The Gillinggate CentreThe Gillinggate Centre

Quality Report

The Gillinggate Centre
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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.

Summary of findings

Contents

Summary of findings

Overall summary

Captain French Surgery recently started to provide the service from the Gillinggate Centre. The practice operated a weekday service for over 9000 patients in the Kendal area. It provided extended services so opened at 7.30am three days a week and closed at 6.30pm. At least once a week the centre closed around 7pm. Captain French Surgery was responsible for providing primary care, which included access to GPs, minor surgery, family planning as well as ante and post natal care. Cumbria Health on Call (CHOC) provided an out of hours service for patients who used the Captain French Surgery.

The patients we spoke with and who completed our comment cards were very complimentary about the care provided by the clinical staff; the overall friendliness and behaviour of all staff. Patients reported that they felt that all the staff treated them with dignity and respect.

We found that the practice had listened to patient comments and took action to improve their service.

A range of appointments were available including telephone consultations and people could book these both in person, over the phone or on-line.

The building was well-maintained and very clean. Effective systems were in place for the oversight of medication. Clinical decisions followed best practice guidelines.

We found that the leadership team was very visible. There were excellent governance and risk management measures in place.

We found that the practice had met the regulations and provided services that were safe and effective.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?
The service was safe. Effective systems were in place to provide constant oversight of safety of the building and patients. Staff took action to learn from any incidents that occurred within the practice. Staff took action to safeguard patients and when appropriate made safeguarding referrals.

Are services effective?
The service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met and referrals to secondary care were made in a timely manner. Healthcare professionals ensured that patient's consent to treatment was obtained appropriately at all times. The team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff.

Are services caring?
The service was caring. All the patients who responded to comment cards, and those we spoke with during our inspection, were very complimentary about the service. They all found the staff to be kind and compassionate and felt they were treated with respect. The practice had a well-established patient participation group and people from this group told us they were actively involved in ensuring patient centred approaches to care were at the forefront for the practice.

Are services responsive to people's needs?
The service was responsive to patients' needs. The provider had a clear complaints policy and responded appropriately to complaints about the service. It was proactive in seeking the views of patients and responding to suggestions that improved the service and access to the service. The practice conducted regular patient surveys and took action to make suggested improvements.

Are services well-led?
The service was very well led. The leadership team were effective and had a clear vision and purpose. Governance structures were in place and there was a robust system in place for managing risks.

Summary of findings

What people who use the service say

We received 21 completed patient comment cards and spoke with 15 patients on the day of our visit. We spoke with people from different age groups, including parents and children, and with people who had different physical and mental health care needs and who had varying levels of contact with the practice.

All these patients were very complimentary about the care provided by the clinical staff; the overall friendliness and behaviour of all staff. They all felt the doctors and nurses were extremely competent and knowledgeable about their treatment needs. They felt that the service was exceptionally good and that their views were valued by the staff.

The 2013 practice patient survey and comments on the NHS choices website showed that people had made negative observations around ease of access appointments. We found that the provider had listened to these comments and in 2013 had reviewed the appointment system and introduced a wider range of ways to book appointments. One respondent to the CQC's comment card discussed the recent improvement the provider had made for patients wanting to access to appointments.

Patients reported that they felt that all the staff treated them with dignity and respect. They told us that the Gillinggate Centre had various the waiting rooms, including a large seating area and this was different from what had been available at the previous surgery. That initially they had worried that they would not hear their name called but the provider had made sure this did not happen. Patients told us that the electronic screens with audible alerts were used to let them know when it was time for their appointment and found it extremely helpful that the doctor or nurse practitioners also came out of their consultation rooms to let them know it was their turn. Patients told us they valued this personal touch.

From a review of the national GP survey we saw that the patients rated the service highly at the practice. We found that the results from this survey were above national averages for positive feedback.

Good practice

Our inspection team highlighted the following areas of good practice:

There were excellent processes in place that assured that the services provided met people's needs, treated them effectively and minimised any risks associated with illnesses and treatment.

The practice was involved in the 'Productive General Practice' programme, which is delivered by the NHS Institute for Innovation and Improvement.

The practice had worked collaboratively with three other GP practices to provide services for the older people living in a local care home.

The practice had established the local GP practice network and this had sign up from 21 local surgeries.

The practice had facilitated access to a training course in self-management of conditions for patients.

