Malling Health @ Blue Suite

Quality Report

103 – 107 High Street
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Kent. ME8 8AA
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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

A comprehensive inspection was undertaken at Malling Health @ Blue Suite on 11 November 2014. The provider operates two other services in the locality, although these were not inspected as part of this visit.

We found that overall, the practice was rated as providing a good level of care, treatment and support to the patients who used the services and was able to demonstrate how it achieved this across all five key domains inspected.

The level of service provided to all of the patient population groups was good and our key findings included:-

- there were arrangements in place to provide safe patient care
- the practice was clean and there were systems to ensure standards of hygiene were maintained
- patients received an effective, responsive service that identified and met their needs
- patients felt they were treated with respect and dignity
- patients said that staff were helpful, kind and considerate to their needs
- patient privacy and confidentiality was maintained

However, there were areas of practice where the provider should:

- Review its computerised administrative systems to ensure that the performance data and information analysed is specific to the patients registered at the practice, to enable the provider to respond to the needs of its local patient group.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. The majority of 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. Patient's 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 training appropriate to their roles and any further training needs had been identified and planned. The practice was able to demonstrate that appraisals had been completed for all staff. Staff worked with multidisciplinary teams and community specialists to provide effective care and treatment for patients.

Are services caring?

Good

The practice is rated as good for providing caring services. Although data from the previous year had shown that patients had rated the practice lower than others in some aspects of care, the results from a recent patient survey undertaken by the patient participation group indicated positive outcomes in all areas. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information about the services provided at the practice was available for patients and easy to understand. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. The practice reviewed the needs of the local population and engaged with their local NHS England area team and clinical commissioning group to plan service requirements. Patients said they were able to make an appointment with a named GP, and that urgent appointments were available the same day.

Summary of findings

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available, easy to understand and evidence seen showed that the practice responded to issues raised.

Are services well-led?

Good

The practice is rated as good for being well-led. Staff were clear about the practice values, aims and objectives and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from patients and had an active patient participation group. Staff had received inductions, regular performance reviews, attended staff meetings and a staff survey had been undertaken to seek their views and suggestions about how the service could be improved.

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. Older people received care and treatment relevant to their age group, including blood tests and blood pressure monitoring. They received routine annual health checks to review their medicines and general well-being.

The practice offered proactive, personalised care to meet the needs of older people and was responsive in offering home visits and rapid access appointments for those with enhanced needs. All patients over the age of 75 had been allocated a named GP who was responsible for their care.

We saw that flu vaccinations were routinely offered to older people to help protect them against the virus and associated illness. The practice was pro-active in supporting two local care homes for older people and offered continuity of care from a named GP within the practice.

The practice was caring in the support it offered to older people and there were effective treatments and on-going support for those patients identified with complex conditions, such as dementia and conditions associated with end of life care.

People with long term conditions

Good

The practice is rated as good for the population group of people with long term conditions. The practice offered nurse led specialist clinics and appointments including asthma, chronic obstructive pulmonary disease (COPD) and diabetes clinics.

Longer appointments and home visits were available for patients with long-term conditions and annual reviews were arranged to check their health and medicine needs were being met. Community nurses and staff from the community palliative care team attended meetings with the GPs and the nursing staff, which enabled the practice to discuss the needs of patients with chronic and terminal illnesses.

We saw that flu vaccinations were routinely offered to patients with long term conditions to help protect them against the virus and associated illness.

Families, children and young people

Good

The practice is rated as good for families, children and young people. Expectant mothers were supported by the midwife linked to

Summary of findings

the practice and mother and baby clinics were offered for post-natal care as well as baby checks with the GP. There were systems in place to identify children who may be at risk and safeguarding procedures to ensure concerns were followed up.

Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. Emergency processes were in place and referrals made for children who had a sudden deterioration in health.

Working age people (including those recently retired and students)

Good

The practice was rated as good for working age people (including those recently retired and students). The practice had adjusted the services it offered to make them more accessible outside of core working hours. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs of this age group.

People whose circumstances may make them vulnerable

Good

The practice was rated as good for patients whose circumstances may make them vulnerable. The practice was responsive in providing care in people's homes who found it difficult to attend the practice. The practice carried out annual health checks and offered longer appointments if required, for example, for patients with a learning disability. The practice worked with multi-disciplinary teams in the case management of vulnerable people and offered information about various support groups and voluntary organisations, for example, local drug and alcohol support services.

Practice staff knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice was rated as good for patients experiencing poor mental health. The practice had procedures for identifying patients who had mental health needs and regular checks were offered and follow-up contact was made where patients had not attended for appointments. The practice was responsive in referring patients to other service providers and there was a range of information available for patients who may require additional support and services.

