

Atkinson Health Centre

Quality Report

Atkinson Health Centre Practice
Market Street
Barrow In Furness
Cumbria
LA14 2LR

Tel: 01229 822205

Date of inspection visit: 1 May 2014

Website: www.atkinsonhealthcentrepractice.nhs.uk Date of publication: 27/08/2014

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	3
The five questions we ask and what we found	4
What people who use the service say	5
Areas for improvement	5
Good practice	5

Detailed findings from this inspection

Our inspection team	6
Background to Atkinson Health Centre	6
Why we carried out this inspection	6
How we carried out this inspection	6
Findings by main service	7

Summary of findings

Overall summary

Atkinson Health Centre Practice is situated in Barrow in Furness and provides primary medical care services to people living in and around the Barrow in Furness area. The practice provided services to 4852 patients.

The service is registered with CQC to provide the regulated activities of; Diagnostic and screening procedures; Treatment of disease, disorder and injury; Surgical procedures; Maternity and midwifery services and Family planning.

Before the inspection we looked at a wide range of information we held about the service and information the provider sent to us. We asked other organisations such as the local Clinical Commissioning Group (CCG) to share with us what they knew about the practice. We also asked patients prior to our visit to complete comment cards about their experiences of the service they had received. We spoke with representatives from the Patient Participation Group (PPG) and those attending for appointments during the inspection.

There were robust systems in place to help ensure patient safety through learning from incidents. Staff were aware of safeguarding procedures and the provider had responded appropriately to concerns identified. We saw that the provider had recruitment and induction processes in place to help assure the suitability of staff to care for patients.

All the people we spoke with were very positive about the care and treatment they received. We saw the results of patient surveys, which showed that people were consistently pleased with the service they received. There was good collaborative working between the practice staff and other health and social care agencies which ensured patients received the best outcomes.

The provider regularly met with the local clinical commissioning group (CCG) to discuss service performance and improvement issues.

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

The building was well-maintained and very clean. Effective systems were in place for the oversight of medication.

Patients experienced care that was delivered by dedicated and caring staff. The provider responded to feedback from patients.

The leadership team were visible and staff we spoke with said they found them very approachable. There were good governance and risk management procedures in place.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Overall the service was safe. Processes were in place to identify unsafe practices and measures put in place to prevent avoidable harm to people. The provider learned from incidents and took action to prevent a recurrence. Staff were aware of safeguarding procedures and took appropriate action when concerns were identified.

Are services effective?

Overall the service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met and referrals to other services were made in a timely manner. The provider was regularly undertaking clinical audit, reviewing their processes and monitoring the performance of staff.

Are services caring?

Overall the service was caring. All the patients we spoke with during our inspection were very complimentary about the service. They all told us that staff were kind and compassionate and they were treated with respect. Patients were involved in decisions about their care and treatment and appropriate consent was sought when required.

Are services responsive to people's needs?

Overall the service was responsive to people's needs. The provider conducted regular patient surveys into different aspects of the service and took action to make suggested improvements. Patients were able to have face to face or telephone consultations. Appointments and requests for repeat prescriptions could be made in person, by telephone or on line. There was a complaints policy and the provider had an open culture so complaints were responded to appropriately.

Are services well-led?

Overall the service was very well led. There was a strong and visible leadership team with a clear vision and purpose. Governance structures were robust and there were systems in place for identifying and managing risks. Staff were committed to maintaining and improving standards of care. There were key staff who were identified leads for different areas in the practice and they encouraged good working relationships amongst the practice staff and other stakeholders.

Summary of findings

What people who use the service say

As part of this inspection we provided comment cards for people who attended the practice to complete. We received responses from two people which were very positive about the total experience the patients had received from the practice. We spoke with six patients during the inspection and they told us that they had received excellent care and attention and they felt that all the staff treated them with dignity and respect. The patients told us that staff involved them in the planning of their care and were good at listening and explaining things to them. They all felt the doctors and nurses were extremely competent and knowledgeable about their treatment needs.

