The dementia diagnosis rate was above the CCG and national average. They achieved 100% which was 2% above the CCG average and 6% above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes.There had been two clinical audits completed in the last twleve months, both of these were completed audits where the improvements made were implemented and monitored.For example;

- An audit was undertaken on the use and monitoring of a medicine used as a painkiller and anti-inflamatory which showed a reduction in its use for patients where other medicines would have been more appropriate. It also demonstrated improved renal function monitoring (measuring how well the kidneys work) with an increase from 33% to 55% of the patients being treated with this medicine having improved monitoring in line with NICE guidelines
- An audit was made to see how well patients with high blood pressure were being followed up, which demonstrated a 74% improvement on the previous year.

We saw that the practice had also conducted eight other clinical audits. Information about patient outcomes was used to make improvements such as;

- The recruitment of a Care Coordinator who was employed by the community services to work with the GP QOF lead, nurse practitioner and the community care team to manage and facilitate timely care planning and monitoring of vulnerable patients and those with complex needs

Effective staffing

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

The practice showed us an induction programme for newly appointed members of non-clinical staff that covered such topics as safeguarding, infection prevention and control,

Good

Are services effective?

(for example, treatment is effective)

fire safety, health and safety, information governance, and confidentiality. Recently recruited staff confirmed that the induction took place and lasted for up to 12 weeks depending upon the needs of the individual

The practice had one nurse prescriber who was able to deal with a number of patients who would otherwise have had to see a GP and who monitored patients with long term conditions (LTC) and managed their annual health checks

The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example; for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Certificates were kept in personnel files and the nurse practitioner displayed a copy of her qualification in long term conditions for patients to view if they wished

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice told us that 80% of staff had completed an appraisal this year with the remaining 20% planned for. We saw that objectives and development plans were discussed and staff told us that these plans were acted upon. 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 doctors

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

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff and accessible through the practice's patient record system. This included care and risk assessments, care plans, medical records and test results. This was supported by the attached community team who told us that information they required to treat patients was quickly and easily available to them, that there was good communication between them and the practice. They told us the GP partners were always available to speak with them about a concern at any time of the day

All patient correspondence and pathology results that come in to the practice from hospitals and other services were seen, checked and actioned by the GPs each day so that there was no delay to patient care. All referral letters were typed or dictated by GPs and processed using the Choose & Book referral system which enabled patients some choice over their preferred secondary provider. Routine referrals were processed within 3-4 working days, urgent referrals within 24 hrs and those referrals that were eligible to be seen within 2 weeks were processed on the same day

Meeting minutes showed that multi-disciplinary team meetings took place monthly and involved the attached community team including the community matron, care coordinator, district nurses, midwives, mental health nurse, a therapist and where necessary, the palliative team and a member of the voluntary sector was invited. The meetings focussed on the case management of patients in need of specific care, including people experiencing poor mental health and those with dementia. Care plans were routinely reviewed, updated and shared

The meetings enabled care to be planned that was tailored to the needs of individuals and to avoid unplanned hospital admissions. This was supported by nationally produced data that showed the practice had a lower accident and emergency (A&E) admission rate than the locality average and national average. For example in the previous year 1July 2014 to 30 June 2015) there were 76 per 1,000 people from the practice who accessed emergency healthcare through A&E compared with the CCG average which was 99 and national average which was 99.

Protected time was made available to staff monthly where practice issues and activity was discussed as well as significant events, complaints and safeguarding concerns. Training events and development also took place at these meetings.

The practice shared relevant information with other services in a timely way, for example when referring people to other services. GP referrals were dictated and typed within two days for urgent needs and for patients that needed to be seen by a specialist wthin two weeks, the referral was typed on the same day.

The practice worked with a pharmacy lead from the CCG medicines management team and met every three months where adherence to medicines management guidelines

Good

Are services effective?

(for example, treatment is effective)

was discussed and found to be good. This is demonstrated by the practices' prescribing budget which showed that they had spent less than the CCG average and national average for prescribing certain medicines for example; antibiotics and antivirals

Consent to care and treatment

A consent policy was in place and patients' consent to care and treatment was always sought 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance

The process for seeking consent was monitored through audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. We saw that the practice made use of written consent forms which were used prior to any surgical procedure, immunisation or insertion of a contraceptive device, and these, once signed were held in the patients' record. The nurses also gained verbal consent for cervical cytology and recorded that verbal consent had been obtained within the patients electronic record

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on smoking and alcohol cessation, and those at risk of falling due to reduced muscle tone. There was a new initiative introduced at the practice to proactively test all patients at risk of developing pre-diabetes and those patients who were found to be pre-diabetic were referred to the relevant support group. Patients were then signposted to the relevant service