The practice worked with multi-disciplinary teams and community specialists in providing support to patients with mental health

needs and those with dementia. For example, referrals to the community mental health team for older people and the 'home treatment' team. The practice staff had received training on how to respond and prioritise appointments for people with mental health needs and adopted a flexible approach in the support it offered, including referral and information regarding crisis support.

Summary of findings

What people who use the service say

We spoke with seven patients and reviewed six comment cards completed by patients prior to our inspection. The patients we spoke with were positive about the services they received from the practice and said they felt the care and treatment was good. Patients told us they had no concerns about the cleanliness of the practice and that they always felt safe. Patients said referrals to other services for consultations and tests had always been efficient and prompt.

Patients were particularly complimentary about the staff, and said they were always caring, helpful and efficient, and that they were treated with respect and dignity.

Most patients told us the appointments system worked well for them and that they would be able to get same day appointments if urgent, although some comments were less positive in relation to booking appointments in advance. All patients told us they always had enough time with the GPs and nurses to discuss their care and treatment thoroughly and never felt rushed.

A patient survey had been undertaken by the patient participation group and the results were positive, indicating an average rating of 'good' in all areas. Where areas of less satisfaction had been identified, the practice had developed an action plan to review where improvements could be made, including sharing and publicising results of the survey on the practice website.

Areas for improvement

Action the service SHOULD take to improve

- Review its computerised administrative systems to ensure that the performance data and information analysed is specific to the patients registered at the practice, to enable the provider to respond to the needs of its local patient group.

Malling Health @ Blue Suite

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Malling Health @ Blue Suite

Malling Health @ Blue Suite provides medical care Monday to Friday from 8.30am to 6pm each week day and operates extended opening hours until 8pm on Wednesday and 7.30pm on Thursday evenings. The practice is situated in a town centre location in Rainham, near Gillingham in Kent and provides a service to approximately 2,100 patients in the locality. The registered provider has two additional GP practices within the locality and these are registered as separate locations, although the registration arrangements are currently under review.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and nursing team. There are a range of patient population groups that use the practice and the practice holds an alternative personal medical services (APMS) contract. The practice does not provide out of hours services to its patients and information is available to patients about how to contact the local out of hours services when the practice is closed.

The practice has two male GPs, two female practice nurses, and a health care assistant. The practice has a number of administration / reception and secretarial staff as well as a practice manager.

The practice has more patients in the younger and working age population groups than the national and local average. There are a lower number of older people when compared to the national and local averages, although the average practice numbers rise for people over the age of 85. The number of patients recognised as suffering deprivation is lower than the local and national average.

Services are delivered from:

Malling Health @ Blue Suite

103 – 107 High Street

Rainham

Gillingham

Kent.

ME8 8AA

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

This provider had not been inspected before and that was why we included them.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew, including the NHS England area team, the local clinical commissioning group and the local Healthwatch.

We carried out an announced visit on the 11 November 2014. During our visit we spoke with two GPs, two nursing staff, five reception / administration staff and the practice manager. We spoke with patients who used the service. We placed comment cards in the surgery reception so that patients could share their views and experiences of the service before and during the inspection visit.

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)

Good

Are services safe?

Our findings

Safe track record

The practice had systems and procedures for reporting and recording incidents. There were arrangements for monitoring safety, using a range of information from audits, risk assessments and checks that were undertaken by staff. Staff we spoke with were able to describe their responsibilities in relation to monitoring, reporting and recording incidents and concerns. They told us they knew the reporting procedures within the practice and were aware of the external authorities that may need to be notified if appropriate. We saw examples of incidents that had been recorded by staff, for example, a needle stick injury that had been reported and recorded as a significant event and we saw significant event reports recorded and summarised for the last year.

Learning and improvement from safety incidents

The practice had a system for reporting, recording and monitoring significant events, incidents and accidents. Staff told us that systems helped to ensure staff learned from significant events and we saw that these were discussed at regular meetings, in order to review all of the significant events in a formal manner. Minutes showed that each incident / event was discussed, including actions taken to address issues and learning points to be implemented to reduce re-occurrence and improve the services provided.

