

Victoria Road Surgery

Quality Report

The Victoria Road Surgery,
Worthing,
West Sussex
BN11 1XE
Tel: 01903230656
Website: www.victoriaroadsurgery.co.uk

Date of inspection visit: 24 May 2016
Date of publication: This is auto-populated when the report is published

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	7
What people who use the service say	11
Areas for improvement	11
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Victoria Road Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Victoria Road Surgery on 24 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice ran a walk in clinic for one hour every weekday afternoon for children under five years of age.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw some areas of outstanding practice including:

Summary of findings

- The practice employed a Practice Patient Lead who represented and supported older and vulnerable patients and also those with long term conditions. This included helping them with any difficulty that they may have had with medicines.
- The practice carried out, and acted upon, an annual staff survey.

The areas where the provider should make improvement are:

- To assess the reasons for, and ways of, improving on the lower than average uptake of some childhood vaccines.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

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 mostly similar to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data 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



Summary of findings

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. For example the practice was involved in the diabetes Year of Care scheme which involved a different approach to the management of diabetes.
- The practice employed a Practice Patient Lead who represented and supported older patients and those with long term conditions. This included helping them with any difficulty that they may have had with medicines.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice ran a walk in clinic for children under five each weekday afternoon.
- 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.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- 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, and offered home visits and urgent appointments for those with enhanced needs.
- They provided on-line access for appointments, medical records and medicine requests and also participated in electronic prescribing.
- Each patient had a named GP.
- There was an on-line patient participation group as well as an in-house group. This allowed house bound patients to also feedback to the practice should they wish to.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 80% (clinical commissioning group average 80%, national average 81%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Pro-active care admission avoidance meetings were held every two weeks.
- There was an on-line facility to monitor test results for patients with long term conditions. This helped patients participate in their care.
- The practice was involved in the locality diabetes Year of Care planning, which involved a different approach to the management of diabetes.

Good



Summary of findings

- The practice had access to the MIAMI (minor injuries assessment and minor illness) clinic which, as part of their role, provided extra chronic disease appointments at weekends.

Families, children and young people

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

- The practice provided an in house well-being service. This was a social prescribing service that provided social, emotional and practical support to patients via a range of non-clinical services.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, the practice held minuted multi-disciplinary team meetings regularly to discuss vulnerable children and families. Immunisation rates were comparable to local averages for all standard childhood immunisations for two and five year olds, but a bit lower than average for 12 month olds.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 96% (clinical commissioning group average 83%, national average 82%). These statistics were not the same as those quoted by the National Cancer Intelligence Network as they are measured in a different way.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice ran a walk in clinic on Monday to Friday from 3pm to 4pm for children five years and under.
- The practice had access to the MIAMI service which ran a children's walk in service from 4pm to 7.30pm Monday to Friday at various sites across the locality.
- The practice provided contraceptive services.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services and electronic prescribing as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered text reminders of appointments.
- Appointments were available outside normal surgery hours.

People whose circumstances may make them vulnerable

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

- The practice employed a Practice Patient Lead who represented and supported older patients and those with long term conditions. This included helping them with any difficulty that they may have had with medicines.
- The practice held a register of patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- Annual health reviews were carried out for all patients with learning disabilities and the practice worked with the local learning disability team.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice was responsive to the needs of vulnerable patients. For example health care assistants (HCAs) or reception staff often ensured wheelchair bound patients got home safely by accompanying them home on foot.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Outstanding



People experiencing poor mental health (including people with dementia)

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

Good



Summary of findings

- 74% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is lower than the national average (84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 89% (national average 88%).
- The practice visited care homes for patients with dementia and carried out annual reviews and care planning.
- There was on-line access available to appointments and medicine requests for patients by their named and consented carers.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- All staff had attended a Dementia Friends training day.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 283 survey forms were distributed and 116 were returned. This represented 1% of the practice's patient list.

- 71% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. The practice was described as good and excellent and staff as professional, kind, caring and helpful. Three of the respondents mentioned some difficulty in accessing appointments.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The NHS Choices Friends and Family Test showed that 82% of patients would recommend the practice. The patient participation group survey showed that 93% of patients would recommend the practice to friends and family.

Areas for improvement

Action the service SHOULD take to improve

To assess the reasons for, and ways of, improving on the lower than average uptake of some childhood vaccines.

Outstanding practice

- The practice employed a Practice Patient Lead who represented and supported older and vulnerable patients and also those with long term conditions. This included helping them with any difficulty that they may have had with medicines.
- The practice carried out, and acted upon, an annual staff survey.

Victoria Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Victoria Road Surgery

Victoria Road Surgery is run by a partnership of six GPs (three male and three female). They are supported by one salaried GP and three regular locum GPs, one of whom covers annual and sickness leave. The practice team also consists of a nurse practitioner, six practice nurses, three health care assistants, a practice manager, five other management staff and a team of receptionists and administrative staff.

One of the partners has decided to change their role and become a salaried GP. They will be reducing their work load by two sessions per week. The practice is taking steps to recruit a new partner or salaried GP and a second nurse practitioner.