Staff completed a checklist triage when patients phoned in, which gave them sufficient information to be able to determine if the person may be able to see a nurse practitioner. If people came to the desk to make an appointment, even though it was set away from the waiting area, no information was taken about the reason for the request. The reception staff just wrote on the appointment record it was an at desk-booking.

The induction and initial training programmes for clinical staff covered listening effectively, communicating effectively, and shared decision making.

A GP practice network had been established by Captain French Surgery and this had sign up from 21 local surgeries.

The Gillinggate Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC inspector and the team included a GP, a second CQC inspector and a specialist with experience working as a practice manager.

Background to The Gillinggate Centre

Captain French Surgery registered as a company who provide primary medical services and one of the GP's acted as the registered manager, which meant they were legally responsible for making sure the practice met CQC requirements.

Captain French Surgery provided a weekday service for over 9000 patients in the Kendal area. It offered extended services so opened at 7.30am three days a week and closed at 6.30 pm. At least once a week the centre closed around 7pm. The service was responsible for providing primary care, which included access to GPs, minor surgery, family planning and ante and post natal care. Out of hours provision was provided by Cumbria Health On Call (CHOC).

Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This practice had not been inspected before and that was why we included them.

How we carried out this inspection

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

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

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. This did not highlight any significant areas of risk across the five key question areas. As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us.

We carried out an announced visit on 29 April 2014 and the inspection team spent eight and a half hours at the Gillinggate Centre. We reviewed all areas that the practice operated, including the administrative areas. We sought view from patients both face-to-face and via comment cards. We spoke with the practice manager, four GPs, two nurses, a healthcare assistant, three of the senior management staff, four administrators and two receptionists who were on duty.

We observed how staff handled patient information received from the external call handling service. As part of the inspection we reviewed how GPs made their clinical decisions. We also talked with carers and family members.

Are services safe?

Summary of findings

The service was safe. The practice was clean and well-maintained. Effective systems were in place to provide constant oversight of safety of the building. The medicines were stored and administered properly. Patients were supported by practice staff, who were able to ensure patients received appropriate treatment and support.

Our findings

Safe Patient Care

We found that the practice had systems in place to monitor all aspects of patient safety. Reports from NHS England indicated that the practice had a very good track record for maintaining patient safety. Information from the quality and outcomes framework, which is a national performance measurement tool showed that in 2012-2013 the provider was appropriately identifying and reporting incidents.

We found that concerns regarding the safeguarding of patients were passed on to the relevant authorities by staff as quickly as possible. Staff actively reflected on their practice and recognised the benefits of identifying any lapses in practice. This not only included actual patient safety incidents but incidents where things had the potential to go wrong. From our discussions we found that GPs were aware of the latest best practice guidelines and incorporated this into their day-to-day practices.

Learning from Incidents

We saw evidence that thorough and rigorous internal investigations were conducted when any significant events occurred. We found that staff used root cause analysis and incident review to fully explore the events leading up to an incident. All of the clinical staff we spoke with discussed the action they and the GP partners took to ensure systems and their practices improved as a result of the analysis. This level of oversight minimised the risk of the incident happening again.

The practice manager, GP partners and clinical leads completed regular self-assessments and peer reviews of their performance. Staff we spoke with and the documents reviewed showed that the practice identified key learning points. Minutes from meetings confirmed that these findings had been shared with all the staff. Staff discussed how action and learning plans were shared with all relevant staff and the clinical meeting minutes we reviewed confirmed that this occurred. All of the staff we spoke with could detail how they had improved the service following learning from incidents and reflection on their practices. The practice was involved in the 'Productive General Practice' programme, which is delivered by the NHS Institute for Innovation and Improvement. The programme expects staff and patients to critically review the service and identify how it can be improved. We were told that this programme encouraged both staff and the patient

Are services safe?

participation group members to openly review the service and determine where they could improve. We were told that online access to GP and nurses appointments had been developed as a result of this work.

Safeguarding

We found that concerns regarding the safeguarding of patients were passed on to the relevant authorities as quickly as possible. Staff were readily able to discuss incidents when they had either raised safeguarding or child protection alerts. We reviewed the practice's safeguarding policies and procedures and found that these were comprehensive and fully covered actions the staff needed to take. The practice had supplied additional guidance and the local Clinical Commissioning Group (CCG) had also organised region-wide safeguarding training for all GP practice staff. The practice manager had introduced a daily check to ensure that any safeguarding concerns were passed on to the relevant authorities immediately. We found that staff had received appropriate training around safeguarding adults and child protection.

