

New Longton Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at New Longton Surgery on 26/08/2015. 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 and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Significant events were analysed and resulting changes to practice were fed back to staff during staff meetings in order to minimise the likelihood of the event being repeated.
- Staff had received training to allow them to carry out their roles. However, training around the Mental Capacity Act 2005 had not been accessed by all relevant staff.

- Risks to patients were assessed and generally well managed, with the exception of those relating to recruitment checks and monitoring cleaning procedures.
- Data showed patient outcomes were average for the locality. Although some audits had been carried out, we did not see evidence that audits were driving improvement in performance to improve patient outcomes.
- 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.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity and these were dated and reviewed appropriately.
- The practice did not have an active patient participation group, but did seek patient feedback through survey forms and patient suggestion box.

Summary of findings

- Staff felt supported in their roles

We saw two areas of outstanding practice:

- Patients had access to a psychological wellbeing practitioner who attended the surgery as required.
- The surgery offered both routine and emergency appointments on a Sunday morning.

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

Importantly the provider should:

- Ensure recruitment procedures follow the practice's recruitment policy with regards to interview process and documentation.

- Ensure clinical audits that are undertaken in the practice include completed clinical audit or quality improvement cycles, and ensure learning outcomes from these are disseminated effectively to staff in order to maximise the improvement in treatment.
- Ensure the practice's cleaning policy is robustly followed by introducing cleaning schedules.
- Infection prevention and control should be monitored through regular audit being carried out
- Ensure all relevant staff receive training in regards to the Mental Capacity Act 2005.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong, reviews and investigations led to lessons learned being passed on to staff.

While the practice was visibly clean and tidy, neither infection control nor cleaning audits had been carried out and the practice's cleaning policy had not been fully implemented, as there were no cleaning schedules stipulating what needed to be cleaned and when.

Clinical equipment was calibrated to ensure that it was functioning properly. However, not all electrical appliances on site had been tested as frequently as required to ensure they were safe.

The practice's recruitment policy had not been fully followed when appointing a new member of staff; the interview had not been documented.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Assessments and treatment were carried out in line with relevant and current evidence based guidance and standards. Practice staff proactively followed up all patients who failed to attend appointments with a telephone call. While audits were undertaken, we did not see evidence of two completed cycles demonstrating learning had been implemented and outcomes improved. Outcomes of previous audits had been reflected on individually by clinicians but not disseminated to other staff. Staff showed awareness of issues around consent and the Mental Capacity Act 2005, but not all staff had received training around the act. We saw evidence that GPs attended regular multidisciplinary meetings.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice in line with or higher than others for several aspects of care. Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect,

Good



Summary of findings

and maintained confidentiality. Staff gave us examples of how they do their utmost to support their patients, for example receptionists would offer to support patients in making secondary care appointments if they were struggling to access services.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice reviewed the needs of its local population. Patients told us they found it easy to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. The practice building, although small 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. While the practice received very few complaints, the complaint we reviewed had been dealt with appropriately and an apology offered in line with policy procedures. However, it had not been documented what learning had been identified as an outcome to improve practice.

Good



Are services well-led?

The practice is rated as good for being well-led. There was a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had numerous policies and procedures to govern activity and one of the GP partners was the identified governance lead. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was in the process of being restarted having been inactive for the previous two years. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. We were told the practice had one patient on their palliative care register. Due to the small numbers in palliative care registered with the practice, GPs attended palliative care multidisciplinary team meetings as and when required. The practice was currently undertaking an audit of their review processes for over 75 at increased risk of hospital admission. Patients over the age of 75 had a named GP and were reviewed annually. GPs attended local integrated Neighbourhood team meetings monthly. The practice was responsive to the needs of their elderly population. Less than 1% of their practice list were in residential care. Home visits were offered to housebound patients.

Good



People with long term conditions

The provider is rated as good for the care of people with long term conditions. The practice maintained registers of people suffering from long term conditions and GPs were proactive in ensuring they were seen for review annually. Longer appointments and home visits were available when necessary. At the time of inspection the practice had up to date medicine reviews of 351 of their patients who were on four or more medications. This accounted for 94% of this population group.

