Dr Robert Mitchell

Quality Report

Dr Robert Mitchell
The Surgery, 15 School Lane
North Ferriby, Hull Hu14 3DB
Tel: 01482 634004
Website: www.drmitchell.co.uk

Date of inspection visit: 28 July 2016
Date of publication: 26/10/2016

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 Dr Robert Mitchell's practice on 28 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.
- Risks to patients were assessed and managed.
- 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.
- Patients said they found it easy to see the GP as the surgery had an open access policy and there was continuity of care. Appointments could be made in an evening or for a Saturday for those unable to attend during normal surgery times.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had policies and procedures to govern activity.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice.

Decisions about end of life care were made in accordance with the person's needs and wishes, and these were reviewed and revised regularly. If required the GP would visit dying patients at least once a day at their home.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. If things went wrong patients would receive 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.

Are services effective?

Good

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or above clinical commissioning group (CCG) and national averages. For example 97% of their patients with diabetes had received an influenza injection compared to the CCG and national averages of 94%. Performance for the recording of foot examinations was 97% compared to the CCG and national averages of 88%.

Staff assessed needs and delivered care in line with current evidence based guidance. There was evidence of clinical audits and ongoing quality improvement in the care of patients. This included reviewing and improving Vitamin D levels for a significant proportion of the practice's registered patients. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for staff. Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services. Data from the national GP patient survey showed patients rated the practice higher than other practices for all aspects of care. For example 95% of patients said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%. 95% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Decisions about end of life care were made in accordance with the person's

Summary of findings

needs and wishes, and these were reviewed and revised regularly. The GP would visit dying patients at least once a day at their home. All patients who were dying at home were given the GPs mobile number so that they could make contact at any time.

Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to provide services to meet the needs of patients. This has included a range of health promotion activities including recommending that patients take a probiotic (usually drinks or supplements containing live bacteria that are good for the digestive system) whenever antibiotics were prescribed and screening patients to check their Vitamin D levels.

Patients said they found the open access surgery policy very effective and gave them ease of access to their GP. Appointments on an evening and a Saturday morning were available for patients who were unable to wait at the surgery due to for example work or caring commitments. 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. The practice had only had one complaint in the last ten years.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice's aim was to ensure high quality, safe and effective healthcare which was available to the whole population and create a partnership between patient and health profession which ensures mutual respect, holistic care and continuous learning and training. Staff knew and understood what the practice's approach was and their responsibilities in relation to it. 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 meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty.The practice had systems in place for notifiable safety incidents and ensured this information was shared

Summary of findings

with staff to ensure appropriate action was taken.The practice sought feedback from staff and patients and had an active patient participation group. There was a strong focus on continuous learning and improvement.	

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 offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia. They were responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The GP visited the patients in the local nursing home at least twice a week to review their health and care needs.

The practice contacted all patients aged over 80 at least once a year, if they had not been seen by the GP to enquire about their health and offer help and support, such as referrals to occupational health, where needed.

Decisions about end of life care were made in accordance with the person's needs and wishes, and these were reviewed and revised regularly. The dying patients and their families and carers were involved in decisions regarding their end of life care. Care was tailored to the individual and individual care plans were in place. The GP would visit dying patients at least once a day at their home. All patients who were dying at home were given the GPs mobile number so that they could make contact at any time. The practice demonstrated that over the past year seven patients who had asked to die at home had done so and due to the regular visits by the GP had not required input from either ambulance service or an admission to hospital.

Bereavement cards were sent to the families of recently deceased patients and the GP would attend the funerals of long-term patients.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nationally reported data for 2014/2015 showed that the practices performance across a range of diabetes related indicators was similar to or above the national averages for some of the indicators. For example 97% of their patients with diabetes had received an influenza injection compared to the national average of 94% and 97% of patients had received a foot examination, compared to the national average of 88%. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. 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 high for most standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Nationally reported data for 2014/2015 showed that the practice was above the national averages for rates of breast and cervical screening. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw examples of joint working with midwives, health visitors and school nurses.

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 needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. If patients could not attend during the open access surgery times appointments would be offered in an evening or on a Saturday morning. The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.

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. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments for patients with a learning disability and regularly worked with other health care professionals in the case management of vulnerable patients. It informed vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 92% of patients diagnosed with dementia who had their care reviewed in a

Summary of findings

face to face meeting in the last 12 months, which was above the national average of 84%. Overall the practice performance across a range of mental health related indicators was above the national averages. The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations and supported both patients and carers to try and enable them to live well with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above national averages. 227 survey forms were distributed and 119 were returned. This represented 5% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the CCG average on 68% and the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried to compared to the CCG average on 76% and the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average on 87% and the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average on 83% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were all very positive about the standard of care received. Patients said that they felt listened to and were treated with dignity and respect by staff who were professional, friendly and caring.

