High Street Medical Practice - Winsford

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at High Street Medical Practice - Winsford on 4 November 2015. Overall the practice is rated as good.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and that overall they were involved in decisions about their care and treatment.
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients found it easy to make an appointment with a named GP and there was good continuity of care. Urgent appointments were available the same day.
- The practice had good facilities, including disabled access. It was well equipped to treat patients and meet their needs.
- There was a clear leadership and structure and staff understood their roles and responsibilities. The practice proactively sought feedback from patients and acted upon it.
- Complaints were investigated and responded to appropriately.
- The practice learned from events and complaints and used this learning to drive improvements.
- The practice made good use of audits and the results of these were used to improve outcomes for patients.

The areas where the provider should make improvement are:

Summary of findings

- Ensure the policy and procedure for managing significant events is followed at all times. The practice should also consider putting checks in place to ensure that any learning from significant events has been embedded into staff practice
- Extend the training record to include all clinical and non clinical staff groups.

We saw one area of outstanding practice:

The GP lead for mental health had recognised that physical health could be poor for patients with enduring mental health conditions. The practice provided primary care to people living in a psychiatric unit and the practice had tailored care towards these patients by ensuring they received health screening and information about their health conditions.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. The practice had systems, processes and practices in place to keep people safe and safeguard them from abuse. Infection control practices were carried out appropriately. Tests were carried out on the premises and on equipment on a regular basis. Staff were clearly aware of their responsibilities to report safeguarding and information to support them to do this was widely available throughout the practice. There was a system in place for recording, reporting and investigating significant events. The practice had recognised that not all events which could be regarded as 'significant' had been recorded as significant events. However, they were able to provide assurances that all events had been investigated and responded to appropriately. While, lessons learned as a result of investigations of significant events were shared across the practice to ensure improvements were made, the provider did not carry out checks to ensure improvements had become fully embedded into practice. Systems for managing medicines were robust and the practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed that outcomes for patients were at or above average for the locality. For example, a higher than average number of patients who had diabetes had undergone checks on their health. Clinical staff assessed patient's needs and delivered care in line with current evidence based guidance. Staff felt well supported and they had the skills, knowledge and experience to deliver effective care and treatment. Clinical audits were carried out which resulted in improved outcomes for patients. The audits had a clear focus and purpose. Staff worked on a multidisciplinary basis to support patients who had more complex needs and we were provided with some good examples of the positive impact of this for patients. The practice worked in conjunction with other practices in the area to improve outcomes for patients. This was particularly evident in how the practice supported patients living in residential care homes.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. For example, for giving them enough time, listening to them, explaining tests and treatments, involving them in

Summary of findings

decisions and treating them with care and concern. Information for patients about the services available to them was easy to understand and accessible. The practice had a lead person for carers and was signed up to the Carers Trust. A designated notice board was provided for carers and drop in sessions were provided for carers to receive advice and guidance. Carers were offered health checks and immunisations.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice reviewed the needs of the local population and worked in collaboration with partner agencies to improve outcomes for patients. Clinical staff attended regular multi-disciplinary meetings to review the needs of patients and plan for meeting patient's needs. Patients said they found it easy to make an appointment with a named GP and that there was good continuity of care. The appointments system was well managed and urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Complaints had been investigated and responded to appropriately.

Are services well-led?

Good

The practice is rated as good for being well-led. There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their roles and responsibilities and lines of accountability. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures in place to govern activity and regular governance meetings were held. The partners encouraged a culture of openness and honesty. The practice proactively sought feedback from patients and acted upon it. The patient participation group was active and involved in current and anticipated initiatives. There was a strong focus on continuous learning, development and improvement linked to patient outcomes.

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. The practice offered proactive and personalised care and treatment to meet the needs of the older people in its population. Home visits and urgent appointments were provided for those with enhanced needs. The appointments system included a 'Rapid Response' to ensure frail patients who were at risk of an unplanned admission to hospital were seen quickly and early in the day. Patients at risk of an unplanned hospital admission had been offered an appointment to develop a care plan to help them manage their health conditions. The practice maintained a record of people who were elderly and vulnerable and worked on a multi-disciplinary basis to meet people's needs. GPs carried out a weekly visit to a local nursing home to assess and review patient's needs. The practice also met on a monthly basis with neighbouring practices to review the care and treatment provided to people living in residential care homes. This included carrying out an analysis of events across the care homes and setting objectives to improve the quality of care and treatment provided to patients.