The practice promoted immunisation campaigns and referrals to a smoking cessation clinic and smoking cessation advice was available from a local support group. There were electronic screens in the reception area promoting general health

The practice had a system for ensuring results were received for samples sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 81%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practices' uptake for bowel screening was 67% which was higher than the CCG average of 60%

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 99% and five year olds from 98% to 99%

Flu vaccination rates for people aged over 65 were 74%, and people who were considered as 'at risk' were 53%. These were also comparable to CCG and national averages

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Throughout the inspection, we observed staff demonstrating a desire to do the best for patients and this appeared to be integral to the practice team's everyday work

We saw that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and people were treated with dignity and respect. During our inspection we observed examples where reception staff came to assist patients including assisting a patient who was hard of hearing. Reception staff told us that they were particularly receptive to people with dementia and we observed a patient being assisted who appeared unsure where to go. Staff were able to move patients who wanted to talk about sensitive matters, or if they appeared distressed, into a private room nearby to maintain their confidentially

We saw that curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments and that consultation and treatment room doors were closed during consultations so that conversations could not be overheard

All of the 41 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 3 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

The PPG also told us that they felt very supported by the practice and that their monthly meetings were always attended by a member of the practice team. They produced a newsletter and had recently hosted a health promotion event at the practice where a number of organisations contributed to speak and provide information for patients. The event had led to the development of a 'Dementia Community' within Willington

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 87% and national average of 87%.
- 85% said the GP gave them enough time (CCG average 87%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 87, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91, national average 90%).
- 83% said they found the receptionists at the practice helpful (CCG average 87%, national average 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:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 84% , national average 81%)

Good

Are services caring?

Staff told us that a translation service was available for patients who did not have English as a first language although this was used rarely.

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, self help groups, classes and organisations including;

- Diabetes and you
- C-Card scheme for young people aged 13-19 offering free, confidential sexual advice and condoms.
- Domestic abuse
- Citizens advice
- Carer advice for carers of people with a learning disability
- Weight management service
- Chair based exercise class for people who wanted to improve their strength and coordination skills and help to avoid falls. (there was a small charge for this service)
- Flu vaccinations
- Carers association

There was also literature on smoking cessation, dementia, diabetes, meningitis, alcohol consumption and advice, cervical cancer

The practice's computer system alerted GPs if a patient was also a carer and all known carers were encouraged to register so that they could be invited to attend an annual health check. Written information was available to direct carers to the various avenues of support available to them including how to register as a carer

Good

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 appointment system was reviewed and offered the following;

- a telephone consultation service to those people who found it difficult to attend routine appointments during usual working hours
- longer appointments available for people with a learning disability and those with a long term condition or complex needs
- Some late afternoon appointments were reserved each day for children who had become unwell at school
- Slots for urgent appointments were available on the same day and no-one was turned away if they felt they had an urgent need
- Home visits were available for older patients and patients who were house bound
- Same day appointments were available for older people and those with long term conditions and serious medical conditions

There were midwifery clinics and a baby clinic available and special arrangements made for patients who found it difficult to access secondary care locally. For example; a specialist from a local hospital would be accommodated at the practice to consult with a patient who found it difficult to travel

Guidance was provided for all patients taking certain medicines that could affect their kidney function if they were to become ill or injured. An information leaflet were given to all patients who were taking these medicines. All patients with potential to develop kidney disease are proactively followed up following identification of risk factor through routine blood testing

Patients with a diagnosis of ashma were regularly reviewed by the nurse and provided with an action plan that included information on what to do if their condition deteriorated.The system involved a traffic light system linked to questions about their symptoms which helped the patient decide what steps to take

All patients with microscopic haematuria (blood in the urine which is not visible to the eye) were proactively followed up which has resulted in some early detection of bladder cancers, enabling early diagnosis and treatment

All patients with pre-diabetes were offered a structured education programme and recalled for further follow up

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 6pm daily. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them on the same day

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was broadly comparable to local and national averages in most areas. People told us on the day that they were were able to get appointments when they needed them

- 80% patients said they could get through easily to the surgery by phone (CCG average 75%, national average 73%).
- 67% patients described their experience of making an appointment as good (CCG average 74%, national average 73%.

79% patients said they usually waited 15 minutes or less after their appointment time (CCG average 69%, national average 65%).