We looked at the significant events recorded for the current year which were held in a summarised format, identifying the actions taken, the outcome following any investigation and the changes made within the practice as a result. We tracked two incidents and saw records were completed in a comprehensive and timely manner. Evidence of action taken as a result was shown to us, for example, a new protocol had been implemented to print-off a hard copy list of the patients attending the practice each day, as this provided a record for contact purposes, in the event of a computer system failure. Significant events were discussed amongst the GPs and nursing staff if urgent action was required and then reviewed at the monthly practice meetings. Administrative staff meetings had a set agenda item to discuss significant events, that helped to ensure all staff were aware and involved in the process, knew how to raise an issue for consideration at the meetings and felt encouraged to do so.

National patient safety alerts were received by the practice manager and disseminated to practice staff. Staff we spoke with were able to give examples of recent alerts relevant to the care for which they were responsible. For example, nursing staff contacted patients regarding a recent safety alert in relation to blood glucose monitoring equipment.

Reliable safety systems and processes including safeguarding

There were effective systems and processes to manage the practice safety, including arrangements for safeguarding vulnerable adults and children who used services. The practice had a policy for safeguarding both children and vulnerable adults and this clearly set out the procedures for staff guidance and contact information for referring concerns to external authorities. The policy reflected the requirements of the NHS safeguarding protocol and included the contact details of the named lead for safeguarding within the NHS and social services area teams.

Staff told us that there was a nurse and GP within the practice who were the designated leads in overseeing safeguarding matters and we saw that this was clearly displayed for staff information and guidance. GPs, nurses and administrative staff we spoke with were knowledgeable in how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies in working hours and out of hours. Staff told us they had received training in safeguarding vulnerable adults and children and we saw records that confirmed this. Records demonstrated that GPs had the necessary training to fulfil their roles in managing safeguarding issues and concerns within the practice.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so that staff were aware of any relevant issues when patients attended appointments, for example, children subject to child protection plans and older patients who lived in vulnerable circumstances. GPs told us that they liaised regularly with social services to share information in relation to child protection concerns that were identified within the practice. For example, staff had alerted social services when a family had moved out of the area, as the practice were aware of safeguarding concerns. Vulnerable

Good

Are services safe?

patients, such as those identified with dementia, who were over the age of 65, were referred to the community mental health team for older people and there was a process for reviewing their prescribed medicines on a regular basis.

The practice had a chaperone policy. A chaperone is a person who accompanies a patient when they have an examination and we saw that the practice policy set out the arrangements for those patients who wished to have a chaperone. We saw that this was clearly displayed for patients' to see and the staff we spoke with confirmed arrangements were made for those patients who requested a chaperone.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The practice staff followed this policy and we saw records of the temperature checks that were undertaken on a daily basis.

There were processes to check that medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. The practice did not keep controlled drugs.

The nurses and the health care assistant administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses and the health care assistant had received appropriate training to administer vaccines. A member of the nursing staff was qualified as an independent prescriber and they received regular supervision and support in their role as well as updates in the specific clinical areas of expertise for which they prescribed.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

The practice was clean and tidy and patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. The practice had an infection control policy, which included a range of procedures and protocols for staff to follow, for example, hand hygiene, management of sharps injuries and clinical and hazardous waste management. A member of staff was the infection control lead for the practice and we spoke with them. They demonstrated a clear understanding of their role and responsibilities in relation to infection prevention and control. Infection control audits had been undertaken and identified actions were monitored and discussed in staff meetings.

Treatment and consultation rooms contained sufficient supplies of liquid soap, sanitiser gels, anti-microbial scrubs and disposable paper towels for hand washing purposes. We saw that domestic and clinical waste products were segregated and clinical waste was stored appropriately and collected by a registered waste disposal company. Sharps containers were appropriately labelled, not over-filled and guidance was displayed in each treatment room for staff to follow. We saw there were cleaning schedules in place and cleaning records were kept.

Regular checks for the detection and management of legionella (a germ found in the environment which can contaminate water systems in buildings) had been carried out at the practice and we saw records that confirmed this.

Staff we spoke with told us they had received training in infection control and the training records confirmed this. Staff were knowledgeable about their roles and responsibilities in relation to cleanliness and infection control.

Equipment

Clinical equipment was appropriately checked to help promote the safety of staff, patients and visitors. Staff told us that equipment used in the practice was routinely checked and said they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. All equipment was tested and maintained regularly and we saw records that confirmed this, for example, records to demonstrate that medicine refrigerators were routinely checked.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate

professional body and criminal records checks via the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a system for covering the different staffing groups to ensure that enough staff were on duty, which took account of the cover that some staff were required to provide at other GP surgeries within the practice group. There was also an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. They said that the practice had responded to patient needs and improvements had been noticed this year with the recruitment of permanent GPs and other staff, and we saw evidence that further recruitment had been agreed and was planned for the practice in the coming months.