Monitoring Safety & Responding to Risk

The practice had developed clear lines of accountability for all aspects of care and treatment. The GPs and nurses had been allocated lead roles such as ensuring best practice guidance was followed and infection control. Each clinical lead had systems for monitoring their areas such as routine checks to see that GPs and nurses who prescribed medicines were using the latest guidance and protocols. The systems were effectively monitored by the practice manager and senior staff. Findings were routinely analysed and any emerging risks were immediately fed back to the staff.

We found that the practice manager and GP partners had agreed in conjunction with commissioners what would be safe staffing levels and the rotas showed that these were consistently maintained. We found that the practice ensured that the clinical staff received regular cardiopulmonary resuscitation (CPR) training and training associated with the treatment of anaphylaxis shock. Staff who would use the defibrillator were regularly trained to ensure they remained competent in it's use.

Management of medicines

We found that there were up to date medicines management policies in place. The staff we spoke with were familiar with them. Medicines were kept in a secure store, which could only be accessed by clinical and pharmacy staff. There were appropriately stocked medicine and equipment bags ready for doctors to take on home visits. We saw evidence that the bags were regularly checked to ensure that the contents were intact and in date.

Clear records were kept whenever any medicines were used. Arrangements for the storage and recording of controlled drugs, which are strong medicines that require extra administration checks, were followed. Any changes in guidance about medicines were communicated to clinical staff in person, electronically and by attaching a note to the tick box on the repeat prescription sheet. This ensured staff were aware of any changes and patients received the best treatment for their condition.

We found that staff as part of the 'Productive General Practice' programme had recently completed an audit around 'lost prescriptions' and used the information from this to look at where action could be taken to reduce these and therefore ensure medicines were not supplied inadvertently to another person. The records showed that the controlled drugs were stored, recorded and checked safely.

There were standard operating procedures (SOP) in place for using certain drugs and equipment. The nurse prescribers used patient group directions (PGD) when deciding what medicines to prescribe. These documents ensured all clinical staff followed the same procedures and nurses who prescribed medicines did so safely. The SOPs and PGDs were reviewed were in date and clearly marked, which ensured staff knew it was the current version.

Cleanliness & Infection Control

Two of the nurses had a lead role for infection control and we spoke with both of these nurses during the visit. We also inspected three treatment rooms and two clinical rooms. All were exceptionally clean. We saw that disposable bed curtains had recently been replaced, and that there was a system in place for regular wall washing in the treatment rooms.

There was an up-to-date Infection Control Policy in place, and two audits had been undertaken within the last few months. A needle stick injury policy was in place, which outlined what staff should do and who to contact if they suffered a needle stick injury. This meant the risk of them acquiring an infection was reduced. This was filed on a shared practice intranet. Special kits for dealing with the

Are services safe?

spillage of bodily fluids were available in the locked sluice room. We saw that infection control training was part of induction for all staff (including hand-washing). Clinical staff completed this training at induction and then refresher training was done on an annual basis. Non-clinical staff completed the training during their induction and had access to the information produced by the infection control lead.

Staffing & Recruitment

The practice had a comprehensive and up-to-date recruitment policy in place. Appropriate pre-employment checks were completed for a successful applicant before they could start work in the service. We looked at a sample of recruitment files for doctors, administrative staff and nurses. They showed that the recruitment procedure had been followed. We discussed with the practice manager the need to obtain health statements for employees so they knew the person was physically and mentally able to perform their role.

We were told by the practice manager and GPs that locums were rarely used. We saw that the majority of GPs worked part time hours to varying degrees but the practice manager made sure there was adequate cover. We saw that over the previous year on the occasions locums were required the same three people were used throughout. One person worked on the 'bank' and we found that this person was well known to the practice.

The practice manager discussed and showed us documents to demonstrate how they had set staffing rotas to provide in-house flexibility and this was sophisticated enough to cover unexpected emergencies. From the review of the rota we found that the arrangements allowed for mix of male and female doctors; and sufficient nursing; healthcare assistants, domestic staff and administration support to be on site at all times.

