

Rookery Medical Partnership

Quality Report

Rookery Medical Practice
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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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Rookery Medical Partnership	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rookery Medical Practice on 18 July 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.
- The practice used a range of assessments to manage the risks to patients; they were assessed and well managed.
- Practice staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it more difficult to make an appointment with a named GP, however, they found that the triage appointment system worked well. On the day of the inspection, we found this system was safe and effective, however we found there was scope to improve reviews of the system . Urgent appointments were 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.

Summary of findings

- The practice had been accredited a Dementia Friendly practice 2016/2017 by the West Suffolk Clinical Commissioning Group.
- All staff had a good awareness of the needs of patients whose circumstances made them vulnerable. We saw numerous examples of the proactive and person-centred approach for individual patients. The practice were proactive in identifying and providing additional support to patients and in working with other agencies. We saw how people had been supported to maintain their independence and to live at home and access community and voluntary services. This helped ensure their welfare.

The areas where the provider should make improvement are:

- Regularly review and audit the triage appointment system to monitor and ensure that the service continued to offer safe and high quality care.
- Proactively identify and offer support to carers.

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?

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 things went wrong patients received reasonable support, truthful information, and a 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.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes for 2014-2015 were above the averages when compared with the local and national averages. For example,
- Practice staff assessed patient's needs and delivered care in line with current evidence based guidance.
- Clinical audits were routinely used and encouraged quality improvement.
- Practice 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.
- Practice staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed mixed results when patients rated the practice when compared with others for aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity, and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw practice staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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 the practice offered a dedicated tissue viability service to their patients. This ensured that patients did not incur delays in their treatment.
- Travel advice was given to patients ensuring that patients had access to immunisation that were covered under the NHS.
- The practice recognised that they had a large population of patient's whose first language was Polish. The practice produced a copy of the practice leaflet in Polish to ensure that these patients could access their services easily.
- Patients said they found it more difficult to make an appointment with a named GP, however, they found that the triage system worked well. We found this system to safe and effective, however, the clinical oversight needed to be strengthened. Urgent appointments were 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.

Good



Are services well-led?

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 it.

Good



Summary of findings

- 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.
- An overarching governance framework 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. Regular reports were produced and shared with all the practice staff.
- The practice proactively sought feedback from staff and patients, which it acted on. The virtual patient participation group was active. The practice manager sent regular information and questionnaires and received email feedback.
- 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

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those that needed them.
- The practice looked after patients who lived in care homes and they offered proactive care for these patients and undertook regularly visits to the homes.

Home visits were available for patients who needed them.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed this included for patients with a learning disability.
- 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.
- To support patients who had recently been diagnosed with diabetes, the diabetes nurse had given her mobile number to patients so that they could contact her. This included supporting these patients over the evenings and weekends.
- The nursing staff undertook home visits for those patients that were unable to attend the practice for their reviews. Recent data showed that the practice had reduced the emergency admissions for patients with respiratory disease and who were housebound.

Good



Families, children and young people

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

Good



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 people who had a high number of A&E attendances. Immunisation rates were lower than the national average for the standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice recognised the need for extra sexual health clinics in the locality and host twice weekly outreach clinics.
- We saw positive examples of joint working with midwives, health visitors, and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice had discussed and agreed to provide appointments over the lunchtime period for employees of the British Racing School. This enabled these workers to access health 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 appointments with GPs on Saturday mornings enabling patients that could not attend during the weekdays to access appointments.

Good



People whose circumstances may make them vulnerable

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

- There was a lead GP and the practice held a register of patients living in vulnerable circumstances including homeless people, travellers, and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice had 117 patients diagnosed with dementia on the register. 90% of these patients had received an annual review. The reviews included advance care planning. The practice had been accredited a Dementia Friendly practice 2016/2017 by the West Suffolk Clinical Commissioning Group.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those 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. They undertook reviews of patients who had died and had a history of experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 278 survey forms were distributed and 93 were returned. This represented 33% response rate.

- 83% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.

- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards which were all positive about the standard of care received.

We spoke with ten patients during the inspection who said they were satisfied with the care they received and thought staff were approachable, committed, and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Regularly review and audit the triage appointment system to monitor and ensure that the service continued to offer safe and high quality care.

- Proactively identify and offer support to carers.

Rookery Medical Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Rookery Medical Partnership

The practice is situated in Newmarket, Suffolk. The practice area extends into the outlying villages and the practice dispenses medicines to patients who live in these villages. The practice offers health care services to 14,000 and consultation space for GPs and nurses as well as extended attached professionals including midwives, link mental health work, and phlebotomists.

