Dr Cooney & Partners

Quality Report

St Helens Medical Centre,
Upper Green Road,
St Helens,
Ryde,
Isle Of Wight,
PO33 1UG
Tel: 01983871828
Website: www.sthelensmedicicalcentre.com

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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 St Helens Medical Centre on 10 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

There was a practice outreach team comprised of a practice funded Community Care Liaison Nurse (CCLN) and a healthcare assistant who worked with patients over the age of 75, referred by the practice staff, outside agencies and those who self-refer to support of the needs of older people. The role of the healthcare assistant was to undertake health checks, with the aim of avoiding admission to hospital, provide care planning, work with patients pre and post dementia diagnosis and with patients in their own homes to avoid a crisis.

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.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework 2014-2015 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey January 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, a 12 month pilot of a Falls Co-ordinator enabled the practice to identify and respond to the needs of patients who were falling or at risk of falling and put in place a protocol for appropriate referral.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There was a practice outreach team comprising of a practice funded Community Care Liaison Nurse (CCLN) and a healthcare assistant who worked with patients over the age of 75, referred by the practice staff, outside agencies and those who self-refer to support of the needs of older people. The role of the healthcare assistant was to undertake health checks, with the aim of avoiding admission to hospital, provide care planning, work with patients pre and post dementia diagnosis and with patients in their own homes to avoid a crisis.

Are services well-led?

Good

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.

Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There is an outreach team comprising a Community Care Liaison Nurse (CCLN) and a health care assistant (HCA) who work with patients over the age of 75 , referred by the practice staff, outside agencies and those who self-refer to support of the needs of older people. The CCLN was funded by the practice after a pilot was completed and the practice felt that the benefits to patients was such that the role should continue.
- The HCA works both in the practice and in the community with the CCLN under taking health checks, contributing to admission avoidance care planning, working with people pre and post dementia diagnosis and with people in their own homes to avoid a crisis.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with Chronic Obstructive Pulmonary Disease (COPD) and asthma have self-management plans. Admission avoidance care plans are in place where appropriate.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 74% of patients diagnosed with asthma, on the register, had had an asthma review in the last 12 months compared with the national average of 76%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 82% of women patients aged 25-64 years had received a cervical screening test in the preceding five years. This was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. A nominated GP visits and supports a local boarding school on a weekly basis.
- Experienced Advanced Nurse Prescribers are available every day to see minor illness and practice nurses see children presenting with minor injury.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered a 'Commuter's Clinic' on Saturday mornings for working patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice registered patients of no fixed abode and see patients as temporary residents who present with an urgent social or medical need.
- The GPs or outreach team offer bereavement visits and support following bereavement.

People experiencing poor mental health (including people with dementia)

Good

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

- 96% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 85%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Home visits for mental health reviews and dementia reviews are undertaken when necessary for patient benefit.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line better than national averages. 234 survey forms were distributed and 132 were returned. This represented 2% of the practice's patient list.

- 93% of patients found it easy to get through to this practice by phone compared to a national average of 74%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 77%).
- 94% of patients described the overall experience of their GP practice as fairly good or very good (national average 86%).
- 83% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (national average 80%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Patients commented upon the very good treatment, that they felt well listened to and the practice was hygienic. They also commented upon how caring staff were and they felt treated with respect.

The only negative comments were relating to patients not always getting appointment times they wanted and sometimes appointments were changed by the practice.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Dr Cooney & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission lead inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Cooney & Partners

Dr Cooney & Partners, also known as St Helens Medical Centre, is located in a purpose built medical centre at Upper Green Road, St Helens, Ryde, Isle Of Wight, PO33 1UG.

This practice has a branch at 55a Foreland Road, Bembridge, Isle of Wight, PO35 5UA. During this inspection we did not visit the branch surgery.

Dr Cooney & Partners has an NHS General Medical Services contract to provide health services to approximately 6300 patients in and around Ryde and St Helens and surrounding areas. The practice covers a mixed urban and rural population. The practice has an higher than England average for males and females over 65years and is in the second least deprived decile.

Older people account for the largest group of registered patients at the practice. In identifying the needs specific to this group and through working collaboratively with care homes, statutory and voluntary services, the practice is able to support the health and wellbeing of older people to meet a range of health and social needs. The practice is placed in the second least deprived level of deprivation.

The practice had car parking at the front of the building and a self-check in system. There were consulting and treatment rooms on the ground floor and consulting rooms on the first floor which could be accessed by stairs and a stair lift. The waiting areas were clean and tidy with patient information boards and leaflets. The practice had a room off of the waiting area where patients could take their own blood pressure using a blood pressure machine; this room could also be used for patients who wanted a private conversation with a member of staff.

The practice has four GP partners, two male and two female. The practice has two advanced nurse practitioners, two practice nurses, two healthcare assistants and a community care liaison nurse.

The clinical team are supported by a practice manager and a team of 12 receptionists, and administration support staff.

The practice is open Monday to Friday 8am to 6:30pm and operates extended hours clinics on Saturdays 8.30am to 12 midday or 9am to 12.30pm by appointment only. Phone lines are open from 8.30am to 6.30pm Monday to Friday (excluding public holidays).

Same day appointments can be booked at any time from 8.30am on the day the patients needed the appointment for.

Urgent appointments were also available for people who needed them. Appointments could be made by phone, on line or by visiting the practice. The practice offered online booking of appointments and requesting prescriptions.

