

Cross Hills Group Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Cross Hills Group Practice on 11 November 2015. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Data showed patient outcomes were low compared to the national average. For example, influenza vaccination uptake for vulnerable groups were lower than that of other practices nationally and unplanned admissions were higher than national.
- The majority of patients said they were treated with compassion, dignity and respect.
- Information about services was available. However, there were no information leaflets in normal or large print for patients who may have a visually impairment.

- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity.
- While the practice had not proactively sought feedback from patients it did have an active patient participation group.

The areas where the provider must make improvements are:

- Ensure that arrangements are in place to minimise risks associated with infection prevention and control.
- Ensure that consultant letters are managed promptly and effectively.
- Ensure the safe management of all medicines in the practice including those held in doctors bags.
- Proactively seek patient feedback about the practice services and care.

In addition the provider should:

- Improve the patient experience of accessing the practice by telephone and the appointment system.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services, as there are areas where improvements should be made. We found the practice rated as requires improvement for the safe care of all the population groups it serves.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- There was no identified infection, prevention and control lead and audits were not routinely performed.
- There was no system in place for checking GP bags and we found two out of date drugs in doctors bags.
- There were no systematic process in place for the management of consultant letters and laboratory results. This had resulted in delays for some patients in processing referrals, followups and discharges.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes for some aspects of care were low for the locality.
- Knowledge of and reference to national guidelines, for Example National Institute of Clinical Excellence (NICE) were inconsistent.
- We saw evidence that clinical audit was driving improvement in performance to improve patient outcomes.
- Multidisciplinary working was taking place and we saw minutes from meetings to evidence this.
- The practice demonstrated better than average outcomes for some care for example in the care of patients who had diabetes or mental health issues.
- Practice data showed that high levels of emergency hospital admissions were higher than national figures (21.22 per 1000 population compared to a national rate of 14.4 per 1000). Population
- People always received a verbal and written apology to written complaints.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data showed that patients rated the practice lower than others for some aspects of care. For example over 57% of patients felt they had to wait too long to be seen. The practice acknowledged this and were trialling new systems to improve the appointment system.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all of the patients we spoke with said they felt cared for, supported and listened to.
- Information for patients about the services was available, however, there were no information leaflets available in large print for patients who may have visual impairment. The practice was aware and told us that they could easily make large print available.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had not reviewed the needs of its local population in the last two years.
- There have not undertaken any patient feedback surveys.
- Patient responses showed they had difficulty in contacting the practice by telephone and expressed dissatisfaction with the appointment system that would effect waiting times in surgery.
- Information about how to complain was available for patients. People always received a verbal and written apology to written complaints.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led as there were areas where improvements should be made.

- It had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with specific issues.
- The practice had a number of policies and procedures in place to govern clinical activity
- While the practice proactively seek feedback from patients, had an active patient participation group (PPG) who met regularly. However, members of the PPG told us that the practice did not always take forward their suggestions. For example the practice declined the suggestion of the PPG conducting a feedback survey.

Requires improvement



Summary of findings

- All staff had received inductions but not all staff had received annual appraisals or attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

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

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example, influenza vaccination uptake for over 65's was 64.4%, 9% below national average.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients. The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.
- The practice delivered Gold Standard Framework end of life care, using regular reviews and multidisciplinary working.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Outcomes for patients with diabetes was better than national average with 93.87% of patients with diabetes having a blood sugar result recorded in the normal range in the preceding 12 months when compared to a national average of 77.72%. Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

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

Requires improvement



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to the CCG average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Women aged 25 to 64 who had a cervical screening test recorded in the preceding five years was 80.73%, comparative to national average of 81.88%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw minutes demonstrating good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The age profile of patients at the practice is mainly those of working age, students and the recently retired services available reflected the needs of this group.
- The practice offered extended opening hours for appointments between 6.30pm and 8.30pm on Monday and Thursday evenings.
- On-line booking of appointments was available
- Health promotion advice was offered.

Requires improvement



People whose circumstances may make them vulnerable

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

- It had carried out annual health checks for all people with a learning disability.
- The practice worked with multidisciplinary teams in the case management of vulnerable people.
- 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.

Requires improvement



Summary of findings

- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 98.6% of people experiencing poor mental health had received an annual physical health check which was above the national average of 95.28%.
- 94.48% of patients diagnosed with dementia had a face-to-face review in the preceding 12 months, which was higher than the national average of 83.82%
- The practice worked with multidisciplinary teams in the case management of people experiencing poor mental health.
- It carried out advance care planning for patients with dementia.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Most staff had received training on how to care for people with mental health needs.

Good



Summary of findings

What people who use the service say

What people who use the practice say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing worse than local and national averages. 258 survey forms were distributed and 118 were returned. A response rate of 45.7%.

- 53.1% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73.3%.
- 81.8% found the receptionists at this surgery helpful (CCG average 86.1%, national average 86.8%).
- 83.3% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.5%, national average 85.2%).
- 75.2% said the last appointment they got was convenient (CCG average 91.8%, national average 91.8%).