The GPs run shared lists, so patients can see whichever GP they wish, although all patients on the practice list do have a named GP.

The practice has a list size of approximately 13,000 patients and operates from two sites. The practice had recently seen its list size rise by 1,500 patients following the closure of another practice locally. The main Victoria Road site is a converted and extended Victorian house which is owned by

the partners. The second surgery is based within a 1970s health centre in Durrington. This is shared with another practice and ancillary services and is rented from the local NHS Trust.

Services are provided at:

Victoria Road Surgery, 50 Victoria Road, Worthing, West Sussex, BN11 1XE.

and at

Durrington Health Centre, Durrington Lane, Worthing, West Sussex, BN13 2RX.

Only the Victoria Road site was visited on the day of the inspection.

The practice runs a number of services for its patients including COPD and asthma management, child immunisations, diabetes management, cervical smears, new patient checks and travel health advice amongst others. Intrauterine Contraceptive Devices (IUCDs) can be fitted at the practice. The practice also offers an open access clinic for children under five every day, when no appointment is necessary.

Joint injections and minor surgery are carried out at the practice.

The practice at Victoria Road is open between 8am to 6.30pm Monday to Friday. The surgery at Durrington is open between 8am and 6pm and is closed for lunch between 1pm and 2pm. Appointments are from 8am to 11.50am every morning and 2.20pm to 5.50pm in the afternoon.

The practice offers extended surgery hours on Monday, Tuesday, Wednesday and Friday morning from 7am to 8am and from 6.30pm to 7.30pm on Thursday at Victoria Road Surgery.

Detailed findings

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were accessible on the day for people that needed them. Telephone consultations were bookable and online bookings become available from 8am each day.

When the practice is closed patients are asked to phone the NHS 111 service who will help them access the appropriate out of hours care.

The practice population has a slightly higher number of patients under 18 than the national average. There is also a lower than average number of patients of 65+ years. There are an average number of patients with a long standing health condition and an average number of patients with a caring responsibility. There are a lower than average number of patients in paid work or full time education. The percentage of registered patients suffering deprivation affecting children is lower than average for England. The percentage of registered patients suffering deprivation affecting adults is higher than average for England.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 May 2016. During our visit we:

- Spoke with a range of staff, GPs, nurses, health care assistants, the practice manager and reception and administrative staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. Events were reviewed both at the time of, or shortly after, the event and also at an annual review of all significant events that all of the clinical staff and management attended.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one of the clinical staff carried out a routine check of emergency equipment at the branch surgery to discover that the oxygen cylinder was empty. A new one was ordered for urgent delivery and another surgery in the building offered a short term use of theirs if required. An investigation revealed that it was likely that members of another service in the building had used it (as had been agreed) but hadn't informed the practice as they should have. It was agreed that in future each service would be responsible for ordering their own supplies. We saw that the event was recorded, action points identified and carried out and learning disseminated appropriately.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One GP was the lead for child safeguarding and another for the safeguarding of vulnerable adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The lead GP for child safeguarding held multi-disciplinary team meetings every four to six weeks to discuss at risk families and children. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. We saw examples where staff at the practice had been actively involved in both vulnerable adult and child safeguarding issues, which had been handled appropriately.
- A notice in the waiting room and consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice and we saw evidence of this. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken as well as monthly reviews and we saw evidence that action was taken to address any concerns identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer medicines against a patient specific prescription or direction from a prescriber.

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

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. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for

a particular bacterium which can contaminate water systems in buildings). The practice had commissioned a specialist company to carry out legionella testing on a regular basis.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The GPs used the same three locums whom they knew well and who were well known to patients, throughout the year.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was also a panic button in each room.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice. All staff knew of their location which was clearly signposted throughout the practice. All the medicines we checked were in date and stored securely. We saw that there was a system in place to check all emergency medicines on a regular basis.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and copies were stored off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available.

The practice had higher exception reporting rates than local or national averages in relation to chronic kidney disease, rheumatoid arthritis, cervical screening and atrial fibrillation. For example rheumatoid arthritis 28% (CCG average 19%, national average 7%). Exception reporting for cervical screening (22%) was higher than the clinical commissioning group (7%) and national (6%) averages).

(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).

The practice provided us with clear explanations as to why exception reporting was high in these groups. For example most of their rheumatoid arthritis patients were treated at hospital and did not want to attend the surgery as well for reviews.

They had also overhauled their cervical screening recall system. QOF only asked for five yearly reporting whereas the National Cancer Intelligence Network screening service recalled patients under 50 every three years. The practice had aligned its recall system with the weekly reports from the national service so that they didn't miss the

opportunity to send a further reminder to non-attenders. This meant that they were informing QOF of exceptions every three years instead of five years which meant higher exception reporting.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01 April 2014 to 31 March 2015 showed:

- Performance for diabetes related indicators was similar to the national average with the exception of: the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less was 68% which was lower than the national average of 78%.
- Performance for mental health related indicators was similar to the national average for example: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 96% (national average 90%)
- The only mental health indicator below the national average was: The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 74% (national average 84%).