Good



Families, children and young people

The provider is rated as good for its care of families, children and young people. The practice's childhood immunisation rates exceeded those of the CCG average. The practice prioritised children needing an appointment to ensure they were seen the same day if deemed medically appropriate. Appointments were available outside school hours and a baby clinic was offered every fortnight by the practice nurse which the health visitor also attended. Antenatal clinics were also held on a fortnightly basis. There was a nominated GP lead with responsibility for safeguarding. Staff had received appropriate safeguarding training and knew what to do if they were concerned about a child's welfare.

Good



Working age people (including those recently retired and students)

The provider is rated as good for the care of working age people (including those recently retired and students). Patients were able to book appointments online and the practice used an electronic prescribing system. Appointment times were flexible and the

Good



Summary of findings

practice opened on a Sunday morning for ease of access for those patients working through the week. A text messaging appointment reminder service was available. NHS health checks were also available for patients aged between 40 -74 years.

People whose circumstances may make them vulnerable

The provider is rated as good for the care of people whose circumstances may make them vulnerable. The practice held registers of patients whose circumstances may make them vulnerable, and utilised alerts on their electronic patient record system to flag them up to practitioners. Staff told vulnerable patients about how to access various support groups and practice staff had proactively set up a local group for patients who were also carers. The group met regularly using the local library to hold meetings. The practice catered for one patient with learning difficulties at the time of inspection, and tailored the service offered to meet their needs by offering fortnightly appointments with the practice nurse as well as regular consultations with the GP. Reception staff would proactively offer assistance with booking appointments for patients in secondary care if they were struggling to navigate the appointment booking system.

Good



People experiencing poor mental health (including people with dementia)

The provider is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice offered an enhanced service around diagnosis of dementia. The proportion of patients diagnosed with dementia whose care had been reviewed via face to face consultation in the preceding 12 months was 90.91%. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their patient record in the preceding 12 months was 100%. Patients experiencing poor mental health were signposted to relevant support organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4th July 2015 showed the practice was performing in line with local and national averages for many areas. There were 117 responses and a response rate of 49%.

- 97% had confidence and trust in the last GP they saw or spoke to, compared to a CCG average of 96.2% and a national average of 95.3%.
- 90% said the last GP they saw gave them enough time compared to a CCG average of 90.5% and a national average of 86.8%.
- 90.5% felt the last GP they saw or spoke to was good at listening to them, compared to a CCG average of 90.3% and a national average of 88.6%.
- 91.5% felt that the GP was good at treating them with care and concern, compared to a CCG average of 87.1% and a national average of 85.1%.
- 90.4% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.8% and a national average of 85.4%.
- 95% say the last appointment they got was convenient compared with a CCG average of 93.5% and a national average of 91.8%.
- 85.3% find the receptionists at this surgery helpful compared with a CCG average of 86.7% and a national average of 86.9%.

However, there were also areas where responses indicated the practice's performance fell below that of national and CCG averages. For example:

- 64.1% find it easy to get through to this surgery by phone compared with a CCG average of 67.6% and a national average of 74.4%.
- 43.4% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67.7% and a national average of 65.2%.
- 50.5% feel they don't normally have to wait too long to be seen compared with a CCG average of 60.9% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which all made positive comments about the standard of care received. Many of the cards made mention of staff members by name to offer praise for how they were treated. Many patients reported that they were treated with dignity and respect. Patients told us that they found the surgery to be clean and hygienic.

While all cards included positive comments, three of the cards also made reference to aspects about the surgery patients were less happy with; for example, waiting times for appointments.

We also spoke to seven patients during the inspection visit. All seven were very positive about their experiences accessing services at the practice. They told us that any onward referrals that were required were made in a timely manner, and that information regarding any test results are shared with them promptly. They felt that staff at the practice gave them enough time, and that appointments were available at times to suit them, as long as they phoned in early enough in the morning.

Areas for improvement

Action the service **SHOULD** take to improve

Importantly the provider should:

- Ensure recruitment procedures follow the practice's recruitment policy with regards to interview process and documentation.

- Ensure clinical audits that are undertaken in the practice include completed clinical audit or quality improvement cycles, and ensure learning outcomes from these are disseminated effectively to staff in order to maximise the improvement in treatment.
- Ensure the practice's cleaning policy is robustly followed by introducing cleaning schedules.

