Old Hall Surgery

Quality Report

26 Stanney Lane
Ellesmere Port
Cheshire
CH65 9AD
Tel: 0151 355 1191
Website: www.oldhallsurgery.co.uk

Date of inspection visit: 9th February 2016
Date of publication: 31/03/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Old Hall Surgery on 9th February 2016.

Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- There were systems in place to reduce risks to patient safety, for example, infection control procedures and the management of staffing levels.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff felt well supported. They had access to training and development opportunities and had in general received training appropriate to their roles.
- Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful.
- Services were planned and delivered to take into account the needs of different patient groups.
- Access to the service was monitored to ensure it met the needs of patients. Patients reported satisfaction with opening hours and said they were able to get an appointment when one was needed.
- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

We saw an area of outstanding practice:

Summary of findings

- Two administrative staff at the practice had developed a booklet for patients over 75 which gave useful information about local health and social care services and practical advice such as how to keep healthy over winter and eating well on a budget.

The areas where the provider should make improvements are:

- Document reviews of significant event investigations to demonstrate that all action identified has been taken.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. There were appropriate systems in place to ensure that the premises were safe. There were systems to protect patients from the risks associated with staffing levels, medicines management and infection control. Safety events were reported, investigated and action taken to reduce a re-occurrence. We found that reviews of significant event investigations to demonstrate that all action identified had been taken were not being documented. Staff were aware of procedures for safeguarding patients from risk of abuse. Some staff had not received formal training in safeguarding vulnerable adults from abuse and action to address this was taken following our visit. One nurse and the health care assistant had not undertaken safeguarding children training at Level 2 which is recommended by the Royal College of Nursing. A date to attend this was provided following our visit.

Are services effective?

Good

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff had access to training and development opportunities and had in general received training appropriate to their roles.

Are services caring?

Good

The practice is rated as good for caring. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Summary of findings

Are services well-led?

Good

The practice is rated good for providing well-led services.The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. 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. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. All patients over 75 had a named GP who was responsible for co-ordinating their care. The practice had identified patients with high accident and emergency attendance and a care plan had been developed to support them. Following hospital discharge they were contacted by a clinician to discuss support needed to prevent a readmission where possible.

The practice worked with other agencies and health providers to provide support and access specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. They had recently introduced an Early Visiting Service and were working towards implementing an Acute Visiting Service. Both services have the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services. Clinicians visited a local nursing home once a week to review patient health and respond to any concerns identified. Two administrative staff at the practice had developed a booklet for patients over 75 which gave useful information about local health and social care services and practical advice such as how to keep healthy over winter and eating well on a budget.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice was working towards the Year of

Summary of findings

Care model for patients with long term conditions. This model is designed to empower patients and work in partnership with them to develop care plans to manage their long term conditions and reduce attendance at the practice for screening. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice referred patients who were over 18 and with long term health conditions to a well-being coordinator for support with social issues that were having a detrimental impact upon their lives. It was reported that this service was beneficial in reducing access to the out of hours and accident and emergency services. The practice was also part of a project that offered patient peer coaching. Patients could be referred to this service where support was provided by patients who had undertaken training to enable them to support other patients with similar conditions.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Opportunistic immunisations were given to encourage uptake. All children under 5 were given a same day appointment if requested. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding children. In general all staff had safeguarding training relevant to their role. One nurse and the health care assistant had not undertaken safeguarding children training at Level 2 which is recommended by the Royal College of Nursing. A date to attend this was provided following our visit. The safeguarding lead staff liaised with and met regularly with the health visitor, school nurse and midwife to discuss any concerns about children and how they could be best supported. GPs attended all initial child safeguarding meetings to ensure the practice was up to date with any concerns and any relevant information could be shared. Chlamydia screening was offered to young people. The practice website and information in the waiting room directed young people to sources of support such as “My Wellbeing” an online service for 11-19 year olds run by Cheshire and Wirral Partnership NHS Foundation Trust offering emotional and psychological support. Family planning services such as coil and implant fitting were provided.