Dealing with Emergencies

There were robust business continuity plans in place to deal with emergencies that might interrupt the smooth running of the service such as power cuts and adverse weather conditions. The plans were kept in service operation procedures folder which were held by the practice manager.

Equipment

Emergency drugs were stored securely in an accessible place, which meant staff could readily deal with an emergency. Vaccines were stored in a designated fridge, which ensured the medicine was stored in line with the manufacturer's guidance. Temperature logs for the vaccine fridge were accurate and complete, which meant staff could be confident that the medicine had not become too warm or cold and therefore unusable. A protocol was in place that detailed the action staff needed to take if this was not the case and the nurses we spoke with were aware of what actions they needed to take if the fridge was not working properly.

Defibrillator and oxygen was readily available for use in a medical emergency and checked each day to ensure it was in working condition. A log of maintenance of clinical/ emergency equipment was in place and noted when any items identified as faulty were repaired or replaced. We saw that all of the equipment had been tested and the provider had contracts in place for personal appliance tests (PAT) to be completed on an annual basis and for the routine servicing and calibration, where needed, of equipment.

Are services effective?

(for example, treatment is effective)

Summary of findings

The service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met and referrals to secondary care were made in a timely manner. Healthcare professionals ensured that patient's consent to treatment was obtained appropriately at all times. The team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff.

Our findings

Promoting Best Practice

The staff we spoke with all were keen for the service to be patient centred as possible. The clinicians were familiar with and using current best practice guidance. The partners had nominated a GP to lead on ensuring all clinicians remained up to date with the latest best practice guidance. The GPs and nursing staff we spoke with could clearly outline the rationale for their treatment approaches and this was aimed at ensuring the best outcome for each patient. From our discussions and review of documents we confirmed that staff completed thorough assessments of patients' needs and these were reviewed when appropriate.

The practice provided a service for all age groups. GPs, apart from having the overall competence to assess each person attending the service, had particular interest areas. For example one of the GPs had developed additional competencies around working with people who experience addictions and people who had mental health needs. Another GP had a special interest in working with people who had respiratory diseases. The patients were aware of these competencies in the GPs and therefore, when appropriate, booked appointments to see these particular clinicians.

We confirmed that the staff providing gynaecology and family planning services received regular updates. The providers assessed staff undertaking these tasks in their delivery of these services as well as other general practice expectations in line with the expectations of the Royal College of General Practitioners guidelines. Health care assistants had completed accredited training around checking patient's physical health such as taking blood pressures and blood. This meant clinical staff were up to date and assessed as competent to treat patients.

Management, monitoring and improving outcomes for people

The practice manager and GP partners had a variety of mechanisms in place to monitor the performance of the practice and the clinicians adherence with best practice. These included the ensuring the team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. From our review we confirmed that the staff openly raised and shared concerns about clinical performance. They

Are services effective?

(for example, treatment is effective)

discussed how as a group they reflected upon the outcomes being achieved and areas where this could be improved. For example they had looked at how they could improve response rates to their request that patients who have carer roles let them know and how they, as a practice, could become better at recognising where their patients maybe undertaking carer roles.

Staffing

The review of information about staff training, the induction programme covered a wide range of topics such as dignity and privacy, equality and diversity as well as mandatory training confirmed that practice had clear expectations around refresher training. Training was completed in line with national expectations as well as those of the local CCG. The practice ensured all staff could readily update both mandatory and non-mandatory training. We saw that the mandatory training for all staff included fire awareness, information governance, emergency trolley, sharps boxes, handling samples, and equality and diversity. Staff also had access to additional training related to their role.

We saw from a review of staff files that internal annual appraisals were completed for all nursing, health care and administration support staff. Appraisals were completed by the person's line manager and included the individual's review of their own performance, feedback from the line manager and planning for future development. Clear consideration was given to whether the objectives from the previous appraisal had in fact been met. Individuals were set achievable and realistic objectives for the following year. We saw three consecutive appraisals in one person's file and these demonstrated that there was continuity in the assessment of staff performance and ensured they continually developed their skills. Staff were also given the opportunity to comment on 'what changes would you like to see in the next 12 months to improve your enjoyment of work'. We saw that appraisal's were signed and dated by the individual, their line manager and the GP leading on staffing issues.