Summary of findings

- Infection prevention and control should be monitored through regular audit being carried out
- Ensure all relevant staff receive training in regards to the Mental Capacity Act 2005.

Outstanding practice

We saw two areas of outstanding practice:

- Patients had access to a psychological wellbeing practitioner who attended the surgery as required.
- The surgery offered both routine and emergency appointments on a Sunday morning.

New Longton Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a specialist advisor who was a practice manager and an Expert by Experience (someone with experience of using GP services).

Background to New Longton Surgery

New Longton Surgery is a small practice in the residential area of New Longton, on the outskirts of Preston. It caters for a list size of 1655 patients. The patient population of the practice contains a higher proportion of older people than is the average across England (28.7% are aged over 65 years, compared to the national average of 16.7% and 11.9% are aged over 75 years compared to the national average of 7.6%). Conversely, there is a lower proportion of younger patients in the practice population; 3.5% are aged between 0 and 4 years (compared to the national average of 6%) and 9.7% are aged between 5 and 14 (compared to the national average of 11.4%).

The practice is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG). Services are provided under a General Medical Services (GMS) Contract.

Staff employed by the practice include two partner GPs (one male and one female) and a female salaried GP. The GPs are supported by a practice nurse. Non clinical staff included a practice manager and three reception and administration staff. The practice manager also undertakes the responsibility of medicines coordinator.

Information published by Public Health England rates the level of deprivation within the practice population group as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The proportion of the practice's patient population who are unemployed is 1.7%. This is lower than the national average of 6.2%.

The number of disability allowance claimants (per 1000) on the practice's patient list is 35.7, compared to the national average of 50.3. The practice population has a slightly lower proportion of patients suffering with a long-standing health condition than is the average nationally; 48.4% compared to 54%.

The practice is open between 8:00am until 6:30pm Monday to Friday, except for Thursdays when the opening hours are 8:00am until 1:00pm. Appointments with the GPs are available between 9:00am to 11:30am and 3:30pm to 5:00pm on weekdays other than Thursday, where appointments run between 9:00am and 11:30am. The practice also offers extended opening on a Sunday morning between 8:00am and 11:00am. The practice nurse works for 10 hours per week split between Mondays and Fridays. A phlebotomist (provided by an external NHS Trust) runs a three hour weekly clinic in the practice on a Wednesday morning.

When the practice is closed, patients are able to access out of hours services offered locally by the provider Chorley Medics.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. This inspection was planned to check whether the provider was meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to look at the overall quality of the service to provide a rating for the service under the Care Act 2014.

Please note 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.

How we carried out this inspection

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)

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 26th August 2015. During our visit we spoke with a range of staff including a GP partner, a salaried GP, the practice manager, the practice nurse and a member of the administration and reception team. We also spoke with patients who used the service. We observed how people were being cared for and we reviewed a range of information provided by the practice leading up to and during the inspection. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager or one of the GPs of any incidents and there was also a template recording form available on the practice's computer system. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, staff discussed with us an incident where a number of discharge reports from hospital relating to the same patient had been received, with conflicting information regarding ongoing medication. Staff were able to explain how their processes for handling discharges in the practice had been altered to ensure thorough checking and swift liaison with the discharging clinician to address any discrepancies swiftly. We also saw evidence that learning from a recent incident involving electronic data loss due to a server migration had resulted in changes to practice to mitigate such an event reoccurring; for example the practice now backed up non patient-identifiable data to memory sticks that were stored securely.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. We saw that safety alerts received by the practice were distributed electronically by the practice manager. Locum GPs that the practice frequently used were included in the distribution list to ensure they were aware of current best-practice guidance.