The practice offered telephone consultation appointments with the GP or nurses which could be arranged via the reception team. The practice also offered home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

Detailed findings

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Out of Hours service via the NHS 111 service.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 March 2016. During our visit we:

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

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning.

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incorrect patient name had been booked into the appointment system resulting in an X-ray form being given to be in the wrong patient. The patient highlighted the error. The incident was investigated fully and discussed at the practice. A checking system was updated and staff were reminded that it was in place and must be used to ensure that the correct patient was booked in.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes.

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for children.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A senior practice nurse with many years of experience in infection control was the lead who liaised with the local infection prevention teams to keep up to date with best practice. There was a robust infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example; the lung function test equipment must be decontaminated in line with the manufacturer's instructions. The practice had produced a separate protocol to ensure this was understood and completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a GP or nurse were on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients.

Risks to patients were assessed and well managed.

Good

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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 basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment.

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

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

Management, monitoring and improving outcomes for people.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed;

- Performance for diabetes related indicators was better than the national average. For example 97% of patients with diabetes, on the register, had an influenza immunisation in the preceding 12 months. The national average was 95%.
- The percentage of patients with hypertension having regular blood pressure tests was 92% compared to the national average of 84 %.
- Performance for mental health related indicators was better than the national average. For example 96% of patients diagnosed with dementia had a face to face care review in the preceding 12 months compared to a national average of 85%.

Clinical audits demonstrated quality improvement.

- There had been 10 clinical audits undertaken in the last two years, several of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit of the use of broad spectrum antibiotics. This identified some areas where there could be improvement in the context of local formulary guidance. This finding was being addressed by the practice.

Effective staffing.

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

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

Good

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing.

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment.

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives.

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

- These included patients in the last months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. At this practice 78% of females, 50-70,had been screened for breast cancer in last 36 months against the clinical commissioning group average of 78% and the England average of 73%. Also 67% of patients , 60-69, had been screened for bowel cancer in last 30 months compared to a clinical commissioning group average of 62% and an England average of 59%.

Childhood immunisation rates for the vaccines given were above clinical commissioning group and averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 100% to 100% and five year olds from 92% to 100%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion.

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

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

All of the 36 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. CQC comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to or better for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 93% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 96%).
- 87% of patients said the last GP they spoke to was good at treating them with care and concern (national average 86%).
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 90% of patients said they found the receptionists at the practice helpful (CCG average 92%, national average 87%).

Care planning and involvement in decisions about care and treatment.

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 86%).

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

Patient and carer support to cope emotionally with care and treatment.

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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

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 services where these were identified.

- The practice offered a 'Commuter's Clinic' on Saturday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulties attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had taken part in a clinical commissioning group pilot around care of patients over 75 years and the introduction of a care navigator. At the end of the pilot the practice found that there were positive outcomes for patients from the scheme and they continued to fund the position.
- The practice created their own outreach team comprising a new Community Care Liaison Nurse and designated health care assistant for the over 75s, who worked with patients referred by the practice staff, outside agencies and those who self-refer to support of the needs of older people.

Access to the service.

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

- 77% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 93% of patients said they could get through easily to the practice by phone (national average 74%).
- 23% of patients said they always or almost always see or speak to the GP they prefer (national average 37%).

The practice was open Monday to Friday 8am to 6:30pm and operated extended hours clinics on Saturdays 8.30am to 12 midday or 9am to 12.30pm by appointment only. Phone lines were open from 8.30am to 6.30pm Monday to Friday (excluding public holidays).

Same day appointments could be booked at any time from 8.30am on the day the patients needed the appointment for.

Urgent appointments were also available for people who needed them. Appointments could be made by phone, on line or by visiting the practice. The practice offered online booking of appointments and requesting prescriptions.

The practice offered telephone consultation appointments with the GP or nurses which could be arranged via the reception team. The practice also offered home visits if required and appointments with the practice nurses if the patient felt they did not need to speak with a GP.

The practice has opted out of providing out-of-hours services to their own patients and refers them to the Out of Hours service via the NHS 111 service.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints.

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at twelve complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

For example, a resident living in a care home was booked for an influenza vaccination, and when attended it was found that this had already been done. The matter was fully investigated and discussed and a learning point was

Good

Are services responsive to people's needs?

(for example, to feedback?)

made that when consent forms were received from the care home, the practice administration staff must check each patient's records to ensure the vaccine had not already been administered. If the nurse or GP, when arriving at the care home was informed that a vaccine had already been given they checked with the practice again for confirmation before making a decision.

Are services well-led?

Good

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

Our findings

Vision and strategy.

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements.

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

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

Leadership and culture.

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice looked at whether the opening hours met the needs of their patients. A patient survey was undertaken and 92% of patients that completed the questionnaire answered that the opening hours did meet their needs. The questionnaire report was publicised on the practice website and has been reviewed in clinical meeting with the GPs and other staff members.

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

Continuous improvement.

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice

Are services well-led?

Good

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

had taken part in a clinical commissioning group pilot around care of patients over 75 years and the introduction of a care navigator. At the end of the pilot the practice found that there were positive outcomes for patients from the scheme and they continued to fund the position. The practice created their own outreach team comprising a new Community Care Liaison Nurse and designated health care assistant for the over 75s, who worked with patients referred by the practice staff, outside agencies and those who self-refer to support of the needs of older people.