The practice holds a GMS contract, and is a training practice with two GP trainers. A training practice has trainee GPs working in the practice; a trainee GP is a qualified doctor who is undertaking further training to become a GP. A trainer is a GP who is qualified to teach, support, and assess trainee GPs. There is currently one trainee GP working in the practice.

- There are four GP Partners and seven salaried GPs at the practice (nine female and two male GPs). There are three healthcare assistants, one nurse practitioner and eight practice nurses. A team of nine dispensary trained staff support the dispensary manager.
- A team of 15 administration and reception staff support the practice manager, assistant practice manager and the data manager.

- The practice is open between 8am and 6.30pm Monday to Friday; extended hours are available on Saturday mornings.
- If the practice is closed, patients are asked to call the NHS111 service or to dial 999 in the event of a life threatening emergency.
- The practice profile for age range of patients is comparable to the national average. However, the deprivation score is below the England average. Unemployment in the practice population is lower than the England average, the percentage of patients who provide unpaid care is in line with the national average.
- Male and female life expectancy in this area is in line with the England average at 81 years for men and 85 years for women.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 July 2016. During our visit we:

- Spoke with a range of staff (GPs, the practice manager, nurses, administrators, receptionists, healthcare assistants, and dispensers) 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 people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people 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 CQC at that time.

Are services safe?

Our findings

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. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- 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 (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. An infection control clinical lead had been appointed and they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were carried out; following an audit in June 2016 a report, with plans was written and shared with the staff. The plans included replacing fabric chairs with wipeable ones.
- We reviewed three 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.

Medicines management

- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained. Dispensary staffing levels were in line with DSQS guidance. Dispensing staff were appropriately qualified and had their competency annually reviewed. The practice had conducted audits of the quality of their dispensing service to ensure high dispensing accuracy. Patients we spoke with told us members of dispensary staff were friendly and helpful and medicines were supplied to them promptly and without delay.

The practice had written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed to reflect current practice. There was a variety of ways available for patients to order their repeat prescriptions. Prescriptions were reviewed and signed by GPs before they were given to the patient to ensure safety. There were arrangements in place to provide medicines in compliance aids for some patients to assist them in taking their medicines safely.

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff.

Records showed medicine refrigerator temperature checks were carried out in the dispensary, which ensured medicines and vaccines were stored at appropriate temperatures. However, the temperature recordings were not recorded correctly in the treatment room. We highlighted this to the practice, they took immediate action, and they ordered new data loggers, enabling the recording of temperatures to be down loaded electronically.

The practice had processes to check and record that medicines were within their expiry date and suitable for use. Medicines we checked during the inspection were within their expiry dates. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage

Are services safe?

arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. The practice staff were following these. For example, controlled drugs were stored in a controlled drugs cupboard, access to them was restricted, and the keys held securely. There were arrangements in place for the destruction of controlled drugs and for raising concerns around controlled drugs with the controlled drugs accountable officer in their area.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and then reviewed. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available 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 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 was 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 stored securely.

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.

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 guidelines 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 patients' 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 98.8% of the total number of points available. The overall exception reporting rate was 8.8% which was in line with the CCG and national average. (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).

- Performance for diabetes related indicators in 14/15 was in line with the national average and CCG average. The exception reporting rate was 11.4% and this was in line with the national (10.8%) and CCG (12.2%) exception reporting rates.
- Performance for mental health related indicators was comparable to the national average. The percentage of patients with dementia who had had a face to face review was 90% which was comparable to the national average of 84%. The exception reporting rate was 4.6% which was lower than the CCG average (8.3%) and the national average (8.3%).

- There had been 12 clinical audits completed in the past 12 months. These included completed audits on high risk medicines monitoring, dispensing errors, and bowel screening uptake.

The practice recognised that their performance for the number of patients who had received a cervical screening within the given time frames needed to be improved. An audit was undertaken which included looking at how patients with disabilities were able to access and understand the information provided. Actions that the practice identified were;

Look at increasing the number of appointments available later in the day for those patients who were at work and contact patients who had not attended via the telephone. Pictorial leaflets were obtained.

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, fire safety, health and safety and confidentiality. A quiz sheet was used to ensure that staff had a good understanding of infection control.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those 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 access to 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Practice staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- The practice had robust oversight and staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.
- 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 professionals 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Practice staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, 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 patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support for example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation and dietary advice was available to patients using the practice.

The practice's uptake for the cervical screening programme was 80%, which was below the CCG average and the national average of 82%.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Figures published by Public Health England show that 58.7% of the practice's target population were screened for bowel cancer in 14/15 which in line with the national average of 58.3%. The same dataset shows that 75% of the practice's target population were screened for breast cancer in the same period, compared with the national screening rate of 72%.

There were failsafe 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.