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. Data showed that people with diabetes were overall above the national average for having appropriate health checks. Care plans had been developed for patients with long term conditions such as asthma, epilepsy and rheumatoid arthritis. Longer appointments and home visits were available when needed. Patients with a long term condition had a named GP and a structured annual review to check that their health and medicines 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 and treatment.

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, alerts on medical records identified children at risk.Regular meetings were held with a health visitor linked to the practice to share information or concerns. This linked in with an 'early intervention' strategy whereby children who presented at any

level of risk were highlighted by the practice and information shared with relevant professionals. Appointments were available outside of school hours and children were always given appointments at short notice. The premises were suitable for children and babies and baby changing facilities were provided. The practice supported children with special needs to attend appointments that suited their needs. A system had been set up whereby carers could be contacted on their mobile number to alert them that their child's appointment was ready and they could then have direct access to the surgery. Child immunisation rates were in line with average rates and on the spot immunisation appointments were available to encourage uptake. Pre-conception planning was in place for women of child bearing age who had medical conditions such as epilepsy or diabetes. The practice provided a 'one stop shop' for six week baby checks and post natal checks to be carried out simultaneously.

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 this population group had been identified and the practice had adjusted the services it offered to ensure the service was accessible, flexible and offered continuity of care. Late appointments were available four days per week until 7pm. Telephone consultations were also available every day. The practice was proactive in offering online services, enabling people to book appointments on line, view their records and order repeat prescriptions. A full range of health promotion and screening that reflects the needs for this age group was available to patients.

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. Longer appointments were available for people with a learning disability. Annual health checks were provided for people with a learning disability. Arrangements were made for travelling families to be seen on an opportunistic basis for immunisations, vaccinations and screening. The practice worked with multi-disciplinary teams in the case management of vulnerable people. Vulnerable patients had been provided with advice and support about how to access a range of support groups and voluntary organisations. Staff had been provided with training in domestic abuse. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Summary of findings

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). 86.2% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. One GP was the lead for mental health within the practice and within the Clinical Commissioning Group (CCG). The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice carried out regular visits to a local residential care home and care planning was carried out for patients with dementia. The practice provided primary care to patients living in a psychiatric unit and we heard examples of the positive impact this had on patient care. The practice was aware of people who were subject to restrictions under the Mental Health Act. Patients experiencing poor mental health were provided with information about how to access support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with, and in many areas better than, the local and national averages. There were 381 surveys forms distributed and 96 responses which represents 1.77% of the practice population.

The practice received high scores from patients for matters such as: feeling listened to, being treated with care and concern, and being able to access the practice for appointment.

For example:

- 89.2% of respondents said the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 84.6% and national average of 85.1%. The same response for nurses was 92.6% compared with 90.3% and 90.4%.
- 94.3% of respondents said the last GP they saw or spoke to was good at listening to them compared with a CCG average of 87.8% and national average of 88.6%.
- 70.2% of respondents with a preferred GP usually got to see or speak to that GP compared with a CCG average of 54.8%and national average of 60%.
- 94.4% of respondents found the receptionists at the surgery helpful compared with a CCG average of 86.1% and national average of 86.8%.
- 87% found it easy to get through to this surgery by phone compared to a CCG average of 55.6% and a national average of 73.3%.
- 85.2 % described their experience of making an appointment as good compared to a CCG average of 64.2% and a national average of 73.3%.
- 92.3 % of patients who completed the survey described their overall experience of the surgery as good compared to a CCG average of 83.5% and a national average of 84.8%.

As part of our inspection process, we asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards and all of these were positive about the standard of care received. Reception staff, nurses and GPs all received praise for their professional care and patients said they felt listened to and involved in decisions about their treatment. Patients informed us that they could always get an urgent appointment and that the appointments system was efficient. Staff were described as 'respectful', 'friendly', 'competent', 'caring', 'helpful' and 'professional'. We also spoke with four patients who overall told us they received good care and treatment. We met with a member of the Patient Participation Group (PPG). They told us the practice kept them informed of new developments and involved them in promoting patient health awareness and new initiatives.

Areas for improvement

Action the service SHOULD take to improve

- Ensure the policy and procedure for managing significant events is followed at all times. The practice should also consider putting checks in place to ensure that any learning from significant events has been embedded into staff practice
- Extend the training record to include all clinical and non clinical staff groups.