The practice told us that they were reviewing the nurse data input process for diabetic patients with raised blood pressure. They also told us that most of their patients with dementia were in care homes and required a home visit for assessments. GP workloads had meant that they had not managed to complete all of the face to face reviews in the time available. They had now employed a nurse practitioner and were in the process of employing a second which would accelerate the process of completing the reviews.

There was evidence of quality improvement including clinical audit.

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

Are services effective?

(for example, treatment is effective)

- Information about patients' outcomes was used to make improvements such as: an audit of cervical smears showed that the number of samples that needed to be retaken reduced from 4.1% in 2014 to 2015 to 2.4% in 2015 to 2016.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.

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

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 monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- All patients who were due to be discussed at pro-active care meetings were contacted by the practice patient lead for verbal consent beforehand.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice offered smoking cessation advice and referred patients with alcohol and substance misuse issues to a local support group.

The practice's uptake for the cervical screening programme was 96%, which was higher than the CCG average of 83% and similar to the national average of 82% (QOF figures). There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was

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

available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were lower than average for children under two but comparable to CCG averages for five year olds. For example, childhood immunisation rates for the vaccines given to under two year olds was 85% (CCG average 94%) and five year olds from 90% to 96%. (CCG average 89% to 96%).

We discussed this with clinical staff who were keen to put in place additional systems to follow up non-attenders for vaccinations.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 21 patient comment cards were positive about the standard of care received. The practice was described as good and excellent. Patients said they felt the practice offered an excellent service and staff were professional, kind, caring, helpful and treated them with dignity and respect. Three of the respondents mentioned some difficulty in accessing appointments.

We spoke with two 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 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%.

- 88% 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%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the compared to the CCG average of 91% and the national average of 91%.
- 92% 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 and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% 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.
- One of the GPs spoke Punjabi and Hindi.

Are services caring?

- The practice would provide information in a large type format if requested.
- There was a hearing loop available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

We saw that the practice had a customer care policy.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 156 patients as carers (1.2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. A separate carers' board in the waiting room also informed carers how to access help and support.

Staff told us that if families had suffered bereavement, patient lead member of staff or a GP contacted them. This call was either followed by a patient consultation or by giving them advice on how to find a support service as appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For instance the practice were taking a lead, and working with, a local group of GPs who were trying to facilitate the placing of local mental health services within GP practices.

- The practice offered extended surgery hours on Monday, Tuesday, Wednesday and Friday morning from 7am to 8am and from 6.30pm to 7.30pm on Thursday at Victoria Road Surgery.
- There were longer appointments available for patients with a learning disability and patients with complex needs.
- The practice employed a Practice Patient Lead who represented and supported older patients and those with long term conditions. This included helping them with any difficulty that they may have had with medicines.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There was a walk in clinic for children under five between 3pm and 4pm.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop, baby changing facilities and translation services available.

Access to the service

The practice at Victoria Road was open between 8am to 6.30pm Monday to Friday. The surgery at Durrington was open between 8am and 6pm and was closed for lunch between 1pm and 2pm. Appointments were from 8am to 11.50am every morning and 2.20pm to 5.50pm in the afternoon. The practice offered extended surgery hours on Monday, Tuesday, Wednesday and Friday morning from 7am to 8am and from 6.30pm to 7.30pm on Thursday at Victoria Road Surgery.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Telephone consultations were available and online booking was available from 8am.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 71% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.

People told us on the day of the inspection that 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.

Following a recent national report in to the risks associated with assessing home visits, the practice had reviewed its procedures. Calls for home visits were put through to a specific line manned by one of three trained senior receptionists. They would assess the request initially and inform the duty GP. The GP would respond to show that they had seen the request and call the patient before visiting. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system for example there were posters in the waiting room, in the practice handbook and on the website. As well as the formal complaints procedure patients could feedback to the practice through a feedback/suggestions box and via the patient participation group.

We looked at 13 complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency.

Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, we saw that a complaint was made about advice a patient was given on picking up test results. An investigation was carried out and it was found that practice procedure had not been followed. We saw that learning was disseminated where appropriate and that the patient received an apology and explanation from the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had clear aims and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was forward thinking and had succession plans in place for several key staff members.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted that social events were held regularly.
- The practice was a member of a scheme which advised the practice on looking after the mental wellbeing of their staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), the practice website, a PPG survey and complaints received. The practice had also commissioned a survey of patients through an independent company. The PPG met regularly, carried out patient surveys, produced and submitted proposals for improvements to the practice management team. For example, a glass booth had been erected at the reception counter to help keep

Are services well-led?

Good 

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

discussions between staff and patients confidential. The practice had been trying to increase the numbers and widen the demographic of the PPG by encouraging an online group.

- The practice had gathered feedback from staff through an annual staff survey, through staff training days and generally through staff meetings, appraisals and discussion. The practice also produced an internal staff newsletter. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. For example the practice had a member on the local strategic board which were helping to plan locality services for the future with a view to improving outcomes for patients in the area. They were also involved in discussions on the future of the minor injury assessment and minor illness (MIAMI) clinics across the locality.