Monitoring safety and responding to risk

We found that the practice had developed systems to respond to identified risks. For example, staff we spoke with described the procedure for dealing with safety alerts from outside agencies to keep the practice up-to-date with failures in equipment, processes, procedures and substances.

The practice had systems to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building and the environment, for example, legionella checks. The practice also had a health and safety policy and information was displayed for staff guidance.

Identified risks were included on a central risk log. Each risk was assessed and actions recorded to reduce and manage the risk. For example, a fire safety risk assessment that identified the training that members of staff required and the fire drills completed. We saw that building, maintenance and premises issues were discussed at practice meetings, for example, the practice manager had reminded staff about updated information in the health and safety policy.

The practice had procedures to manage individual risks to patients in relation to deteriorating health and staff gave examples of how they monitored changing risks to different patient groups. For example, the electronic records system identified patients experiencing poor mental health, who may have required urgent support from community mental health specialists, or an urgent appointment with the GP. We saw that appointments were managed flexibly in these circumstances to help ensure patients received urgent support when required.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to medical oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Staff we spoke with knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew where they were kept. There were processes to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they had regular fire drills.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with were able to clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance, accessing guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings where new guidelines were discussed and shared with GPs and nursing staff, for example, a national review of asthma treatment with recommendations and guidance in relation to assessment checks for patients with asthma, including guidance in relation to inhaler technique.

The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. Guidance templates were used and embedded into the computer system to ensure GPs and nurses were using up-to-date assessment tools. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

Management, monitoring and improving outcomes for people

Staff told us that registers were kept to identify patients with specific conditions / diagnosis, for example, patients with long-term conditions including dementia, asthma, heart disease, and diabetes. The electronic records system contained indicators to alert GPs and nursing staff to specific patient needs and any follow-up actions required, for example, medicine and treatment reviews. Registers were kept under review and we saw meeting minutes where information was shared and discussed regarding the health care needs of specific patients and any additional risk factors that may need to be identified on the system. For example, for patients over the age of 75 and those at risk of unplanned care admissions to hospital, patients had been identified for same day GP contact, to ensure they received appropriate and timely care interventions where required. All patients over the age of 75 had a named GP who was responsible for their care and treatment and they had received written confirmation of this.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families. We saw Quality and Outcomes Framework (QOF) data that indicated multidisciplinary review meetings were held at least every three months to discuss all patients on the register. QOF is a national performance measurement tool used by GP practices.

We were told by staff that data collected for the QOF was reviewed at clinical meetings where information was shared and discussed amongst relevant staff. Although the available QOF data showed that the practice had indicators that were below the national average in some clinical areas, we saw meeting minutes where QOF analysis had been routinely shared and discussed across all staff groups in the past year, to monitor performance. Staff told us and demonstrated awareness that improvements had been noted in almost all indicators for the current year when compared to the previous year. We saw QOF data that indicated the practice had been performing above the national average in some areas, for example, diagnosis of dementia was considerably higher than the national average.

The practice had a system for completing clinical audit cycles. We saw that the practice's clinical audits were often linked to medicines management information, safety alerts or as a result of information from the QOF. For example, we saw that an audit had been completed to identify the numbers of inadequate cervical smear samples taken by GPs and nursing staff. The results showed that the practice was well within the expected range. The information for the audit was collected at the level of each of the GPs and nurses so that the individuals could learn from any mistakes to improve their technique and to undertake additional training if required. The practice had a process to recall patients whose smear tests were inadequate so that their screening could be completed. We also saw that an audit had been initiated to review all medicines for patients over the age of 65, who were prescribed more than eight medicines, however, the results had not been collated to identify any changes that may be required following analysis of the results. Other prescribing audits had been undertaken by the GPs that had resulted in some changes and improvements to patient prescribing.

Effective staffing

The practice staff team included GPs, nurses, managerial and reception / administrative staff. We were told by staff that they had completed mandatory training including basic life support, infection control, and safeguarding, and

Good

Are services effective?

(for example, treatment is effective)

we saw records that confirmed this. We saw that GPs and nurses had also completed specialist clinical training appropriate to their role, for example, diabetes, asthma, family planning and updates in childhood immunisations.

We were told by staff that they received annual appraisals and informal supervision. Staff we spoke with felt they received the on-going support, training and development they required to enable them to perform their roles effectively. We saw records that confirmed annual appraisals had been undertaken for all staff, that identified training and development needs and that actions were agreed / documented for the coming year. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example, nursing staff were supported to undertake a diploma in COPD. The practice closed for training one afternoon each month, to provide in-house opportunities for staff learning and development.