Childhood immunisation rates for the vaccinations given were lower than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.3% to 96.6%, compared to the nation average of 93.4% to 97.2% and five year olds from 89.1% to 96.4% compared to the nation average of 92.7% to 96.7%. Practice staff told us that they actively tried to improve uptake, both clinical and non-clinical staff telephoned the parents or guardian of children to discuss and encourage attendance.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and 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.
- The 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 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described their experience as 'excellent' and 'very good'.

We spoke with members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said that they felt included, consulted and valued by the Practice.

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

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 94% of patients said they had confidence in the last nurse they saw or spoke compared to the CCG average of 98% and the national average of 97%.

- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 above local and national averages. For example:

- 96% of patients said the last GP they spoke to was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% and the national average of 90%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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. The practice used a language identification card. This card contained the wording in 107 languages instructing the patient to point to their language and an interpreter will be called.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 56 patients as

Are services caring?

carers (under 1% of the practice list). 79% of these carers had received an annual review. Written information was available to direct carers to the various avenues of support available to them.

The practice actively worked with the Racing Welfare Service to ensure that patients and their families who may experience specific difficulties such as financial problems were given appropriate and early support.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

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.

- Appointments were available outside school and core business hours to accommodate the needs of children and working people.
- Appointments for the patients who worked in the riding schools or yards were available during the time when they would not be needed to work. This ensured that patients who could be marginalised had access to medical care.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were facilities for patients with disabilities and translation services were available.
- The practice worked closely with community midwives, mental health link workers, substance abuse and alcohol support workers and diabetic specialist nurses and promoted provision of these services from the surgery premises where possible.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours were offered on Saturday mornings. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were mixed when compared with the local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 81% and the national average of 73%.
- 36% of patients with a preferred GP usually got to see or speak with that GP compared to the CCG average of 63% and the national average of 59%.

We discussed the opening hours with the practice. They explained to us that because the practice was located within the shopping centre, they were not permitted to open in the evenings. The practice was negotiating this with the landlords and NHS England.

The practice was aware of the low patient satisfaction with patients being able to see their preferred GP. The practice had increased the access to GPs via telephone consultations and had planned to increase the number of GP sessions available.

Comment cards we reviewed and patients we spoke with told us on the day of the inspection that they were able to get appointments when they needed them. Although, most stated that to see a specific GP there was usually a longer wait.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, both in the waiting area and on the web site.
- The practice produced a comprehensive report and action plan which was regularly shared with the staff. This action plan details the complaints and compliments that had been received, the actions taken, the learning shared and the changes that had been made.

Six written complaints and 16 written compliments had been received in the past 12 months. Each complaint had

been fully detailed and lessons were learnt. For example, a patient we spoke told us that they had made a complaint regarding the care they had received when they arrived at the practice without an appointment. We reviewed the summary log of the practice; they had recorded the complaint and dealt with it appropriately. The staff discussed how to manage the situation should it happen again. The patient had been satisfied with the outcome. The practice reviewed verbal feedback to ensure that they used the information to identify trends for further improvements.

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 and staff knew and understood the values.
- The practice had a robust strategy and supporting business plan which reflected the vision and values and this was regularly monitored. The practice reviewed their strategic plan every year to ensure they were meeting their objectives. The practice had identified a need to increase the capacity within the nursing team to meet the patient demands. They had updated the plan to reflect that they had increased the nurse practitioner and the diabetes nurse hours.

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.
- The management team had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements; however, we noted that monitoring of the triage system and staff's performance needed to be strengthened.
- There were robust arrangements for identifying, recording, and managing risks, issues, and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity, and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The practice was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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, an action plan was shared regularly and this was kept up to date to ensure that any improvements were made in a timely manner.
- 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 and supported in doing so. For example practice staff recognised that the storage of the controlled drugs was compromised due to lack of space within the specialist storage unit. They suggested that the practice install additional units, enabling the drugs that were waiting to be destroyed, to be stored separately. The management team agreed and these had been installed.
- Staff said they felt respected, valued and supported, particularly by the partners and management team 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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The practice manager sent information, updates, and surveys to the PPG members on a regular basis. For example, the practice asked the PPG their thoughts on how easy it was to see their preferred doctor. The practice acknowledged that the feedback confirmed there were long delays. The practice responded with some explanation and actions that they would take, which included increasing the telephone consultations with GPs for those patients where this would be appropriate and helpful.
- The practice had gathered feedback from staff through, one to ones and general feedback at meetings. 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 management team told us that the whole practice team would continue to develop new models of care that would meet and enhance patient care. For example, the practice will develop enhanced training for nurses with minor illness training to continue to improve their triage system. This further training would include further nurse education and include telephone consultation skills