However, patient satisfaction was less positive in respect of practice opening hours

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice used their complaints policy and procedures to manage complaints and concerns which were in line with recognised guidance and contractual obligations for GPs in England.These could be accessed from the practices' computer system by staff

The practice manager handled all complaints in the practice. We saw that information was available to help patients understand the complaints system and most of the patients we spoke to during our visit confirmed that they knew how to make a complaint if they wanted to. A leaflet was also displayed in the reception area telling patients how to make a complaint

We looked at all complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and and action was taken to as a result to improve the quality of care. For example;

- There was an issue where presriptions that were sent to the adjacent pharmacy had gone missing. The practice introduced additional logging and storing measures to minimise this happening. Patients are also encouraged to use the electronic system to request repeat prescriptions. No further incidents occurred since
- There were several issues relating to information being placed into the wrong patients records. The practice were investigating how this had happened so that it could be avoided in the future

The practice had analysed complaints, recognised themes in the type of issues that arose and were working towards solutions to improve some of their practise.

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 vision to deliver high quality care and promote good outcomes for patients and this was shared with staff. Staff knew and understood what was to be achieved and all appeared motivated to delivering high quality care

They had recently moved into a new building and had ideas and plans for improvement, which included becoming a training practice for Registrars. However, they were unable to show us a written robust strategy and supporting business plan that supported their ideas and which reflected the vision and values that the staff. They informed us of their plans for the next year and showed us an outline plan of their strategy which was in the process of being designed and agreed

Governance arrangements

The practice had a governance framework which supported the delivery of 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 and procedures were implemented and were available to all staff through the shared drive, although some were due for review
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.We looked at examples of audits conducted in the last year and saw that two good quality clinical audits had been conducted according to NICE guidelines
- Appropriate arrangements were in place for sending and receiving clinical information from the Out of Hours provider, and all incoming faxes were seen the same day by duty GP
- The practice held a variety of meetings for clinical staff that included the community support team and the care coordinator. The meetings were used to discuss clinical issues, individual case management, significant events and safeguarding concerns. The meetings enabled proactive planning of care for patients who needed this and assisted in the avoidance of unlanned hospital admissions.The meetings enabled communication between teams and for learning to take place
- Non clinical staff met daily before the practice opened so that information could be shared

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Partners held a weekly meeting focussed upon business needs, and also to review significant events and complaints. They prioritised 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 and had systems in place for informing staff about notifiable safety incidents, significant events and complaints

When there were unexpected or unintended safety incidents the practice gives affected people truthful information and an apology.They kept written records of verbal interactions as well as written correspondence and all significant events and complaints were logged and discussed at weekly meetings by the partners and monthly meetings with the whole clinical team. Non-clinical staff were not regularly part of the discussion and some were not aware of any themes that emerged from the logs. The attached clinical team were included in discussions about significant events and complaints where the practice felt they were involved, but were not routinely included in discussions where themes and learning were shared

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

Staff told us that monthly team meetings were held, and that there was an open culture within the practice. They had the opportunity to raise any issues at team meetings and felt supported if they did. Staff said they felt respected and valued. All practice 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

Are services well-led?

Good

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys, complaints received, and via a suggestions box. There was an active PPG which met on a monthly basis and submitted proposals for improvements to the practice management team. For example, members of the PPG told us that improvements had been made regarding enabling confidentiality at the reception desk by installing a rope barrier to encourage patients to stand back from the patient in front at the reception desk. The PPG also requested that the practice communicated information about the changing role of GP's to patients and we saw from meeting minutes that patients had been given the opportunity to hear about this

Staff told us they felt empowered to give feedback or provide suggestions on how things could be improved with colleagues and management. They also told us they were given protected time to attend meetings and to ensure their learning needs were met. In particular, clinical staff were encouraged to attend a monthly clinical meeting with the partners and managers and were also given time to have a nurse meeting on the same days and management time was scheduled in where required to complete clinical improvement activity and learning

The staff we interviewed demonstrated an open transparent attitude and valued learning from significant events and complaints but acknowledged that dissemination of learning from events could be improved across the whole practice for wider learning to take place. We did not see evidence of meetings where the whole team were included

Continuous improvement

The practice had been through a period of rapid change and was in the process of recruiting a GP partner who had just retired. They had achieved their goal to move to a new purpose built premises and had a clear plan of what they wanted to achieve in the next year, but had not formalised a new business plan, strategy or development plan. We saw an outline of their proposed plans which included;

- Formalising administration processes
- Imbedding the newly implemented IT / communications system to enable practice policies and protocols to be accessed easily by all staff
- Aspirations for the practice to become a training practice
- Removal of out-of-date documents from the shared drive
- Enabling and ensuring all staff are able to access the new IT/communications system

The practice told us that their plans were scheduled to commence the following week.