All GPs were up to date with their annual continuing professional development requirements and all had either been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

Working with colleagues and other services

The practice had well established processes for multi-disciplinary working with other health care professionals and partner agencies. GPs and nurses told us that these processes ensured that links remained effective with community and specialist nurses, to promote patient care, welfare and safety. For example, GPs and nurses attended quarterly multidisciplinary meetings that included specialist community nurses and the palliative care team who had specialist knowledge in long-term and complex conditions.

The practice was involved in a pilot project initiated by the local clinical commissioning group (CCG), who had implemented a community 'care home team' who were able to support care home patients with minor conditions and treatments and refer directly to specialist NHS clinicians, for example, physiotherapists and dieticians. The practice had systems to receive information from this team, to help ensure patient's records were updated. Patients over the age of 65 and those in local care homes who had dementia were referred to the NHS community mental health team for older people for additional support and services that were community based. Patients in other age groups were also referred to the appropriate community based mental health teams, including those patients with a learning disability. Patients under the age of 18 were referred to the specialist community mental health team who supported children and young people with mental health needs. Patients were also sign-posted to the community crisis resolution team, and drug / alcohol dependency services.

The practice received blood test results, x-ray results, and letters from the local hospital (including discharge summaries), out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day that they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system worked well.

Information sharing

Staff told us that there were effective systems to ensure that patient information was shared with other service providers and that recognised protocols were followed. For example, there was a system to monitor patients' transition in relation to unplanned / emergency admissions to hospital. A referral system was used to liaise with the community nurses and other health care professionals, including the 'out of hours' service. The practice used the 'Choose and Book' referral system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use, although they sometimes assisted patients to use the system if they had difficulties.

An electronic patient record system was used by staff to co-ordinate, document and manage patients' care. Staff were fully trained in how to use the system and told us that it worked well. The system enabled scanned paper communications, for example, those from hospital, to be saved in the patients' record for future use or reference.

Good

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

The practice had a consent policy that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how consent should be recorded.

Staff we spoke with gave examples of how a patient's best interests were taken into account if they did not have the capacity to make a decision. Mental capacity assessments were carried out by the GPs and recorded on individual patient records. The records indicated whether a carer or advocate was available to attend appointments with patients who required additional support.

Staff had received Mental Capacity Act 2005 training, based on British Medical Association (BMA) guidelines and were aware of the implications of the Act. Reception staff were aware of the need to identify patients who might not be able to make decisions for themselves and to bring this to the attention of GPs and nursing staff.

Health promotion and prevention

Staff told us about the process for informing patients that needed to come back to the practice for further care or treatment or to check why they had missed an appointment. For example, the computer system was set up to alert staff when patients needed to be called in for routine health checks or screening programmes. Patients we spoke with told us they were contacted by the practice to attend routine checks and follow-up appointments regarding test results.

We saw a range of information leaflets and posters in the waiting area for patients, informing them about the practice and promoting healthy lifestyles, for example, smoking cessation and weight loss programmes. Information about how to access other health care services was also displayed to help patients access the services they needed, for example, sexual health, including chlamydia testing.

The practice offered and promoted a range of health monitoring checks for patients to attend on a regular basis. For example, cervical smear screening and general health checks including weight and blood pressure monitoring. We spoke with nursing staff who conducted various clinics for long-term conditions and they described how they explained the benefits of healthy lifestyle choices to patients with long-term conditions such as diabetes, asthma, epilepsy and coronary heart disease. All new patients who registered with the practice were offered a consultation with one of the nurses to assess their health care needs and identify any concerns or risk factors that were then referred to the GPs.

The practice had systems to identify patients who required additional support and were pro-active in offering additional help. For example, vaccination clinics were promoted and held at the practice, including a seasonal flu vaccination for older people. The practice kept a register of patients who had a learning disability and promoted / encouraged annual health checks for these patients.

The practice offered a full range of immunisations for children and travel vaccines. Last year's performance for childhood immunisations was either in line or above average for the CCG area and there were systems to follow-up non-attenders.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey, and a survey of patients undertaken by the patient participation group (PPG). We spoke with patients and read the comment cards that patients had completed prior to the inspection.

Information from the national patient survey was collated in 2013 and showed that the practice had been rated below the national average in some areas, for example, whether patients had been treated with care and concern when they had last seen a GP. However, when we looked at the most recent survey undertaken this year by the PPG, we saw that average ratings were significantly improved in all areas of patient satisfaction. For example, the majority of responses had rated the practice as 'good' or 'excellent' when asked about the courtesy and friendliness of staff, the environment and confidence in the GP and nursing staff. The majority of respondents also rated the practice as 'good' or 'excellent' for overall quality of the service and whether they would recommend the practice to others.