Overview of safety systems and processes

The practice demonstrated its systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 of the partner GPs took the lead role for safeguarding within the practice. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that staff members would act as chaperones, if required. All staff who acted as chaperones were trained for the role. The practice nurse would be asked to perform chaperone duties when on site. If she was not, a member of the reception team would be asked. It was noted that reception staff had not received a disclosure and barring check (DBS) (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). We did not see evidence that an appropriate risk assessment had been carried out with regards to this.
- There were some procedures in place for monitoring and managing risks to patient and staff safety. Practice staff were able to describe activities undertaken daily to monitor and record water temperatures to mitigate the risk of Legionella. We saw that clinical equipment was checked to ensure it was working properly. However, while we saw evidence that many items of electrical equipment had been checked in November 2014 to ensure it was safe to use, we noted that the computer and printing equipment in the reception area and treatment rooms were due Portable Appliance Tests in January 2015. We did not see evidence that this had occurred. Practice staff informed us that a fire risk assessment had been carried out on the premises by an external agency at the beginning of August. However, documentation was not available to confirm this. We noted fire safety equipment such as fire extinguishers and blankets were available. The fire extinguishers had been serviced as required. Staff had accessed fire safety training.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy and were told that a cleaner attended each day. The practice nurse was the infection control clinical lead and had received training to fulfil this role. Staff had received up to date training around infection prevention and control. There was an infection prevention and control policy in place as well as a cleaning policy. However we

Are services safe?

found that the cleaning policy was not followed in practice. There were no cleaning schedules in place outlining what needed cleaning and when in each area of the practice, despite the policy stating that this should be the case. Also, while the practice manager reported checking cleaning standards were maintained every two weeks, this was done on an informal basis and records were not kept documenting this. Formalised audits of the cleaning undertaken had not been carried out.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Controlled drugs were stored securely and monitored appropriately. Clear protocols were in place for all staff to follow in relation to repeat prescribing of medicines. Prescription pads were securely stored and there were systems in place to monitor their use. There was a policy for ensuring that medicines were kept at the required temperatures (vaccines were securely stored in a refrigerator in the treatment room), which described the action to take in the event of a potential failure of the fridge. Staff were aware of the procedure to follow should the temperature of the fridge fluctuate outside the accepted range. We saw that the fridge temperature was monitored and recorded daily.
- The practice had a comprehensive recruitment policy. One member of staff had been recruited by the practice recently. We reviewed their file and found that appropriate recruitment checks had been carried out prior to employment; we saw that proof of identification had been sought, appropriate references taken to substantiate previous employment history, registration with appropriate professional bodies confirmed and Disclosure and Barring Service check completed. However, the policy had not been followed in full as we were told that the interview had taken place on an informal basis and no interview notes documenting questions asked and responses were available in the file.

- Staff told us that staffing levels were sufficient to ensure the smooth running of the practice. Procedures were in place to manage expected absences, such as annual leave, and unexpected absences through staff sickness. The staff worked well as a team and as such supported each other in times of absence and unexpected increased need and demand.

Arrangements to deal with emergencies and major incidents

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 as well as oxygen. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

There was a written policy documenting the procedure to follow should a patient experience anaphylactic shock on the premises. While the practice kept a nebuliser as part of their emergency equipment, there was no written protocol to inform staff what they should do should the need arise to put it to use.

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, contractors and suppliers. On the day of the inspection the water supply to the area of the country in which the practice was located had been contaminated with cryptosporidium (a microbial parasite that if consumed can cause stomach upsets). The practice had acted in accordance with the business continuity plan to deal with such an event and had ensured ample supplies of bottled water were on site. At the time of inspection however, this event had not been documented as a significant event and analysed as such.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Results from the year 2013 / 2014 were 87.9% of the total number of points available.

This practice was an outlier for one of the QOF clinical targets. Data from 13/14 showed that the percentage of patients with diabetes who have a record of an albumin : creatinine ratio test in the preceding twelve months was 62.86% compared to the national average of 85.94%.

However, data for other QOF indicators were in line with national averages:

- Performance for all other diabetes related indicators was similar to the CCG and national average. For example, the percentage of patients with diabetes who had received an influenza immunisation in the preceding 1 September to 31 March was 98.94% compared to the national average of 93.46%.
- Performance for mental health indicators were either in line with or above the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 100%, compared to the national average of 86.04%.
- Performance for hypertension indicators was similar to the national average. For example, the percentage of

patients with hypertension in whom the last blood pressure reading measured in the preceding nine months is 150/90Hg or less was 88.66% compared to the national average of 83.11%.

Clinical audits were carried out. However, the outcomes of these could not be seen to be driving improvements to the care patients received at the practice. We saw an example of data analysis examining emergency admissions to hospital. While two cycles had been completed (ie, the analysis had been repeated) no changes had been identified and therefore no improvement in effectiveness could be measured. The GP told us that the outcome of this analysis was reflected on at a personal level; findings and learning was not disseminated to colleagues.

