Westbourne Surgery

Quality Report

Westbourne Surgery
St. James Road
Marsh
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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 Westbourne Surgery on 19 August 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.
- Some risks to patients were assessed and managed, with the exception of those relating to legionella, infection prevention and control and fire safety assessments.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles, with the exception of infection prevention and control training. Further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

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

Importantly the provider must:

- Ensure a Legionella risk assessment is completed and action plan implemented in accord with the findings.
- Ensure an infection prevention and control audit is completed and action plan implemented in accordance with the findings.

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- Ensure a fire assessment of the premises is completed and action plan implemented in accordance with the findings.

In addition the provider should:

- Risk assess and review the absence of oxygen and a defibrillator on the premises to ensure the safety and welfare of patients.

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?

Requires improvement

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 were thorough enough and lessons learned were communicated across the teams to support improvement.

Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. However, some risks to patients who used services were not assessed. The systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, an infection prevention and control audit had not been performed in the last 12 months. A fire risk assessment of the premises had not been completed in the last 12 months and fire evacuation drills were not practiced. A test to assess the risk of legionella had not been recently performed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received some training appropriate to their roles and any further needs had been identified and appropriate training planned to meet them. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data 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 also saw staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Local Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients reported the phone lines to the practice were busy first thing in the morning. Once their call was answered there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and staff understood their responsibilities in relation to this. There was a defined leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and discussed governance issues at the monthly staff meeting. There were some systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice was in the process of recruiting a virtual patient participation group (PPG). Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. 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 medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Summary of findings

to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. It had carried out annual health checks for 95% of people with a learning disability and offered longer appointments to them.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told patients whose circumstances may make them vulnerable how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in children and vulnerable adults. . 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.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). All of people known to be experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It 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 received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing in line with local and national averages. There were 116 responses and a response rate of 45% to the survey.

- 65% find it easy to get through to this surgery by phone compared with a CCG and a national average of 74%.
- 79% find the receptionists at this surgery helpful compared with a CCG average of 87% and a national average of 86%.
- 77% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 64% and a national average of 60%.
- 89% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG and a national average of 85%.
- 92% say the last appointment they got was convenient compared with a CCG and a national average of 91%.
- 69% describe their experience of making an appointment as good compared with a CCG and a national average of 73%.
- 62% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 40% feel they don't normally have to wait too long to be seen compared with a CCG average of 56% and a national average of 57%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 completed comment cards which were all positive about the standard of care received. We also spoke with six patients on the day of the inspection and they were all very positive about their experience of the service. Patients reported on the comment cards and in our discussions with them staff were helpful, polite and very caring. They said they were treated with dignity and respect and they found the practice to be clean and tidy. There were a small number of comments on the CQC cards expressing difficulty getting through to the practice first thing in the morning by telephone and the line was often engaged.

Areas for improvement

Action the service MUST take to improve

- Ensure a Legionella risk assessment is completed and action plan implemented in accordance with the findings.
- Ensure an infection prevention and control audit is completed and action plan implemented in accordance with the findings.
- Ensure a fire assessment of the premises is completed and action plan implemented in accordance with the findings.

Action the service SHOULD take to improve

- Risk assess and review the absence of oxygen and a defibrillator on the premises to ensure the safety and welfare of patients.

Westbourne Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, an inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Westbourne Surgery

Westbourne is located in the area of Marsh on the outskirts of Huddersfield. The practice provides services for 3,776 patients under the terms of the locally agreed NHS General Medical Services contract. The practice catchment area is classed as within the group of the fifth less deprived areas in England. The age profile of the practice population is similar to other GP practices in the Greater Huddersfield Clinical Commissioning Group (CCG).

There are three GP partners, two male and one female, who work at the practice. They are supported by an advanced nurse practitioner, two practice nurses and a team of administrative staff. They are currently recruiting a new practice manager.

The practice is open on Monday, Tuesday, Thursday and Friday from 7.30am to 6pm. From 8am to 12.30pm on Wednesday. Calls to the practice each day between 6pm to 6.30pm are answered by the out-of-hours service. Calls to the practice on Wednesday after 12.30pm are answered by the neighbouring GP surgery, Lindley Group Practice.

Appointments with GPs are available from 7.30am to 11.30am and 2pm to 3.50pm every day except Wednesday and to 5.30pm on Friday. Wednesdays from 8.30am to 10.40am. Home visits are performed after morning surgery.