We spoke with seven patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected, although one comment was less positive in relation to getting through on the telephone in the mornings. Patients also completed comment cards to provide us with feedback on the practice. We received six completed cards and the majority were positive about the service and complimentary about the staff. Some comments were less positive, relating to booking appointments in advance. From our observations, we saw that reception staff were welcoming to patients, were respectful in their manner and showed a willingness to help and support patients with their requests.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice had a confidentiality policy that provided guidance for staff on how to protect patients' confidentiality and personal information. Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. Staff we spoke with were aware of their responsibilities in maintaining patient confidentiality and we saw that the policy had been shared with them and they had signed to confirm their awareness of the contents.

The practice had a chaperone policy that set out the arrangements for patients who wished to have a member of staff present during clinical examinations or treatment. Records showed that most staff had received up-to-date chaperone training. We saw notices informing patients that they could ask for a chaperone to be present during their consultation if they wished to have one.

The practice had arrangements to provide additional support for patients whose circumstances may have made them vulnerable. For example, home visits were arranged for vulnerable patients who were reluctant or unable to attend the practice.

Care planning and involvement in decisions about care and treatment

Patients were involved in decision making and were given the time and information by the practice to make informed decisions about their care and treatment. Patients told us they felt listened to and included in their consultations. They said they felt involved in the decision making process in relation to their care and treatment, that GPs and nurses took the time to listen and explained all the treatment options to them. They felt able to ask questions and were able to change their mind about treatment options.

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions in relation to their care and generally rated the practice well in these areas. For example, data from the patient survey showed that the majority of respondents rated their experience as 'good' or 'excellent' when asked if they felt included in the decisions about their care and treatment.

We saw a range of leaflets and posters in the waiting room that provided patients with information about health care services. For example, information about the practice and the services it offered, the promotion of healthy lifestyle

Good

Are services caring?

choices and contact details of other services and sources of support. Staff told us that translation services were available for patients who did not have English as a first language.

Patient/carer support to cope emotionally with care and treatment

Staff were supportive in their manner and approach towards patients. Patients told us that staff gave them the support they needed and they felt able to discuss any concerns or worries they had with them.

Patient information leaflets, posters and notices were displayed that provided contact details for specialist groups that offered emotional and confidential support to patients and carers, for example, a bereavement support group. The practice's electronic system alerted GPs if a patient was also a carer and we saw a range of information available for carers to help ensure they understood the various avenues of support available to them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was responsive to patients' needs. The staff we spoke with explained that a range of services were available to support and meet the needs of different patient population groups and that there were systems to identify and address patients' needs and refer them to other services and support if required.

The practice engaged with the clinical commissioning group (CCG) and told us there was a lead GP within the practice who attended CCG meetings on a regular basis. Information was exchanged at these meetings and the practice GPs were kept aware of service developments and requirements for the locality. For example, the practice had responded to an urgent request earlier in the year when a local GP practice had needed to transfer a large number of patients to other practices in the area.

The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). We spoke with three members of the group and they told us they felt the practice had embraced the principles behind having a PPG. The PPG had conducted a patient survey in the last year and we saw that the results were positive, with most responses to the questions asked being either 'good' or 'excellent'. Some comments had been received about possible improvements, and we saw that these had been considered and acted on by the practice, including the recruitment of more permanent staff and the availability of drinking water for patients waiting for appointments. The practice had also introduced a dedicated PPG notice board in the reception area, where the survey results were displayed, as well as news / information from the PPG.

Tackling inequity and promoting equality

The practice was located on the first floor in purpose-built premises and there was a lift to provide access for those patients who had difficulty in using the stairs. We saw that the waiting area was large enough to accommodate patients with wheelchairs and chairs provided in the waiting area were of mixed height and size, to accommodate patients' physical requirements. There was easy access to the treatment and consultation rooms that were all located on the same floor. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities. The practice had a hearing loop system for patients who had hearing difficulties and interpretation services were available by arrangement for patients who did not speak English. We were told that patients with a disability had been consulted and involved in the original design of the reception waiting area and we saw that the reception desk had been designed with a lower area to accommodate patients who used wheelchairs. The practice also had weighing scales that could accommodate patients in wheelchairs. Parking spaces had been provided to the rear of the building for patients who had a disability.