We spoke with six patients during the inspection and two members of the Patient Participation Group. All said they were satisfied with the care they received and thought staff were approachable, committed and caring. Comments from the Friends and Family Test showed that almost 100% would be likely or extremely likely to recommend the practice to a family member or friend.

Outstanding practice

We saw an area of outstanding practice.

Decisions about end of life care were made in accordance with the person's needs and wishes, and these were reviewed and revised regularly. The GP would visit dying patients at least once a day at their home.

Dr Robert Mitchell

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 an Expert by Experience.

Background to Dr Robert Mitchell

Dr Robert Mitchell's surgery is in a converted house on School Lane in North Ferriby. The practice provides General Medical Services to approximately 2,200 patients living in North Ferriby, Swanland and Melton.

The practice has one male GP partner and one practice nurse. They are supported by a team of management, reception and administrative staff.

The practice is in an affluent area and has a much lower than average proportion of its population who are classed as deprived. It also has a slightly higher than average number of patients over 65.

The practice is open between 8.30am to 12.15pm and 3.45pm to 6.00pm Monday, Tuesday, Thursday and Friday and between 8.30am and 12.15pm on a Wednesday. It provides access to a GP between 9.00am to 10.30am, and 4.30pm to 6.00pm on Monday, Tuesday, Thursday and Friday and between 9.00am to 10.30am on Wednesday. The practice operates an open access policy so any patient arriving between the stated times is guaranteed to be seen by a GP during that morning or afternoon session. The practice also offers evening and Saturday morning appointments if needed. The practice has a contractual agreement for NHS 111 service to provide Out of Hours services from 6.00pm. This has been agreed with the NHS England area team.

The practice also offers enhanced services including childhood vaccination and immunisation scheme, extended hours, timely diagnosis for people with dementia, influenza and pneumococcal immunisations, minor surgery rotavirus and shingles immunisations and unplanned admissions.

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.

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 28 July 2016. During our visit we spoke with the practice manager, the GP, nursing staff, administrative and reception staff and spoke with patients who used the service. We observed how staff dealt with patients attending for appointments and how information received

Detailed findings

from patients ringing the practice was handled. We 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 (QOF) 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 an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager or GP of any incidents and an incident form was completed. If there were unintended or unexpected safety incidents, patients received support, truthful information, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice carried out an analysis of the significant events and they were discussed at clinical and team meetings. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. 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 single point of contact telephone number. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and 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. The GP was trained to child protection or child safeguarding level 3.

A notice in the waiting room advised patients that chaperones were available if required. The nursing staff acted as chaperones and were trained for the role. 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. The GP was the infection control clinical lead. There was an infection control protocol in place and staff had received 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice nurse worked under the direct guidance of the GP with patient specific directions. The refrigerators used to store medicines; including vaccines only had one thermometer. The practice was taking daily readings from this thermometer, which showed the refrigerator to be operating within the required parameters. As the refrigerators did not have an independent thermometer and the practice were not checking the calibration of the refrigerators monthly there was a lack of assurance that the refrigerators were operating effectively and that the vaccines patients received were safe and effective. The practice addressed this issue urgently and shortly after the inspection had purchased and installed a second thermometer so that they could be assured that the vaccines were stored in an appropriate way.

We reviewed two 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.

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 were policies which covered health and safety. 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.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure enough staff were on duty. The majority of staff were part time so would work extra hours or sessions to cover staff absences and the GP used a locum to cover their absences.

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. Staff received annual basic life support training and there were emergency medicines available. The 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 defibrillator available on the premises and oxygen with adult masks. The practice had ordered children's masks. A first aid kit and accident book were available. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' 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). The most recent published results, for 2014/15, were 96% of the total number of points available had been achieved. The practice had a lower than average exception reporting rate of 5%, compared to the CCG average of 10% and the national average of 9%. 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.

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages for the indicators. For example 97% of their patients with diabetes had received an influenza injection compared to the CCG and national averages of 94%. Performance for the recording of foot examinations was 97% compared to the CCG and national averages of 88%.
- Performance for mental health related indicators was above the CCG and national averages; however these figures are based on small numbers of patients. For example 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had had their alcohol consumption recorded in the last 12 months, compared to the CCG and national averages of 90%.

There was evidence of quality improvement including clinical audit. The quality improvement taking place in the practice included two ongoing studies which, although not formally structured as audits, fulfilled the steps required for audit (preparation and planning, measure performance, sustaining improvement and implementing change). These 2 studies were a Vitamin D study started in 2011. Over 700 patients had been screened and a number of them were found to have low levels of Vitamin D which had not previously been suspected. These patients were then treated appropriately. There was also a study of retinal screening in diabetes patients at risk of atheroma (blocked arteries). Both of these studies are ongoing and include regular patient reviews. To facilitate measurement in the latter study the practice planned to purchase a retinal camera, to enable them to take photographs of the inside of the eye.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nurse reviewing patients with long-term conditions had received training in the management of asthma and diabetes. 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 information resources and discussion at practice meetings.