Outstanding practice

The GP lead for mental health had recognised that physical health could be poor for patients with enduring

Summary of findings

mental health conditions. The practice provided primary care to people living in a psychiatric unit and the practice had tailored care towards these patients by ensuring they received health screening and information about their health conditions.

High Street Medical Practice - Winsford

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to High Street Medical Practice - Winsford

High Street Medical Practice -Winsford is located in the town centre of Winsford, Cheshire. The practice was providing a service to approximately 5433 patients. The practice is situated in an area with average levels of deprivation when compared to other practices nationally. The number of patients with a long standing health condition and health related problems in daily life is slightly higher than average when compared to other practices nationally.

The practice is run by two GP partners (application pending for an additional partner GP) and there is an additional salaried GP (two male and two female). There are two practice nurses, two health care assistants, a practice manager, reception and administration staff. The practice is open 8.00am to 7.30pm Mondays, 8.00am to 7pm Tuesdays, Wednesdays and Thursdays and 8.00 to 6.30 on Fridays. When the practice is closed patients access NHS East Cheshire Trust for primary medical services.

The practice has a General Medical Services (GMS) contract and also offers enhanced services for example; extended hours and childhood vaccination and immunisation schemes.

Why we carried out this inspection

We carried out a comprehensive inspection of the service under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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:

Detailed findings

- 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. We reviewed information available to us from other organisations e.g. NHS England. We also reviewed information from CQC intelligent monitoring systems. We carried out an announced visit on 4 November 2015. During our visit we spoke with a range of staff including: GPs, the practice manager, a practice nurse, a health care assistant, and members of the reception and administration team. We spoke with patients who used the practice and we met with a member of the Patient Participation group (PPG). We observed how staff interacted with patients face to face and when speaking with people on the telephone. We also reviewed patient survey information and CQC comment cards which included feedback from patients about their experiences of the service. We looked at the systems in place for the running of the service and we reviewed a sample of the practices' key policies and procedures.

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a form for recording such events available on the computer system and in the reception area. The practice told us they had recognised that they had not been recording all significant events in line with their policy and procedure. We found examples of a number of events which had not been logged as 'significant events'. However, we were assured that all events had been investigated and learning from these had taken place regardless of whether or not they had been recognised and logged as 'significant events'. For example, a record for a patient had been found to have been misfiled and this was found during a review of another patient's records. We were assured that the practice had taken action to investigate the matter and had put systems in place to prevent a reoccurrence. However, this had not been logged as a significant event and the action taken to address it had not been recorded.

The practice demonstrated that they had learned from events. Lessons learned had been disseminated across the staff team and action was taken to make any required improvements. The provider did not have a system to check that new practices had fully embedded as a result of the learning from significant events. For example, an outcome from a security incident was that all surgery doors would be kept locked when not in use. However, we found doors were not locked during the course of the inspection. In another example, a new protocol had been introduced for reception staff when dealing with appointment requests. However, not all staff we spoke with were fully aware of this.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Notices about how to refer to other agencies were clearly displayed in the surgeries. There was a lead member of staff for safeguarding who had receivedlevel three training. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Alerts were recorded on the electronic patient records system to identify if a child or adult was at risk. Staff demonstrated they understood their responsibilities to report safeguarding concerns and all had received training relevant to their role. The practice had logged low level concerns for child safety and shared this information with relevant agencies as a means to promote early intervention for safeguarding children.
- A notice in surgery rooms advised patients that staff were available to act as chaperones, if required. We noted that this information was not clearly displayed in the waiting room. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean. There was a dedicated infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were infection control protocols in place and staff had received up to date training. An infection control audit had been undertaken. The results of the audit were good, a high score had been achieved, and action had been taken to address the small number of improvements identified.
- The arrangements for managing medicines, including emergency drugs and vaccinations were appropriate and safe. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was an effective system for the issue of repeat prescriptions. An audit of medicines repeat prescribing had been carried out by the practice and the system had been changed as a result. The practice was alerted by the electronic system if clinicians had not acted upon medicines alerts appropriately. Patients on potentially harmful drugs were monitored regularly and appropriate action was taken if test results were abnormal. There were systems in place to monitor the use of written prescriptions. However there was no system in place to monitor the

allocation of electronic prescriptions. The practice manager agreed to introduce this with immediate effect and following the inspection they confirmed that a new protocol had been introduced for this.