The practice had a policy regarding equality and diversity and records showed that the majority of staff had undertaken equality and diversity training. The practice took account of the needs of different patients in promoting equality and considered those who may be in vulnerable circumstances. For example, working closely with the community learning disability team to ensure those patients with a learning disability received appropriate support and an annual assessment of their health care needs.

Access to the service

Appointments were available from 8.30am to 6pm each week day and the practice operated extended opening hours until 8pm on Wednesday evenings and 7.30pm on Thursday evenings. This provided flexibility for working patients outside of core working hours. Staff we spoke with were knowledgeable about prioritising appointments and worked with the GPs to ensure patients were seen according to the urgency of their health care needs. Patients registered at the practice were also able to attend appointments and clinics at two other practices that were part of the same GP group. These were located within a few miles of the practice and provided flexibility and choice of appointment times to suit working patients. Patient records were accessible at all three GP locations and were updated in the same way, regardless of where patients attended for appointments.

We found patients could book an appointment by telephone, online or in person. Most of the patients we spoke with said that the appointments system worked well for them. Patients told us that they could have telephone consultations and that the GPs were very good at calling

Good

Are services responsive to people's needs?

(for example, to feedback?)

them back if requested. The GPs we spoke with confirmed that same day telephone consultations were offered to all patients and this was managed via the electronic communication system.

Patients we spoke with and comments we received all expressed confidence that urgent problems or medical emergencies would be dealt with promptly and that staff knew how to prioritise appointments for them. For example, the practice had a system to identify and prioritise patients with mental health needs to ensure urgent access to a GP appointment and referral to specialist mental health support if required. The staff we spoke with had a clear understanding of the triage system to prioritise how patients received treatment, if they needed an appointment or how the GPs would decide to support them in other ways, for example, a telephone consultation or home visit. The practice also offered pre-bookable appointments and online appointment bookings. Patients told us they could always request longer appointments if they needed them. There was a system for patients to obtain repeat prescriptions and when we spoke with patients, they told us that they found the system worked well and their medicines were available when they needed them.

There were arrangements to ensure patients could access urgent or emergency treatment when the practice was closed. Information about the 'out of hours' service was displayed inside and outside the practice and was also included in the patient information booklet and on the practice website. A telephone message informed patients how to access services if they telephoned the practice when it was closed. Patients we spoke with told us that they knew how to obtain urgent treatment when the practice was closed.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. The practice had a complaints policy that was in line with recognised NHS guidance and there was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. The procedure was displayed in the patient waiting area, there was a complaints leaflet and details were also included in the practice information booklet and on the practice website. We looked at three complaints that had been received in the last year and found that these had been satisfactorily handled and dealt with in a timely way and in accordance with the practice policy.

We saw that a complaints summary report had been produced for the year, that identified any emerging themes or trends, and was discussed at practice meetings to review any changes that could be made and we saw that these were acted on. For example, communication issues had been identified as a theme and the management team had reminded staff about the importance of effective communication with patients.

Patients we spoke with told us that they had never had cause to complain but knew there was information available about how and who to complain to, should they wish to do so.

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

GPs we spoke with told us that the practice worked towards a longer term strategy of improvement and stability, following recruitment in the current year of permanent GPs and new permanent members of the management team. The strategy was based on a 'team' approach in providing good quality care and treatment for patients. The practice did not have a written 'vision' statement or a business plan to inform individual or team objectives. However, when speaking with staff, it was clear that the leadership / management team promoted a collaborative and inclusive approach to achieve its purpose of providing good quality care to all patients. The practice had set out a range of aims and objectives in its 'statement of purpose' and these also reflected its purpose in delivering good quality care to the patients who received services.

Governance arrangements

The practice had a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the lead GP was the lead for safeguarding. We spoke with ten members of staff from the practice, who were clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns or issues. Staff also commented that they had seen improvements in clinical leadership during the last year, with the recruitment of permanent GPs into the practice.

There was a regional management team that governed the overall activity of the practice group and we saw a clear management structure with named members of staff who provided additional support and guidance for senior practice staff. For example, there were area clinical and management leads who provided line management support and operated a governance meeting structure in addition to the local meetings held at the practice.

The practice held governance / management meetings on a monthly basis to consider quality, safety and performance and we saw examples of the minutes from these meetings. The items discussed included analysis and review of significant events, enhanced services for specific patient groups, safeguarding and monitoring of complaints. Reviews and outcomes from clinical audits were also discussed, for example, medicine prescribing and implementation of the medicines optimisation scheme. Information from the practice Quality and Outcomes Framework (QOF) was reviewed to enable the practice to make comparisons to national performance and locally agreed targets, as well as monitoring performance against the previous year results. However, whilst the practice had their own patients that were registered with them, they were also part of a three-practice GP group and we were told that the administrative system used for analysing data was set up to include the patients registered at all three practices. This may have presented difficulties when looking at outcomes specifically for those patients registered at the practice.