The GP told us that a current audit was being undertaken examining admissions avoidance for elderly patients.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as accident reporting, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. Staff had had an appraisal within the last 12 months, with development goals identified as appropriate..
- 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. Staff told us they had good access to training and support to undertake further development in relation to their role.

The staff told us that due to previous difficulties recruiting to a vacant GP post at the practice, they had relied on locums for the previous two years. Staff told us that they include locums as a member of the team and have regular

Are services effective?

(for example, treatment is effective)

locum GPs who have worked at the practice. The practice had a locum pack containing useful information for new GPs. However, we found that this pack had not been kept up to date; for example, it made no reference to the new electronic patient record system that the practice had migrated to in July 2014, nor did it make reference to the electronic prescribing system used by the practice.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary Integrated Neighbourhood Team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Staff informed us how they proactively followed up a notification that a patient had failed to attend an appointment with telephone calls.

Consent to care and treatment

Patients' consent to care and treatment was 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. However, the practice's training matrix indicated that not all relevant staff had received formal training around the Mental Capacity Act 2005. The practice's consent procedure documented how, when providing care and treatment for children and young people, assessments of capacity to consent should be carried out in line with relevant guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring support around mental health issues. Patients were then signposted to the relevant service. A psychological wellbeing practitioner was available on the premises when required. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. For the year 2013/14 the practice's percentage of women aged 25-64 whose noted recorded that a cervical screen test had been carried out in the last five years was 78.73%, which was comparable to the national average of 81.88%. The practice had since begun to proactively offer telephone reminders for patients who did not opt in for their cervical screening test. The phone calls had resulted in an increased uptake of the screen. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given in the year 2013/14 were all above the average rates for the CCG. For example, all childhood immunisation rates for the vaccinations given to children between birth and five years were 100%, apart from Meningitis C which was 92.3% (compared to the CCG average of 90%) and Infant PVC at 94.4% (no CCG average available). Flu vaccination rates for the over 65s were 86.55%, and at risk groups 77.56%. These were also above the national averages of 73.24% and 52.29% respectively.

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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Screens were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Staff gave us examples of how they do their utmost to support their patients, for example receptionists would offer to support patients in making secondary care appointments if they were struggling to access services.

All of the 39 patient CQC comment cards we received were positive about the service experienced, although three also made reference to specific negative experiences in addition to describing how they were satisfied overall with the treatment on offer. Many of the cards mentioned GPs by name to praise the care offered. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required, with numerous patients highlighting the benefits of accessing a small surgery where they were able to build closer relationships with the staff. Patients told us they felt staff really got to know them, and were therefore better able to cater for their needs.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was performing well for its satisfaction scores on consultations with doctors and nurses. For example:

- 90.5% said the GP was good at listening to them compared to the CCG average of 90.3% and national average of 88.6%.
- 90% said the GP gave them enough time compared to the CCG average of 90.5% and national average of 86.8%.

- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.2% and national average of 95.3%
- 91.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.1% and national average of 85.1%.
- 98.2% said they had confidence and trust in the last nurse they saw compared to the CCG average of 97.8% and national average of 97.2%
- 85.3% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86.7% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 86.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.9% and national average of 86.3%.
- 84.3% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.4% and national average of 81.5%

Staff told us that translation services were available for patients who did not have English as a first language, although very few patients on the practice's list needed this.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice also maintains a register of patients who are also carers. Along with a neighbouring

Are services caring?

practice, staff at the surgery were instrumental in setting up a local 'carer's support group' which meets regularly at the local library. The practice has helped facilitate external speakers, for example representatives from Age Concern, attend the group to give talks and advice.

Staff told us that if families had suffered bereavement, the GP contacted them or sent them a sympathy card and letter. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability or complex difficulties to ensure their needs were met.
- The practice catered for one patient with learning difficulties at the time of inspection. This patient was seen every fortnight by the practice nurse in addition to regular consultations with the GP.
- Home visits were available for older, housebound and terminally ill patients.
- Urgent access appointments were available for children and those with serious medical conditions. The practice guaranteed to see children on the same day if deemed medically appropriate.
- Telephone consultation and urgent access appointments were available.
- Patients were able to make appointments in a number of ways, including on-line, over the telephone or face to face with surgery staff.
- There were disabled toilet facilities, and a ramp to the entrance for ease of access.
- The practice offered appointments every Sunday morning for ease of access for those patients working through the week.
- The practice offered a text message reminder service for appointments if patients wished to opt in for this service.