- We reviewed three staff personnel files in order to assess the staff recruitment practices. Our findings indicated that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, proof of qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. A recruitment checklist was in place and we were told this would be used for all new members of staff.
- Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff had been provided with training in health and safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patient's needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice manager reviewed the staffing requirements on a daily basis and designated staff to roles accordingly so as to ensure work was prioritised.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual training in basic life support. 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 also a first aid kit and accident book available.

The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. (NICE) provides evidence-based information for health professionals. GPs demonstrated that they followed treatment pathways and provided treatment in line with the guidelines for people with specific health conditions.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 99.2% of the total number of points available, with 4.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2013 to 31/03/2014 showed;

- Performance for diabetes related indicators was in most cases better than the CCG and national average. For example, patients with diabetes, on the register, who had influenza immunisation in the preceding year, was 99.5% compared with a national average of 93.46%.
- The percentage of patients with hypertension having regular blood pressure tests was 87.48% which was better than the national average of 83.1%.
- The performance for mental health related indicators was better than the national average. For example: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92.11% compared to a national average of 86.04%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 86.21% compared to a national average of 83.82%.

A cycle of clinical audits had been carried out and these demonstrated improvements in patient outcomes. For example a recent audit of patients with atrial fibrillation had identified a number of patients who required a change in medication. The practice carefully considered which audits they would complete based on a number of matters such as NICE guidance, recommendations from the local Clinical Commissioning Group (CCG), Royal College of General Practitioners suggestions and any issues arising from complaints or significant events.

The practice recognised areas for improvement and acted on these. For example, data showed that they were below the national average for the percentage of patient's taking up bowel cancer screening. They were therefore promoting bowel screening in the waiting area and had put an alert onto the electronic patient records system to alert GPs and other clinicians if the patient had not taken up the screening.

The practice had good continuity of care. The staff turnover at the practice was very low and informal communication between the clinicians took place on a daily basis.

The practice worked in collaboration with neighbour practices. This included holding monthly meetings to consider the care and treatment of people with multiple and complex health issues. The GP lead for mental health had recognised that physical health could be poor for patients with enduring mental health conditions. The practice provided primary care to people living in a psychiatric unit and the practice had tailored care towards these patients by ensuring they received health screening and information about their health conditions. The practice was also part of a 'Winsford Gold Star Planning' initiative whereby they worked alongside other local practices to promote better outcomes for people living in residential care homes. GPs visited a local residential care home on a weekly basis, they held up to date information about the patient's needs and had developed care plans with patients as appropriate to their needs.

The practice was aiming to become a dementia friendly practice. Some staff had been provided with training in dementia and this was scheduled to be rolled out to all staff throughout the forthcoming weeks.

The practice had developed care plans with patients to prevent unplanned admissions to hospital and they monitored unplanned admissions. They also had a system

Good

Are services effective?

(for example, treatment is effective)

to inform the out of hours service about patient's needs. The practice worked as part of a neighbour alliance to improve the health of the local population and prevent 'bottle necks' in services as part of planning for winter pressure.

The practice closed for one half day per month to allow for staff learning and development. One of the practice nurses was also the 'Education lead nurse' for the practice and for the CCG. The practice nurse ran a fortnightly drop in educational session for clinical staff from across the neighbouring practices. The practice also held health promotion days. The next one was an antibiotics awareness day and this was scheduled to take place in the forthcoming weeks. The practice also bench marked their work against other practices regarding matters such as referral pathways and medicines prescribing.

Effective staffing

Staff told us they felt well supported in the roles. Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for newly appointed members of staff. The practice could demonstrate that staff had been provided role specific training and updated training. Staff had access to and made use of e-learning training modules and in-house training. All staff had been provided with training in core topics including: safeguarding, fire procedures, basic life support and information governance awareness. All clinical staff were kept up to date with relevant training, accreditation and revalidation. For example practice nurses had been provided with training relevant to treating patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The practice manager held a record demonstrating the training provided across all reception and administrative staff. The practice should consider extending this to include all clinical and non-clinical staff.

The majority of staff had had an appraisal within the last 12 months, the exception being the practice nurses whose appraisal was overdue. The practice manager told us these had been scheduled to take place within the forthcoming weeks.

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 the intranet system. This included access to medical records, care plans, investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring people to other services for secondary care. Information such as NHS patient information leaflets were also readily available through the computerised system.

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 were discharged from hospital. The practice held regular meetings with a designated health visitor to share information and concerns about individual patients or families.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) is legislation

designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests.