The learning needs of staff were identified through a system of appraisals 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. Staff had received an appraisal within the last 12 months.

Staff received or were due to receive training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

Good

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. 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. Patients discharged from a care setting had a reconciled list of medicines in their record within one week of the practice receiving the information and before a repeat of new prescription was issued. Reviews took place with other health care professionals on regular 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. 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.

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.

The practice's uptake for the cervical screening programme was 90%, which was above the CCG average of 80% and the national average of 74%. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for breast cancer screening was higher than CCG and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year was 100% and five year olds ranged from 85% to 100%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 47 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We spoke with two members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had higher than average satisfaction scores on consultations with GPs and nurses. For example:

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

Decisions about end of life care were made in accordance with the person's needs and wishes, and these were reviewed and revised regularly. The dying patients and their families and carers were involved in decisions regarding their end of life care. Care was tailored to the individual and individual care plans were in place. The GP would visit dying patients at least once a day at their home. All patients who were dying at home were given the GPs mobile number so that they could make contact at any time. The practice demonstrated that over the past year seven patients who had asked to die at home had done so and due to the regular visits by the GP had not required input from either ambulance service or an admission to hospital.

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:

- 93% of patients 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%.
- 93% of patients 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 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Good

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. The GP spoke a number of languages and staff told us that translation services were available for patients who did not have English as a first language. Details of translation services were available on the practice's website. Information leaflets were available in easy read format if requested.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and information in the patient waiting areas 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 the GP if a patient was also a carer. The practice had identified 36 patients as carers (2% of the practice list). They used this information to support carers for example ensuring that if needed they had a social services assessment or by offering out of hours appointments. Information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP would send them bereavement card and in many cases attend the funeral.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to provide services to meet the needs of patients. This has included a range of health promotion activities including recommending that patients take a probiotic whenever antibiotics where prescribed which helped to reduce the incidence of diarrhoea. The practice also screened 700 of its 2200 patient population to check vitamin D levels and provided specific sensible sun exposure advice.

- The practice offered an open access surgery with no appointments required. However for those who could not attend during normal opening hours appointments could be made for an evening or a Saturday morning.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.30am to 12.15pm and 3.45pm to 6.00pm Monday, Tuesday, Thursday and Friday and between 8.30am and 12.15pm on a Wednesday. It provided access to a GP between 9.00am to 10.30am, and 4.30pm to 6.00pm on Monday, Tuesday, Thursday and Friday and between 9.00am to 10.30am on Wednesday. The practice operated an open access policy so any patient arriving between the stated times was guaranteed to be seen by a GP during that morning or afternoon session. On arrival at the surgery the patients registered at reception and were given an A4 laminated document with a number printed on the top corner. The document had information on both sides regarding the services they provide, how to obtain repeat prescriptions, emergency telephone numbers and support services. The patients were seen in numerical order.

The practice also offered evening and Saturday morning appointments if needed. This included appoints for patients including, those who due to work commitments could not attend during the day and for patients who were carers who due to their caring responsibilities were not able to wait at the surgery to be seen. The practice had a contractual agreement for NHS 111 service to provide Out of Hours services from 6.00pm. This has been agreed with the NHS England area team. This information was made available to patients in the practice leaflet and on the website.

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

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% the national average of 73%.
- 94% of patients said their experience of getting an appointment was good compared to the CCG average of 73% and the national average of 73%.

People told us on the day of the inspection that, due to the open access policy, they were able to get appointments when they needed them and were not concerned if they had to wait to be seen.

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. If a patient requested a home visit the call would be transferred to the GP if they were available, or the GP would if needed call the patient or their carer back as soon as they could, to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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 a system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England and there was a designated person who handled complaints in the practice. There was

Good

Are services responsive to people's needs?

(for example, to feedback?)

information was available to help patients understand the complaints system on the practice website and in the patients leaflet. The practice had only had one documented complaint in the last ten years.

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 stated that its aim was to ensure high quality, safe and effective healthcare which was available to the whole population and create a partnership between patient and health profession which ensures mutual respect, holistic care and continuous learning and training. Staff that we spoke to knew and understood what the practices approach was. The practice was aware of the challenges it would face in the future in terms of continuing to meet the needs of its patients, including the increasing needs of an ageing population and the challenge of recruiting clinical staff. It had plans in place to ensure that it could continue to deliver and improve services to patients.

Governance arrangements

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

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

Leadership and culture

On the day of inspection the GP 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 GP was approachable and always took the time to listen to all members of staff.

The provider 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 supporting staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management. The practice held regular team meetings and 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.

Staff said they felt respected, valued and supported, by the partners and managers 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.