Working age people (including those recently retired and students)

Good

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

pre-bookable appointments, book on the day appointments and telephone consultations. Patients could book appointments on-line or via the telephone and repeat prescriptions could be ordered on-line which provided flexibility to working patients and those in full time education. The practice was open from 08:00 to 18:30 Monday to Friday allowing early morning and late evening appointments to be offered to this group of patients. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. The practice website provided information around self-care and local services available for patients. Reception staff were able to sign post patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service that was being piloted in the area (this provided physiotherapy appointments for patients without the need to see a GP for a referral). The practice offered health checks to patients aged 40 – 74 which included cholesterol and blood glucose checks to help identify potential health risks. Health screening checks were also offered to patients aged 16 and over and as part of this urine testing was offered to test for diabetes.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. There was a recall system to ensure patients with a learning disability received an annual health check. Temporary vulnerable patients were registered at the practice, for example, patients residing in refuges due to domestic violence. Staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and they had access to the practice's policy and procedures. Some staff had not received formal training in this area and following our visit we were given a date for this training to take place. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff was the carer's link. A representative from the Carers Trust visited the practice and provided information for patients about the services provided. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia).GPs worked with specialist services to review care and to ensure patients received the

support they needed. The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review. The practice referred patients to appropriate services such as psychiatry and counselling services.The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression. Clinical and non-clinical staff had undertaken training in dementia to ensure all were able to appropriately support patients.

Summary of findings

What people who use the service say

Data from the National GP Patient Survey July 2015 (data collected from January-March 2015 and July-September 2014) showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were similar to local and national averages. Three hundred and ninety eight survey forms were distributed, 111 (28%) were returned which represents 2% of the total practice population.

- 89% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 92% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.
- 87% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was generally in line with local and national averages. For example:

- 73% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 76% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.

Patient responses concerning seeing a GP of their choice and getting an appointment to see or speak to someone was below local and national averages:

- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 85%.
- 69% of patients with a preferred GP said they usually don't get to see or speak to that GP compared to the CCG average of 39% and the national average of 40%.

The practice was aware of the patient feedback from the National GP Patient Survey and had as a team looked at ways to address the issues raised.

We received 34 comment cards and spoke to five patients. The majority of comments showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Patients considered their privacy and dignity was promoted and they were treated with care and compassion. Patients said that they were generally able to get an appointment when one was needed and that they were happy with the opening hours. Three comment cards indicated that the GP telephone consultation service was really appreciated. One comment card indicated that the process of booking an appointment in advance with a specific GP was unclear. One indicated that they were offered telephone consultations when their preference was to see a GP and another indicated that it can be difficult having a telephone consultation at work when they were not given a specific time.

Summary of findings

Areas for improvement

Action the service SHOULD take to improve

- Document reviews of significant event investigations to demonstrate that all action identified has been taken.

Outstanding practice

- Two administrative staff at the practice had developed a booklet for patients over 75 which gave useful information about local health and social care services and practical advice such as how to keep healthy over winter and eating well on a budget.

Old Hall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to Old Hall Surgery

Old Hall Surgery is responsible for providing primary care services to approximately 5558 patients. The practice is based in an area with higher than average levels of economic deprivation when compared to other practices nationally. The number of patients with a long standing health condition and health related problems in daily life was higher than average and number of patients claiming disability living allowance was significantly higher than average when compared to other practices nationally.

The staff team includes two partner GPs, two salaried GPs, two practice nurses, a health care assistant, practice manager and administration and reception staff. The practice is a training practice and at the time of our visit had one GP registrar working for them as part of their training and development in general practice.

The practice is open 08:00 to 18.30 Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including diabetes management, flu vaccinations, contraceptive coil fitting and prostrate cancer injection therapy.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

• Families, children and young people

• Working age people (including those recently retired and students)

• People whose circumstances may make them vulnerable

• People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 9th February 2016. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. All staff spoken with knew how to identify and report a significant event. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The practice held staff meetings at which significant events were discussed in order to cascade any learning points. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. A log of significant events was maintained which enabled patterns and trends to be identified. A review to ensure that appropriate action had been taken following a significant event was carried out however this was not documented.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and procedures were accessible to all staff. The procedures clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A printed flowchart with telephone numbers was on display outlining the process of making children's safeguarding referrals however the process for making adult safeguarding referrals was not. The flowchart with contact telephone numbers was found during our visit and the practice manager told us it would be clearly displayed for staff to refer to. There was a lead member of staff for safeguarding. The practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. GPs attended all initial safeguarding meetings regarding children. Staff demonstrated they understood their responsibilities and all had generally received safeguarding children training relevant to their role. One nurse and the health care assistant had not undertaken safeguarding children training at Level 2 which is recommended by the Royal College of Nursing. A date to attend this was provided following our visit. The clinical team liaised with and met regularly with the school health team, midwives and health visiting service to discuss any concerns about children and their families and how they could be best supported. Alerts were placed on patient records to identify if there were any safety concerns. A number of staff had not attended a formal training session about safeguarding adults from abuse. Arrangements were put in place to address this following our visit.
- A notice was displayed in the waiting room and in all treatment rooms, advising patients that a chaperone was available if required. All staff who acted as chaperones had received training for this role. A disclosure and Barring Service (DBS) check had been undertaken for all clinical and non-clinical staff who currently acted as chaperones. These 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. Further non-clinical staff had been trained to act as chaperones and we were told would undertake these responsibilities when a DBS check had been undertaken. GPs and chaperones recorded in patient records when a chaperone had been present. The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who 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 undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were stored in lockable containers however we noted that although access to the rooms containing prescriptions was restricted these rooms were not all lockable. Action to address this was taken following our visit. The practice manager advised that they would review the storage arrangements. Vaccines were

securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines.

- We reviewed two personnel files of staff employed within the last12 months 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 DBS. A system was in place to carry out periodic checks of the Performers List, General Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure the continued suitability of staff. A DBS check had been undertaken for all clinical staff except one. This practice had recently applied for a DBS check for this GP.

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 displayed for staff to refer to. The practice had an up to date fire risk assessment and regular checks were made of fire safety equipment. A fire drill had not taken place within the last 12 months. A date to undertake this had been arranged and following our visit we received confirmation that this had been carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and legionella.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

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 Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. Current results were 99.7% of the total number of points available with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- Performance for diabetes assessment and care was generally similar to or above the national average. For example the rate of blood pressure readings for patients with diabetes was 89% compared to the national average of 78%. The percentage of patients on the diabetes register, with a record of a foot examination within the preceding 12 months was 96% compared to the national average of 88%. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 98% compared to the national average of 94%.
- Performance for mental health assessment and care was similar to or slightly above the national averages.
- Performance for cervical screening of eligible women (aged 25-64) in the preceding five years was similar to the national average.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 93% compared to the national average of 90%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 75% compared to the national average of 75%.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of atrial fibrillation and anticoagulation therapy and the prescribing of sodium valproate to women of child bearing age. Both audits indicated that practices had been evaluated and changes made as a consequence. The GPs told us that they shared the outcome of audits with other GPs at the practice to contribute to continuous learning and improvement of patient outcomes.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. The practice had monthly multi-disciplinary meetings to discuss the needs of patients with complex needs, palliative care needs and to discuss the needs of younger children. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Effective staffing

Staff told us that they had the skills, knowledge and experience to deliver effective care and treatment. Evidence reviewed showed that:

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality. We spoke to a new member of staff who confirmed they had been supported during their induction and were provided with the information they needed.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring and facilitation and support for the revalidation of doctors. A system was in place to ensure all staff had an annual appraisal.
- All staff received training that included: safeguarding children, fire procedures, basic life support, infection control, health and safety and information governance awareness. Role specific training was also provided to clinical and non-clinical staff dependent on their roles. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies. There was a training plan in place to ensure staff kept up to date.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Clinical 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, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records. It had been identified that some clinical and non-clinical staff had not received formal training on the Mental Capacity Act 2005 and the practice manager was in the process of identifying training to address this.

Supporting patients to live healthier lives

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

New patients registering with the practice completed a health questionnaire and were offered a health assessment with the nurse or health care assistant. A GP or nurse appointment was provided to new patients with complex health needs, those taking multiple medications or with long term conditions.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to or slightly above other practices nationally. Childhood immunisation rates for vaccinations given for the period of April 2014 to March 2015 were generally comparable to the CCG averages (where this comparative data was available).

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. The reception area was small and close to the waiting area. To promote privacy telephones were answered away from the reception desk where possible. Patients at the reception could be overheard when talking to the receptionists due to the layout of the area. Patients were able to talk to reception staff in private if requested. Music was also played to limit patients overhearing a patient talking to the receptionist.

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Practice staff had put together information packs for carers to ensure they understood the various avenues of support available to them. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

We received 34 comment cards and spoke to five patients. Patients indicated that their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

Data from the National GP Patient Survey July 2015 (data collected from January-March 2015 and July-September 2014) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about average when compared to local and national averages for example:

- 89% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 92% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 97% said the nurse gave them enough time compared to the CCG average of 93% and national average of 92%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 88% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

The practice manager and partners reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt health issues were discussed with them, they felt listened to and involved in decision making about the care and treatment they received.

Data from the National GP Patient Survey July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%.

Good

Are services caring?

- 94% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 87% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example**,** the practice offered a range of enhanced services such as diabetes management, flu vaccinations, contraceptive coil fitting and prostrate cancer injection therapy. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example, they had recently introduced an Early Visiting Service and were working towards implementing an Acute Visiting Service. Both services have the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services.