Access to the service

The practice was open between 8:00am until 6:30pm Monday to Friday, except for Thursdays when the opening hours were 8:00am until 1:00pm. Appointments with the GPs were available between 9:00am to 11:30am and 3:30pm to 5:00pm on weekdays other than Thursday, where appointments ran between 9:00am and 11:30am. The practice also offered extended opening on a Sunday morning between 8:00am and 11:00am. The practice nurse worked for 10 hours per week split between Mondays and Fridays. In addition to pre-bookable appointments that could be booked up to six months in advance, urgent

appointments were also available on each day for people that needed them. On the day of inspection, we saw that the next available routine bookable appointment was for the following day, while there remained available emergency appointment slots for the same day.

Results from the national GP patient survey showed that patients were satisfied with aspects of how they could access care and treatment. For example:

- 90.4% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.8% and a national average of 85.4%.
- 95% say the last appointment they got was convenient compared with a CCG average of 93.5% and a national average of 91.8%.

People we spoke with on the day of inspection were happy with their experience of making an appointment.

However, other results from the national GP patient survey showed that there were also some aspects of access to the practice that patients were less satisfied with. For example:

- 64.1% find it easy to get through to this surgery by phone compared with a CCG average of 67.6% and a national average of 74.4%.
- 43.4% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67.7% and a national average of 65.2%.
- 50.5% feel they don't normally have to wait too long to be seen compared with a CCG average of 60.9% and a national average of 57.8%.

Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system, for example there were leaflets displayed in the reception area outlining the procedure to follow to make a complaint to the surgery as well as a poster on the waiting room wall advertising the local Patient Advice and Liaison Service (PALS). While patients we spoke with on the day of inspection told us they were unsure how to make a complaint, all told us that

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

they had never had the need to complain. Patients also told us that should the need to complain arise in the future, they felt they could approach staff to establish the procedure.

We looked at one complaint received in the last 13 months and found that this was dealt with appropriately with an apology offered to the patient. Staff reported that the

outcome of the complaint was discussed with the team. The practice's complaints log indicated that a corresponding significant event analysis had taken place, but we were not shown documentation pertaining to this to corroborate whether any learning outcomes had been identified.

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 through a focus on caring, family medicine. The practice had a mission statement and staff knew and understood the values it listed. Staff were able to articulate the ethos of patient centred care. The partners were aware of the shortfalls of the limited space available in the practice building and had attempted to secure funding to extend and improve the premises. At the time of inspection these attempts had been unsuccessful.

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. Staff we spoke with were aware of their location on the practice's shared drive and knew how to access them.
- Policies were reviewed annually and updated as required. However, as yet the 'Being open' policy had not been updated to make reference to the duty of candour (a provider's duty to tell patients when something has gone wrong)
- A comprehensive understanding of the performance of the practice

Leadership, openness and transparency

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

Staff accessed appraisals to identify their learning and development needs as well as having regular access to training. Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues

either at team meetings or on an ad hoc basis and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported by the practice's management. 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. Staff also attended team building events.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and were attempting to engage patients in the delivery of the service. It had previously gathered feedback from patients through the patient participation group (PPG), although since 2013 they had not had sufficient patient members for it the group to continue. Staff told us they were in the process of reinstating the PPG. The practice also gathered feedback through surveys and a patient comment / feedback box was positioned in the waiting area to facilitate patients being able to have their say. The practice had produced an action plan to address issues raised following the 2015 patient survey.

The practice also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, we were told how previous difficulties with reception staff being unable to call back patients who had phoned up without leaving their name / contact details had been discussed and had resulted in a change to the telephone provider to ensure that the caller identification feature was enabled. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

The practice team were proactive in ensuring patients received the care and support they needed. Having seen there was a lack of local support for patients who were also carers they set up a local support group. The small size of the practice allowed staff to engage with patients at a very personal level. Every notification the practice received that a patient had failed to attend an appointment was proactively followed up by both phone call and letter to the patient in order to maximise their access to services.