- 53.5% described their experience of making an appointment as good (CCG average 70.9%, national average 73.3%).
- 45.3% usually waited 15 minutes or less after their appointment time to be seen (CCG average 20.5%, national average 27.1%).

The practice acknowledged that they had issues with the appointment system and were trialling new systems.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. However, three also made comments at the difficulty in obtaining appointments.

We spoke with six patients during the inspection. All six patients said that they were happy with the care they received and thought that staffs were approachable, committed and caring. However, all patients that we spoke to had experienced difficulties obtaining appointments.

Areas for improvement

Action the service **MUST** take to improve

- The registered provider must submit to the Care Quality Commission a copy of a written infection prevention and control action plan for Cross Hills Group Surgery to include dates for completion by 30 June 2016.
- The registered provider must submit to the Care Quality Commission a copy of a written action plan for the safe management of consultant letters, laboratory results and doctors bags for Cross Hills Group Surgery to include dates for completion of each action by 30 June 2016.

- The registered provider must submit to the Care Quality Commission a copy of a written action plan for ensuring they seek and act on feedback from relevant persons (e.g. Patient Participation Group) for Cross Hills Group Practice to include dates for completion of each action by 30 June 2016.

Action the service **SHOULD** take to improve

- Improve the patient experience of accessing the practice by telephone and the appointment system.
- Ensure all staff receive an annual appraisal.

Cross Hills Group Practice

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 advisor, a practice nurse specialist advisor, and a practice manager specialist advisor.

Background to Cross Hills Group Practice

The Practice delivers care from a single site in the village of Cross Hills in North Yorkshire. There are in excess of 12,000 patients registered with the practice.

It is in the 10% least deprived areas of country and is part of NHS Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG). The practice covers a large rural population.

The practice consists of five GP partners (two male three female), three salaried GPs (all female) (5.89 whole time equivalent), seven nurses and two healthcare assistants.

The clinical team is supported by a small number of management and administration staff.

The practice supports placements for GPs in training, and medical students.

The practice is open between 8am and 6pm Monday to Friday (although staff remain on site until 6.30pm). Appointments are from 8am to 6pm daily. The practice is closed for training on the second Thursday of every month from 1pm. Extended opening hours are provided on Monday and Thursday evenings 6.30pm to 8.30pm.

Out of Hours Care is provided by Local Care Direct (LCD).

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 November 2015. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice managers and administration staff. We also spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

Detailed findings

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 longterm 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)

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events, although this did not always demonstrate follow up learning over time.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an improved system and protocol was developed in response to a urine sample being inappropriately left at reception.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available, if required. All staff who acted as chaperones understood the role and had received a Disclosure and Barring Services check (DBS

check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was no identified infection prevention and control (IPC) clinical lead in place to liaise with the local IPC teams to keep up to date with best practice and conduct IPC audits.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice minimized risks to patients (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicine audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations.
- There was no system in place for checking GP bags and we found two out of date drugs in doctors bags.
- There were no systematic process in place for the management of consultant letters and laboratory results. This had resulted in delays for some patients in processing referrals, followups and discharges. For example, there was one outstanding follow up of a patient over four weeks delayed.

Monitoring risks to patients

Some risks to patients were assessed and well managed.

- 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.
- The hot water temperature in a patient toilet sink was very high. The practice agreed to investigate this and maintain hot water at a safe temperature.

Are services safe?

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any urgent issues, and a visual panic button icon was available to all users through the computer system to summon urgent assistance.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- At the time of our inspection we noted that the practice did not have a spillage kit (to be used for the cleaning of spillage of bodily fluids). We were assured they would obtain one as a matter of urgency.
- 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.

The practice had recently set up a buddy system with a nearby practice in the form of a disaster recovery plan, where the practices would support each other either with telephony, facilities or clinical personnel.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice did not have routine systems in place to keep all clinical staff up to date. However, staff had access to guidelines on the information system from NICE and used this information to deliver care and treatment that met peoples' needs. This was not routinely disseminated.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was better than to the CCG and national average. For example 93.87% of patients with diabetes had blood sugar test within the normal range in the previous 12 months compared to the national average of 77.72%
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. For example 89.2% of patients with hypertension had a reading of 150/90 mm/Hg or less in the preceding 9 months compared to a national average of 83.11%
- Performance for mental health related indicators was better than the CCG and national average. For example 94.48% of patients with dementia had their care reviewed face to face in the preceding 12 months compared to a national average of 83.82%.
- Emergency cancer hospital admissions were higher than average with 11.95 emergency cancer admissions per 100 patients on the disease register, compared to 7.4

national average. Emergency admissions for Care Sensitive Conditions were also high at 21.2 per 1000 population compared to a national average of 14.4 per 1000 population.

- Exceptions reporting (when patients did not attend for appointments or when medication cannot be prescribed due to a contraindication) was 9.1%.

Clinical audits demonstrated quality improvement.