We looked at the minutes from a range of other meetings that took place on a regular basis within the practice, for example, clinical meetings between the nurses and GPs and administrative staff meetings, where staff were able to comment and suggest improvements to the services offered to patients. We saw that the practice considered and acted on suggestions from staff where appropriate to do so, for example, a review of the appointments system, as suggestions had been made by staff in relation to when additional appointment slots were most in demand from patients.

The practice nurses attended external clinical group meetings, to share information and review the latest national guidelines in relation to best practice and quality standards. The practice manager attended regular meetings with the area clinical commissioning group where information and guidance was shared, for example, implementation of the 'friends and family test' from December 2014. (This is a process for patients to feedback their views and comments to the practice).

The practice had a number of policies and procedures to govern activity and these were available to staff on the desktop of any computer within the practice and also kept in hard copy files. We looked at 15 of these and saw that staff had signed to confirm that they had read the policies. All the policies and procedures we looked at had been reviewed annually and were up to date.

The practice had robust arrangements for identifying, recording and managing risks. The practice manager showed us the risk log, which addressed a wide range of potential issues, such as the safe management of sharps, fire safety, and general health and safety. We saw that the

Are services well-led?

Good

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

risk log was regularly discussed at team meetings and updated in a timely way. Staff were made aware of updated information in relation to risks, for example, in the last year, all staff had received a checklist to sign, confirming they had read all updated risk assessments, policies and procedures.

Leadership, openness and transparency

We spoke with the practice GPs who told us they advocated and encouraged an open and transparent approach in managing the practice and leading the staff team. Staff we spoke with told us they felt there was an 'open door' culture, the GPs were approachable, they felt supported and were able to approach the senior staff about any concerns they had. They said there was a good sense of team work within the practice and communication worked well. All staff said they felt their views and opinions were valued. They told us they were positively encouraged to speak openly to all staff members about issues or ways that they could improve the services provided to patients.

The practice manager was responsible for the implementation of human resource policies and procedures. We reviewed a number of policies, for example, the induction policy and sickness absence policy, which supported staff. We were shown the electronic staff handbook that was available to all staff, which included sections on equality and harassment at work. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through patient surveys undertaken by the practice participation group (PPG) and complaints they had received. We were shown a report on comments and complaints from patients between January and September 2014 and that a common theme had been identified in relation to communication with patients. As a result, the practice had formally reminded staff in practice meetings about the importance of accurate and timely communication with patients at all times.

The practice had an active PPG that met every six weeks and had carried out an annual survey. The practice manager showed us the analysis of the survey which had been considered by the practice and the results had been collated into an action plan. We saw that improvements for the practice had been agreed based on the findings, for example, improved communication with patients via the practice website. The results of the survey were to be placed on the practice website and displayed on a dedicated PPG notice board in the reception area.

The practice had gathered feedback from staff through meetings, appraisals and discussions. A staff survey had also been undertaken and the practice had considered the findings and improvements had been made wherever possible. For example, during the last year, a review of roles and workloads had been undertaken and permanent GPs and other staff had been recruited. The staff we spoke with told us they had noticed improvements during the year and that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle-blowing policy which was available to all staff electronically on any computer within the practice. Staff we spoke with told us they knew where to find the policy / guidance and would use the process if necessary.

Management lead through learning and improvement

Records showed that GPs and nursing staff were supported to access on-going learning to improve their skills and competencies. For example, attending specialist training for diabetes, childhood immunisation and opportunities to attend external forums and events to help ensure their continued professional development. Staff said they had dedicated time set aside for learning and developing, for example, GPs told us they were given study leave to use specifically for continued professional development.

We saw that formal appraisals were undertaken for all staff, to monitor and review performance, review personal objectives and to identify training requirements. One member of staff told us that their appraisal had identified a training need in relation to human resources (HR) / employment knowledge and a course had been booked for them to attend. There was a system to help ensure that GPs received an annual appraisal and records showed that the GP revalidation process had been implemented at the practice.

The practice had completed reviews of significant events and other incidents and shared them with staff at meetings to help ensure the practice improved outcomes for

Are services well-led?

Good

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

patients. For example, a recent significant event had identified the need for additional and specific training for nurses who prescribed certain types of medicines and this had been shared with the practice staff.