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 assessed the patient's capacity. One of the GPs was a lead in mental health both within the practice and within the Clinical Commissioning Group (CCG). The practice worked with a local nursing home to identify patients who required an assessment of their mental capacity and they maintained an up to date record of people who had agreed restrictions in place in line with the Deprivation of Liberty safeguards (DoLS). DoLS are part of the Mental Capacity Act legislation to ensure that where someone may be deprived of their liberty, the least restrictive option is taken.

Health promotion and prevention

Good

Are services effective?

(for example, treatment is effective)

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers and those with a long-term condition. Patients were then signposted to the relevant service.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96.7% to 98% and five year olds from 91.1% to 98.7%. Flu vaccination rates for the over 65s were 73.88%, and at risk groups 60.48%. These were also comparable to or above the national averages.

Patients had access to appropriate health assessments and checks. These included 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. The practice provided a service for pre-conception planning for women who have medical conditions such as epilepsy or diabetes.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people dignity and respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff could offer patients a private room if they wanted to discuss sensitive issues or appeared distressed.

All of the 19 CQC patient comment cards we received were positive about the service provided by the practice. Patients said they felt the practice offered an 'excellent' service and staff were helpful, caring and treated them with dignity and respect.

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

- 94.3% said the GP was good at listening to them compared to the CCG average of 87.8% and national average of 88.6%.
- 92.6% said the GP gave them enough time (CCG average 85.3%, national average 86.6%).
- 97.6% said they had confidence and trust in the last GP they saw (CCG average 96.9%, national average 95.2%)
- 89.2% said the last GP they spoke to was good at treating them with care and concern (CCG average 84.6%, national average 85.1%).
- 92.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.3%, national average 90.4%).
- 94.4% said they found the receptionists at the practice helpful (CCG average 86.1%, national average 86.8%)
- 92.3% described their overall experience of the practice as good (CCG average 83.5% and national average 84.8%)

We spoke with a member of the patient participation group (PPG). They also told us they felt included and listened to by staff at the practice. A member of the PPG was planning to be involved in a forthcoming health awareness day being held at the practice.

Care planning and involvement in decisions about care and treatment

Patients told us through discussion and in comment cards that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were better than local and national averages. For example:

- 87.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84.9% and national average of 86%.
- 89.3% said the last GP they saw was good at involving them in decisions about their care (CCG average 80.3%, national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. The practice should review how they publicise this service as we noted that information on translation services was not clearly available in the reception area. Easy read booklets had been made available for patients with a learning disability to support them with their health care.

Patient and carer support to cope emotionally with care and treatment

Notices and information leaflets available in the patient waiting area and main reception of the building told patients how to access a number of support groups and organisations. These included signposting patients to: counselling services, Alzheimers support and diabetes support. Signposting information was also available on the practice website. The local Citizens Advice Bureau also provided regular drop in sessions at the practice.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct

Good

Are services caring?

carers to the various avenues of support available to them. The practice had a lead member of staff for carers and the practice had signed up to the 'Carers Trust'. A representative from the Carers Trust visited the practice on a six weekly basis to provide information and awareness sessions. The carers' lead told us the practice had been a runner up in the Carer's Trust award for 'findings new carers' and 'providing a good service' to carers. Alerts were put on carers' patient records to ensure they were offered longer appointments. Carers were also offered flu immunisations and mini health checks. The practice had set up a system to support parents of children who had autism or other special needs. A telephone call was made to parents to bring their children into the surgery when their appointment was ready so as to prevent the child becoming distressed in the waiting area.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to practices where these were identified. For example, they had signed up to an antibiotic guardianship scheme looking at the use of antibiotics in common conditions such as colds, coughs, sore throats and urinary tract infections. The practice worked to ensure unplanned admissions to hospital were prevented through identifying patients who were at risk and developing care plans with them to prevent an unplanned admission. GPs carried out a weekly visit to a local residential home to assess and review patients and plan to avoid unplanned admissions to hospital. They also participated in a local initiative to monitor and assess the treatment of patients in residential care homes and the effectiveness of primary care, including how this linked with secondary care.

The management of the appointment system provided clear evidence that that practice was responsive to patient's needs. There was proactive management of the appointment booking system. The practice manager monitored the capacity of appointments on a daily basis and designated staff accordingly. The appointment system was managed to ensure there was capacity for the practice to fulfil a 'rapid response' to patient's needs to prevent unplanned hospital admissions. Part of this was achieved by scheduling appointments in the morning surgery to enable GPs to assess and treat patients early in the day either at home or in the surgery. This also meant that if a patient required admission to hospital then this was arranged earlier in the day.