The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients and patients with complex needs.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice was open from 08:00 to 18:30 Monday to Friday allowing early morning and evening appointments to be offered to working patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had identified patients with high accident and emergency attendance and a care plan had been developed to support them. Following hospital discharge they were contacted by a clinician to discuss support needed to prevent a readmission where possible.
- Clinicians visited a local nursing home once a week to review patient health and respond to any concerns identified.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- Translation services and an audio hearing loop were available if needed.
- The practice opened at least one Saturday morning a year to ensure all eligible patients received vaccination for influenza.
- The staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- Two administrative staff at the practice had developed a booklet for patients over 75 which gave useful information about local health and social care services and practical advice such as how to keep healthy over winter and eating well on a budget.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives. It was reported that this service was beneficial in reducing access to the out of hours and accident and emergency services.
- Reception staff were able to sign post patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service that was being piloted in the area (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- The practice was part of a project that offered patient peer coaching. Patients could be referred to this service where support was provided by patients who had undertaken training to enable them to support other patients with similar conditions.
- Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.
- The practice staff had attended training on promoting the equality and diversity of patients.
- A quarterly newsletter was available for patients informing them about changes at the practice, services available and providing useful health information.

Access to the service

Appointments could be booked in advance and booked on the day. Telephone consultations were also offered. Patients could book appointments in person, on-line or via

Good

Are services responsive to people's needs?

(for example, to feedback?)

the telephone. Repeat prescriptions could be ordered on-line or by attending the practice. Mobile phone texts were made to remind patients about appointments and reduce missed appointments.

Results from the National GP Patient Survey from July 2015 (data collected from January-March 2015 and July-September 2014) showed that patient's satisfaction with access to care and treatment was generally in line with local and national averages. For example:

- 73% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 76% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.

Patient responses concerning seeing a GP of their choice and getting an appointment to see or speak to someone was below local and national averages:

- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and national average of 85%.
- 69% of patients with a preferred GP said they usually don't get to see or speak to that GP compared to the CCG average of 39% and the national average of 40%.

The practice was aware of the patient feedback from the National GP Patient Survey and had as a team looked at ways to address the issues raised. The appointment system was monitored to ensure it met the needs of patients.

We received 34 comment cards and spoke to five patients. Patients generally said that they were able to get an appointment when one was needed and that they were happy with the opening hours. Three comment cards indicated that the GP telephone consultation service was really appreciated. One comment card indicated that the process of booking an appointment in advance with a specific GP was unclear. One indicated that they were offered telephone consultations when their preference was to see a GP and another indicated that it can be difficult having a telephone consultation at work when they were not given a specific time.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available for patients to refer to in the waiting room, in the patient information booklet and on the practice website. This included the timescale for when the complaint would be acknowledged and responded to and details of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of written complaints. We reviewed a sample received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. A log of complaints was maintained which allowed for patterns and trends to be easily identified. The records showed openness and transparency with dealing with the complaints.

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 statement of purpose which outlined its aims and objectives. These included providing a high standard of medical care, being committed to the needs of patients and working with patients to involve them in decision making about their care and treatment. The aims and objectives of the practice were publicised in the waiting areas. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

Governance arrangements

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

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

Leadership and culture

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

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

There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff said they felt respected, valued and supported. 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.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. The reception and administrative staff met to discuss their roles and responsibilities and share information. Partners and the practice manager met to look at the overall operation of the service and future development.

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

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 patient participation group (PPG) and through surveys and complaints received. Patients could also leave comments and suggestions about the service via the practice website or in the suggestion box located at the entrance to the practice.
- There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, the organisation of flu clinic days, layout of the waiting area and information on display in the waiting area had been suggested as areas for improvement. Records and a discussion with the PPG members and staff indicated that the practice

Are services well-led?

Good

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

had taken action to address these issues as far as possible. The PPG members spoken with felt they were listened to and kept informed and consulted about changes and developments at the practice.

- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT)is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for the last three months showed that a high number of patients would recommend the practice to family and friends. In November 96% of patients (out of 37 responses) in December 100% (out of 31 responses) and in January 95% (out of 57 responses) said they would be extremely likely or likely to recommend the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong 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. For example, the practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. They had recently introduced an Early Visiting Service and were working towards implementing an Acute Visiting Service. Both services have the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services. The practice was also part of a project that offered patient peer coaching. Patients could be referred to this service where support was provided by patients who had undertaken training to enable them to support other patients with similar conditions.