Working with other services

The practice as a whole closely linked to other GP practices in the area. They had worked collaboratively with three other GP practices to provide services for the older people living in a local care home. This was a large care home and the GPs had worked together to see how they could best meet the residents needs.

Also Captain French Surgery had established the local GP practice network and this had sign up from 21 local surgeries. We heard how they shared information between them around new clinical developments and the latest guidance from CQC.

The practice staff also worked closely with the local community nursing team and provided them with an office. This meant that practice staff could communicate easily and quickly with the community nursing team, which ensured patients received appropriate and timely care. We heard that good links had been established with local hospital consultants and this aided the flow of information to them in respect of assisting patients to come to terms with their diagnosis and treatment. They also worked with the CHOC to make sure doctors working the out of hours service had full information about patients needs including care plans for people receiving palliative care.

Health Promotion & Prevention

The staff proactively gathered information on the types of needs patient's presented with and understood the number and prevalence of conditions being managed by the practice. The practice manager and clinicians could clearly outline the numbers of people with long-term conditions; what these were; and how the clinicians took action to regularly review their needs. We heard and found that the staff at the practice were currently completing work to identify people on their patient list who also provided a carer's role. This meant that preventative work could be completed with all these groups to support them to understand how to improve their health and wellbeing.

One of the members of the patient participation group discussed how the practice had facilitated access to a training course in self-management of conditions. They told us about how the programme enabled patients to consider what actions they could take to manage their condition and improve their quality of life. They told us that the group they ran within the practice was initially targeted at people who had Parkinson's disease but this was evolving to include more people with other life-limiting conditions such as motor neuron disease and chronic obstructive airways disease.

Are services caring?

Summary of findings

The service was caring. All the patients who responded to comment cards, and those we spoke with during our inspection, were very complimentary about the service. They all found the staff to be kind and compassionate and felt they were treated with respect. The practice had a well-established patient participation group and people from this group told us they were actively involved in ensuring patient centred approaches to care were at the forefront for the practice.

Our findings

Respect, Dignity, Compassion & Empathy

The practice had a patient dignity policy in place. Staff were familiar with the steps they needed to take to protect people's dignity. Consultations took place in purposely designed consultation rooms with an appropriate couch for examinations and curtains to maintain privacy and dignity. There were signs explaining that patients could ask for a chaperone during examinations if they wanted one. Patients told us that they felt that all the staff and doctors effectively maintained their privacy and dignity.

The practice operated a patient participation group and patient representatives attended service meetings. The two patient participation group members we met discussed how the provider valued their contribution to the operation of the service and listened to their insights into patient experience. This work had led to the recognition that people may not be always able to see or read the display boards. Therefore GPs used their knowledge of patients to determine if they needed to go into the waiting room and alert the person. We saw throughout the visit that the GPs and other clinicians would actively go and call people.

We observed that the reception staff treated people with respect and ensured conversations were conducted in a confidential manner. The practice had set up an administration room for taking calls for appointments and this was situated in the office wing. Patients when phoning in would be asked for brief reasons as to why they needed an appointment. This was to allow staff to complete a checklist triage, which gave them sufficient information to be able to determine if the person may be able to see a nurse practitioner. If people came to the desk to make an appointment, even though it was set away from the waiting area, no information was taken about the reason for the request. The reception staff just wrote on the appointment record it was an at desk-booking. There was an interview room available at the side of the reception desk should people wish to discuss a matter with the reception desk staff in private.

All the patients we spoke with told us they were satisfied with the approaches adopted by staff and felt clinicians were extremely empathetic and compassionate. They said

Are services caring?

“They are fantastic and I always feel they are taking the time to listen to me and find the best treatment option for me” and “I have been with the practice for years and find the staff second to none”.

Involvement in decisions and consent

We saw that healthcare professionals adhered to the requirements of the Mental Capacity Act 2005 and the Children Act 1989 and 2004. Capacity assessments and Gillick competency assessments of children and young people, which check whether children and young people have the maturity to make decisions about their treatment, were an integral part of clinical staff practices. From our discussions and review of records we confirmed that clinical staff understood how to make ‘best interest’ decisions for people who lacked capacity and sought appropriate approval for treatments such as vaccinations from children’s legal guardian.