Access to the service

The practice had signed up to the Prime Minister's Challenge fund to increase the opening hours. As a result the practice offered later appointments four evenings per week. The practice was open between 8.00am to 7.30pm Mondays, 8.00am to 7.00pm Tuesdays, Wednesdays and Thursdays and 8.00am to 6.30pm on Fridays.

Urgent and pre-bookable routine appointments were available. There were longer appointments available for people with a learning disability. Home visits were available for older patients and other patients who required these.

Same day appointments were available for children and those with serious medical conditions. Travelling families were seen on a flexible basis and multiple patients could be accommodated to support travelling families. Services were also provided on an opportunistic basis to travelling families to promote their health care such as child immunisations.

Patients we spoke with on the day of our visit told us they were able to get appointments when they needed them. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 83.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 74.9%.
- 87% patients said they could get through easily to the surgery by phone (CCG average 55.6%, national average 73.3%).
- 85.2% patients described their experience of making an appointment as good (CCG average 64.2%, national average 73.3%.
- 81% patients said they usually waited 15 minutes or less after their appointment time (CCG average 66.2%, national average 64.8%).

The practice was located in a modern purpose built building. The premises were fully accessible for people who required disabled access. A hearing loop system was available to support people who had difficulty hearing. A translation service was available for people who required this.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We looked at complaints received in the last 12 months and found that these had been handled appropriately. Complaints had been logged, investigated and responded to in a timely manner and patients had been provided with an explanation and apology when this was appropriate. Information about how to make a complaint was displayed in the reception and waiting areas and was detailed in the practice information leaflet.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice should however consider introducing checks to ensure any learning from events or complaints has been embedded in to staff practice.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The GPs were aware of challenges to the service and were working alongside their counterparts to meet these. The future aspirations of the practice had been considered. These included more use of technology for the convenience of patients such as video consultations and increasing the number of patients who used the on line service. They were also in the process of considering confederation schemes in order to work closer with other local practices and improve the services offered to patients.

Governance arrangements

The practice had systems and procedures in place to ensure the service was safe and effective. GPs had a clear understanding of the performance of the practice. A programme of continuous clinical audit was in place and this was used to monitor quality and to make improvements to outcomes for patients. There were effective arrangements for identifying, recording and managing risks and for implementing actions to mitigate risks. There were clear methods of communication that involved the whole staff team to disseminate best practice guidelines and other information.

Practice specific policies and standard operating procedures were available to all staff. Some of the policies had not been reviewed for some time. The practice manager told us there had been no change to these procedures and that they would ensure these were reviewed following our visit.

There was a clear staffing structure and staff were aware of their roles and responsibilities.

The GPs had been supported to meet their professional development needs for revalidation. Every GP is appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed which allows them to continue to practice and remain on the National Performers List held by NHS England. All other staff were supported through annual appraisal and continuing professional development.

We identified that some improvements were needed to way in which significant events were recorded and reported. This had been recognised by the practice prior to our inspection.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They strived to ensure safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and listened to them.

Staff told us they felt valued and well supported and knew who to go to in the practice with any concerns. Staff were aware of which GP had specific responsibility for which area, for instance who the safeguarding lead was.

The majority of the reception team had worked together for several years and had been afforded opportunities to develop within their role. Staff turnover across the practice was low with most staff having been in post for a number of years.

The practice encouraged a culture of openness and transparency. The processes for reporting concerns were clear and staff told us they felt confident to raise any concerns without prejudice. GPs, clinical staff and support staff had learnt from incidents and complaints.

A range of meetings were held at the practice on a regular basis. GP and clinical staff also attended a range of multi-disciplinary meetings, locality meetings and development meetings. We also noted that team learning days were held every month. Staff said they felt valued and supported and involved in discussions about how to run and develop the practice.

Seeking and acting on feedback

The practice encouraged and valued feedback from patients, the public and staff. Patient feedback was proactively sought through the patient participation group (PPG) and through surveys and complaints received. A member of the PPG told us they felt informed and involved in initiatives and developments at the practice. Staff told us they felt listened to and able to approach any member of the team.

Continuous improvement

Are services well-led?

Good

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

There was a strong focus on continuous learning and improvement at all levels within the practice. This included the practice providing training sessions for clinicians, being involved in local schemes to improve outcomes for patients and having leads both within the practice and the CCG.