Appointments with the Advanced Nurse Practitioner are available on Wednesday from 9am to 11.15am and 9am to 11.15am and 1.30pm to 4pm on Friday. Practice nurse appointments are available from 8am to 12.40pm and 2pm to 5.30pm. Patients contacting the practice for an urgent appointment would speak to the on call GP and an appointment arranged that day if needed.

Diabetic, asthma, coronary heart disease, antenatal and mother & baby clinics are run each week. Out-of-hours care is provided by Local Care Direct and is accessed via the surgery telephone number or by calling the NHS 111 service.

When we visited Westbourne Surgery a new partner had joined the partnership. The registered manager was in the process of adding the partner to their registration with us.

Westbourne Surgery is registered to provide; diagnostic and screening procedures, maternity and midwifery services and the treatment of disease, disorder or injury from Westbourne Surgery, St. James Road, Marsh, Huddersfield, HD1 4QR.

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. This inspection was planned to check whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed information we hold about the practice and asked Great Huddersfield CCG and NHS England to share what they knew. We carried out an announced visit on 19 August 2015. During our visit we spoke with two GPs, the advanced nurse practitioner, a practice nurse and four members of the administrative team. We also spoke with six patients who used the service and reviewed 34 comment cards. We observed communication and interactions between staff and patients, both face to face and on the telephone within the reception area. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Requires improvement

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. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the reception manager or a GP in the absence of a practice manager of any incidents and there was also a recording form available on the practice's computer system.

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, all staff were reminded to triple check the identity of patients when writing prescriptions and giving them out following an incident where a patient with the same name was given the wrong prescription.

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.

Overview of safety systems and processes

The practice had defined and embedded 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that practice nurses or reception staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff office. The practice did not have an up to date fire risk assessment for the premises. We were shown certificates to confirm the fire safety equipment was checked regularly. Staff tested the fire alarm weekly and we saw records to confirm this. Fire evacuation drills were not carried out. The GP partner told us following the inspection they were in contact with the Fire Officer for advice about completing a fire risk assessment which included a review of the fire safety requirements and practising fire drills.
- We noted electrical equipment was not checked to ensure the equipment was safe to use. The GP partner told us this would be arranged as a priority and since the inspection has told us this was completed on 3 September 2015. Clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. An infection prevention and control audit was last completed in 2013. We saw some of the actions from this had not been completed. For example, to ensure all staff completed relevant infection prevention and control training. The cleaners were responsible for reducing the risk of legionella by running the taps and operating the shower twice a week. We were shown records to confirm this was carried out.We were told a legionella risk assessment had not been recently completed.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection prevention and control protocol in place. We noted not all staff had received up to date training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of

the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the five files we reviewed showed 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 DBS.
- 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.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice did not have a defibrillator available on the premises and oxygen was not kept. They had not completed a risk assessment why oxygen and a defibrillator were not available. There was also a first aid kit and accident book available. 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.

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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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. Current results were 100% of the total number of points available, with 9.9% exception reporting. The exception reporting rate was 1% above the CCG average and 2% above the national average. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed:

- Performance for diabetes related indicators were better than the CCG average by 8.9% and the national average by 9.9%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG average by 10% and the national average by 11%.
- Performance for mental health related and hypertension indicators were better than the CCG average by 11.7% and the national average by 9.6%.
- The adjusted dementia diagnosis rate was 5% below the CCG average and 2% below the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of referrals to secondary care to promote appropriate referral and appropriate referral to community teams. For example, referrals to the community physiotherapist for patients with reduced mobility. Learning and actions from audits were shared with other practices at the local CCG cluster group meetings and at the practice weekly clinical meeting.

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 safeguarding, 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 and facilitation and support for the revalidation of doctors. We noted not all staff had had an appraisal within the last 12 months. We were told the outstanding appraisal would be completed by the new practice manager when in post.
- Staff received training included: safeguarding, fire procedures, basic life support and information governance awareness. We were told access to e-learning training modules had been arranged and would be implemented by the new practice manager. Staff had access to in-house training and training facilitated by the CCG.

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 patient record system and 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. Patients who were discharged from hospital following an unplanned admission were followed up by the GPs and offered an appointment to review their care. We saw evidence multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

Good

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients with palliative care needs, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol use. Patients were then signposted to the relevant service. Smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 83%, which was just above the CCG average of 81% and the national average of 76%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged patients to attend screening programmes for bowel and breast cancer in line with the national screening programme.