The patients we spoke with confirmed that their consent was always sought and obtained before any examinations were conducted. They told us about the process for using chaperones and felt confident that this was effective as it was always used with them when needed. Where patients had capacity to make their own decisions appropriate consent was obtained for example patients attending or the minor surgery in the practice completed a consent form.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

The service was responsive to patients' needs. The practice had a clear complaints policy and responded appropriately to complaints about the service. It was proactive in seeking the views of patients and responding to suggestions that improved the service and access to the service. The practice conducted regular patient surveys and took action to make suggested improvements.

Our findings

Responding to and meeting people's needs

We found that the practice was accessible to patients with mobility difficulties. The consulting rooms were large with easy access for patients with mobility difficulties. There were also toilets for disabled patients. Hearing loops were installed at the reception desk and patient's could identify they were being called for the appointment because their was an audible bell, the electronic display boards flashed up their name and the clinicians came out to call them. People could alert staff to their arrival for an appointment via an IPad or by notifying the staff at the desk. There was a large and small waiting area and this afforded people a quiet area to sit and also the small waiting room was closer to the consultation rooms so it meant people could split the distance to walk down if needed.

Staff said they had access to interpreter or translation services for patients who needed it, and there was guidance about using interpreter services and contact details. The reception staff told us that they were familiar with which patients needed this type of support and when these patients booked an appointment they made sure an interpreter was booked in advance of the appointment. We saw that the appointment system identified if people needed an interpreter and this meant staff could pre-book one. The receptionist we spoke with told us about one person who required someone who was fluent in British Sign Language and the process they followed to make sure this service was available whenever the person had an appointment. We were told that the clinical staff had access to telephonic interpreting services, which meant that they were always able to communicate with patients.

We saw that the practice carried out a comprehensive analysis of its activity data. This information was used to ensure that the correct number of staff with the most appropriate skill mix were deployed in the most effective way to meet patient demand. The activity analysis was shared with the local CCG on monthly basis and formed a part of the quality framework. It also assisted the clinicians to check that all relevant people had been called in for a review of their health conditions and for completion of medication reviews. Our review confirmed that well-women and well-men services were provided to patients when required and this was individually tailored to the needs of the patient. The practice held regular clinics

Are services responsive to people's needs?

(for example, to feedback?)

for a variety of complex and long-term conditions such as respiratory disease, diabetes and Parkinson's disease. This meant that the patients could be confident that, if they had a long-term health condition, the GPs and clinicians would support patients to take steps to achieve their best quality of life.

Access to the service

We saw in the 2013 practice patient survey and comments on the NHS choices website that people had made negative observations around ease of access to appointments. We found that the provider had listened to these comments. Following the comments being made the provider had reviewed access to appointments and had provided not only face-to-face and telephone opportunities to make an appointment but they had also set up an online booking system. At the time of the inspection the practice was in the process of completing a patient survey, which again would cover satisfaction with the service.

Concerns & Complaints

We saw that there was a robust complaints procedure in place. The people we spoke with were all aware of the process to follow should they wish to make a complaint. The practice manager investigated complaints. We saw that these investigations were extremely thorough and impartial. This meant areas where lessons could be learnt were identified. She analysed all of the complaints and produced reports for the GP partners which were shared with the staff during their team meetings.

Are services well-led?

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

Summary of findings

Overall the service was very well led. The leadership team were effective and had a clear vision and purpose. Governance structures were in place and there was a robust system in place for managing risks.

Our findings

Leadership & Culture

There was a well-established management structure with clear allocation of responsibilities. We saw evidence that showed the managers of the service engaged with the local CCG on a regular basis to discuss current performance issues and how to adapt the service to meet the demands of local people. For instance, the provider was working with the CCG to ensure information about carers attending the practice was captured and used to inform their understanding of the needs patients using the service and target the development of their health promotion resources.

We saw that induction and initial training programmes for clinical staff covered listening effectively, communicating effectively, and shared decision making. This helped to ensure a consistent approach to patient care across the service. There was a clear recruitment process that supported the employment of suitable staff. Comprehensive induction and training programmes were in place for all staff and attendance was closely monitored.

The GPs received both internal appraisal and an external professional appraisal. They, as well as the nursing staff, also routinely accessed clinical supervision. During the appraisal clincians were asked to reflect on their practice and behaviour. Colleagues were also asked to provide open and honest feedback at the appraisal about their interpersonal skills and clinical competence. This information was used to assist their manager complete an accurate appraisal of the staff completence to work at the practice.