- There had been several clinical audits completed in the last two years, we looked at two of these and they were completed audits where the improvements had been made and were implemented and monitored. For example, an audit on the treatment of sore throats in patients and one on the use of the oral contraceptive pill in patients over the age of 35.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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 e.g. for those reviewing patients with longterm conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Not all staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

- The practice informed us that they had a 35% of current staff new in post in the previous 12 months; this included four GPs.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young 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, where appropriate, recorded the outcome of the assessment.

- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a longterm condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 80.73%, which was comparable to the CCG average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83.3% to 97.6% and five year olds from 86.2% to 95.7%. Flu vaccination rates for the over 65s were 64.4%, and at risk groups 34.97%. These were below CCG and national averages of 73.24% and 52.29%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that 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 15 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with two current members of the patient participation group and one former member. They also told us they were not satisfied with the care provided by the practice and said their dignity and privacy was respected, but they were not listened to. 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 results of the practice were mixed in comparison to the CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 91.4% said the GP was good at listening to them compared to the CCG average of 90.5% and national average of 88.6%.
- 84% said the GP gave them enough time (CCG average 89.6%, national average 86.6%).
- 96.3% said they had confidence and trust in the last GP they saw (CCG average 95.9%, national average 95.2%)

- 83.7% said the last GP they spoke to was good at treating them with care and concern (CCG average 87.5%, national average 85.1%).
- 86.8% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.9%, national average 90.4%).
- 81.8% said they found the receptionists at the practice helpful (CCG average 86.1%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 83.7% said the last GP they saw was good at involving them in decisions about their care (CCG average 82.7%, national average 81.4%)

Staff told us that translation services were available for patients who did not have English as a first language. However, we did not see notices in the reception areas informing patients this service was available. There were no large print information leaflets available.

Patient and carer support to cope emotionally with care and treatment

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

Written information was available to direct carers to the various avenues of support available to them.

The practice provided Gold Standard Framework end of life care with district nurses and McMillan staff. They held monthly meetings to discuss all those patients who received

Are services caring?

additional care and support.. Patients receiving end of life care also had access to a gold line telephone number which bypassed the NHS 111 system. This work has been shared with local care homes and other practices.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for urgent conditions, and vulnerable people.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 6pm daily. Extended hours surgeries were offered 6.30pm to 8.30pm on Monday and Thursday evenings and pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available on the day for people that needed them.

- Urgent appointment were available on the same day
- On the day of the inspection the first routine appointment available with a GP was four weeks

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages. People told us on the day that they had difficulties to get appointments when they needed them.

- 64.3% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.2% and national average of 74.9%.
- 53.1% patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73.3%).

- 53.5% patients described their experience of making an appointment as good (CCG average 70.9%, national average 73.3%).
- 45.3% patients said they usually waited 15 minutes or less after their appointment time (CCG average 20.5%, national average 27.1%).

The practice acknowledged that most of the results from the survey were below other practices nationally and were trialling a new system to improve the management of appointments. It was too early to determine if the new system was actually improving patient experience in making appointments.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice leaflet and a specific complaints leaflet was also available. These were not available in large print on the day of inspection but we were informed that this would be arranged.
- We looked at three complaints received in the last 12 months and found that they were handled satisfactorily but letters did not include details of the ombudsman if patients were not satisfied with the outcome. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

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

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, although this had recently been subject to restructuring and new managers put in post in the past three months. This restructuring was very new and had not demonstrated full impact at the time of the inspection.
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit (other than IPC) which is used to monitor quality and to make improvements
- There were robust arrangements (other than IPC) for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. While the partners endeavoured to ensure safe, high quality and compassionate care, we found the partners did not associate these objectives with effective management of the practice. The partners did not appear to be engaged with the management arrangements of the practice or with the patient Participation Group. While staff were clear that individual GPs were approachable and prepared to listen, it

did not appear that the senior clinical leadership as a team was proactive in this. They did not demonstrate that they were keen on finding out how the practice was running as evidenced by no GP attended the feedback session from the inspection team, or what stakeholders, patients and staff thought about the practice and how it could be improved.

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

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

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

The practice did not encourage and value feedback from patients and the public. It did not proactively seek patients' feedback and engage patients in the delivery of the service. The members of the patient participation group (PPG) we spoke with told us they did not feel valued or listened to by the practice.

- It had not gathered feedback from patients through the patient participation group (PPG) and had requested the PPG not conduct a survey. There was an active PPG which met on a regular basis but members we spoke with informed us they were not satisfied with the level of engagement by the practice. For example, the PPG had suggested they conduct a local survey of opinion but the practice had informed them they did not wish this to happen.

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from staff through practice learning time and generally 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.

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 other practices in the area to develop a federation (a group practices working under a legal framework to provide services for the local population) to improve patient care and expand services.

Continuous improvement

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 (1)</p> <p>The practice had no process in place that would ensure that risks associated with infection prevention and control were minimised.</p> <p>The practice could not assure that correspondence from consultants and regarding test results were managed promptly and effectively.</p> <p>The practice did not assure that all medicines in the practice, including those in doctors bags, were managed effectively.</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>17 (1) (2a, e, f)</p> <p>The practice could not demonstrate that it responded effectively to patient feedback and had established any means of routinely collecting this data.</p>