Childhood immunisation rates were comparable to CCG/ national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% and five year olds from 92% to 100%. Flu vaccination rates for the over 65s were 74%, and at risk groups 59%. These were also above CCG and national averages.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection members of staff were courteous and very helpful to patients both in person at the reception desk and on the telephone and people were treated with dignity and respect. Curtains were provided in consulting rooms so patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted consultation and treatment room doors were closed during consultations and 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 34 CQC patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted staff responded compassionately when they needed help and provided support when required.

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

- 97% said the GP was good at listening to them compared to the CCG average of 90% and national average of 88%.
- 88% said the GP gave them enough time compared to the CCG average of 89% and national average of 86%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 79% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 86%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us 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% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 89%.
- 87% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%.

Staff told us interpreting services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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. There was a practice register of all people who were carers and were being supported, for example, by offering flu vaccinations and provided information of carers groups for further support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us if families had experienced bereavement, the GP who knew them would contact them. This call was either followed by referral to the district nurse service for bereavement support or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, working with the pharmacist to review patients who took more than three medicines to ensure medicines were being prescribed appropriately.

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:

- The practice offered a 'Commuter's Clinic' on a Monday, Tuesday and Thursday morning from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and interpreting services available.

Access to the service

The practice was open on Monday, Tuesday, Thursday and Friday from 7.30am to 6pm. From 8am to 12.30pm on Wednesdays. Calls to the practice each day between 6pm to 6.30pm were answered by the out-of-hours service. Calls to the practice on Wednesdays after 12.30pm were answered by the neighbouring GP surgery, Lindley Group Practice.

Appointments with GPs were available from 7.30am to 11.30am and 2pm to 3.50pm every day except Wednesday and to 5.30pm on Friday. Wednesdays from 8.30am to 10.40am. Home visits were performed after morning surgery. Advance Nurse Practitioner appointments were available on Wednesday from 9am to 11.15am and on Friday from 9am to 11.15am and 1.30pm to 4pm. Practice nurse appointments are available from 8am to 12.40pm and 2pm to 5.30pm. Patients contacting the practice for an urgent appointment would speak to the on call GP and an appointment arranged that day if needed.

Results from the national GP patient survey showed patient's satisfaction with how they could access care and treatment was lower than local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 67% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 65% patients said they could get through easily to the surgery by phone compared to the CCG national average of 74%.
- 69% patients described their experience of making an appointment as good compared to the CCG and national average of 73%.
- 62% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

In our discussions with patients on the day and noted on two CQC comment cards, we were told patients experienced difficulties getting through to the practice by telephone first thing in the morning. The partners told us they were aware of this and were reviewing the system.

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 information was available to help patients understand the complaints system in the practice leaflet and on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at four complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way and openness and transparency with dealing with the complaint. We noted the Parliamentary Health Service Ombudsman details were not included in the complaint response letters. We fed this back to the GP partner who said this would be reviewed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, ensuring requests for diagnostic investigations are sent in a timely manner.

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 statement of purpose and staff spoke enthusiastically about working at the practice and they told us they felt valued and supported. They told us their role was to provide the best care to patients. We asked if the practice had developed an overall vision or practice values staff had taken time out to contribute to and staff told us this happened informally at the monthly practice meetings where all staff contributed.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A system of continuous clinical and internal audit which is used to monitor quality and to make improvements
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal schemes and continuing professional development. The GPs had learnt from incidents and complaints.

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 they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty. They were currently recruiting a new practice manager for the vacant practice manager post.

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It was currently recruiting more patients to a virtual patient participation group (PPG) as due to other commitments, membership had declined from the group. There had been an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, introducing a two way text message facility for patients to cancel appointments.

The partners had also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. A book was available in reception for staff to document concerns which was checked by the GPs on a daily basis. Responses were documented. This enabled staff who worked part-time to raise concerns with the partners and receive feedback on a timely basis. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice nurse had developed a practice nurse development programme which was being implemented at other practices within the CCG.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **We found the provider had not protected people against the risk of inappropriate or unsafe care and treatment, by means of maintaining the premises and equipment.** **This was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** **This was because:** • A fire risk assessment had not been completed in the last 12 months. • Fire evacuation drills were not performed annually. • A recent (within the last 18 months) infection prevention and control audit had not been completed. The actions identified from the 2013 audit had not been completed. For example for staff to attend infection prevention and control training. • A recent legionella test had not been performed. **Regulation 15 1 (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**