Governance Arrangements

We found that there was a strong and visible leadership team with a clear vision and purpose. We found that the practice manager and provider had created comprehensive systems for monitoring all aspects of the service and these were used to plan at future developments and to make improvements to the service. We also saw that the provider had a process in place for making sure there was a constant review of their clinical audits. The practice manager and provider actively encouraged patients to be involved in shaping the service. We found that the senior management team, and staff constantly challenged existing arrangements and looked to continuously improve the service being offered.

Are services well-led?

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

Systems to monitor and improve quality & improvement

The practice was involved in the 'Productive General Practice' programme, which encouraged both staff and the patient participation group members to openly review the service and determine where they could improve. All the staff we spoke with discussed how this programme assisted them to constantly review and improve their practices and the overall service being provided.

The practice manager had made sure that the systems in place for monitoring the service provided comprehensive information about the operation of the service. They used the information to benchmark their performance and used this evaluate how effective any improvement were along with the general operation of the practice.

Systems for monitoring the ongoing fitness of clinicians to practice were in place so routine checks that registrations remained current or scheduled supervision and appraisal had occurred were completed. As well as processes for making sure that medicine alerts they were received were shared with all GPs and nurse prescribers and that these staff took the appropriate action. There was no evidence of forward planning within the practice around the need to review and update policies and check the accuracy of current risk management tools.

The providers actively encouraged patients to be involved in shaping the service and we found that the senior management team, and staff constantly used the information from patients to look at how to improve the service being delivered.

Patient Experience & Involvement

We received 21 completed patient comment cards and spoke with 15 patients on the day of our visit. We spoke with people from different age groups, including parents and children, people with different physical and mental health care needs and with various levels of contact with the practice. All these patients were very complimentary about the care provided by the clinical staff and by the overall friendliness and behaviour of all staff. They all felt the doctors and nurses were extremely competent and knowledgeable about their treatment needs. They felt that the service was exceptionally good and that their views were valued by the staff.

The practice had a well-established patient participation group and from a review of the minutes of their meetings we found this group were very effective and engaged. Their views were listened to and used to improve the service being offered at the practice.

Staff engagement & Involvement

The practice manager, GPs and staff we spoke with were very clear on their roles and responsibilities. All of them demonstrated a deep understanding of their area of responsibility and each one clearly took an active role in ensuring that a high level of service was provided on a daily basis. Each person we spoke with felt they had a voice and the provider was interested in creating a learning and supportive working environment.

Staff we spoke with and the documents reviewed showed that they regularly attended staff meetings and these provided them with the opportunity to discuss the service being delivered. We saw that the provider used the meetings to share information about any changes or action they were taking to improve the service and actively encouraged staff to discus these points.

Learning & Improvement

We saw that a comprehensive induction programme was completed by new staff and all staff had completed mandatory training. The provider had clear expectations around refresher training and this was completed in line with national expectations as well as those of the local CCG. The mandatory training for all staff included fire awareness, information governance, emergency trolley, sharps boxes, handling samples, and equality and diversity. Staff also had access to additional training related to their role. For example reception staff told us they had received conflict resolution and customer care training. We saw that a comprehensive training matrix for all staff employed in the organisation was in place and up to date. This meant that the provider was able to identify what training each staff member needed, when it had occurred and when any refresher training was due.

Each week the provider offered the clinicians forums to discuss recent changes in best practice and gave them protected learning time. Patients were made fully aware of the closure and why, via the practice website. Topics for discussion at whole team, clinical and non-clinical meetings were scheduled in advance. Practice management meetings are conducted every month and

Are services well-led?

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

involve the senior management team and the providers. Minutes from the meetings showed that the last whole staff team meeting discussed "Moving forward productive general practice".

Identification & Management of Risk

The practice manager, providers and clinical leads completed regular self-assessments and peer reviews of their performance. Staff told us they felt confident about raising any issues and felt that if incidents did occur these would be investigated and dealt with in a proportionate manner. Each clinical lead had systems for monitoring their areas, such as whether GPs and nurse prescribers were using the latest guidance and protocols. We found that appropriate risk assessments such as those for fire, infection control and safety were available and up to date. The practice manager and senior staff were effectively monitoring any potential risks and had contingency plans to deal with all eventualities. Findings were routinely fed back to the provider.