We looked at the results of a survey conducted in November 2013, which collected the views of 100 patients who used the service. Patients were, in the main positive about the service they received, with 89% describing their overall satisfaction as good or better.

Patients said that the practice valued their views and they told us that following feedback from surveys and the patient participation group, a second phone line had been installed to make it easier for patients to get through to the practice on the phone.

Areas for improvement

Action the service **COULD** take to improve

Demonstration of continuous service improvement following audits was not always evident.

Actions plans did not identify people responsible for ensuring actions are completed and the dates for completion.

Two written references for were not always available for new employees.

The provider did not have assurance that new staff are physically and mentally fit to carry out their role.

No record of actions taken in response to safety alerts about equipment and drugs was available.

Good practice

Our inspection team highlighted the following areas of good practice:

There was succession planning in place for key roles in the practice. The current practice manager was retiring the day after the inspection and the new practice manager was already in post.

The practice worked closely with the local hospice to ensure treatment was co-ordinated and care plans developed for people receiving end of life care.

There was a noticeboard in the office area which had recent key learning points on it so staff would be aware of any changes in practice. All of the staff we spoke with could detail how they had improved the service.

A carers support group had been established and information to promote this was available in the waiting areas.

The Practice offered extended opening hours from 8.00am until 9.00pm on a Monday evening.

Atkinson Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a CQC Lead Inspector and a GP.

Background to Atkinson Health Centre

Atkinson Health Centre Practice is situated in Barrow in Furness and provides primary medical care services to people living in and around the Barrow in Furness area. The practice provided services to 4852 people of all ages. The practice is in a single storey building and has disabled access and a small number of parking spaces on site. There was a disabled toilet and baby changing facilities available, and an induction loop system to assist people with hearing difficulties.

The service for patients requiring urgent medical attention out of hours was provided by Cumbria Health On Call.

Why we carried out this inspection

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

How we carried out this inspection

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

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

Before visiting, we reviewed a range of information we held about the service and asked other organisations such as the local Clinical Commissioning Group (CCG) to share what they knew about the service. The practice operates from Market Street, Barrow in Furness, and as part of the inspection the team visited this site. We carried out an announced visit on 1 May 2014 and the inspection team spent ten hours inspecting the site.

During our visit we spoke with eight staff including GPs, a Practice Nurse, the practice managers, the clinical interface manager, the phlebotomist and receptionists. We spoke with six patients who used the service and observed how staff spoke to and interacted with patients when they were in the practice and on the telephone. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We looked at a wide range of records in relation to the running of the service.

Are services safe?

Summary of findings

Overall the service was safe. Processes were in place to identify unsafe practices and measures put in place to prevent avoidable harm to people. The provider learned from incidents and took action to prevent a recurrence. Staff were aware of safeguarding procedures and took appropriate action when concerns were identified.

Our findings

Safe patient care

We saw there was an incident reporting policy in place which outlined why incidents should be reported, how to report them and how they would be investigated. We spoke with staff and they were able to describe the incident reporting procedure and they discussed how action and learning plans were shared with all relevant staff. One staff member told us; “I feel I can report things and there is never any blame culture. We look at what happened, why it happened and what can be done to prevent it happening again.”

We saw evidence that internal investigations were conducted when any significant events occurred. For example following an incident when the emergency trolley had to be used it was evident that not all the necessary equipment was available. Following the incident the trolley was checked on a regular basis and we saw records to confirm this happened. There was a good track record on safety. This meant any changes in practice required would be identified and implemented to ensure patients received safe care.

Learning from incidents

We reviewed documents that showed that incidents were reported, key learning points identified and action was taken to reduce the risk of them happening again. We looked at minutes of staff meetings and saw that key learning points had been shared with all the staff. We saw that there was a noticeboard in the office area which had recent key learning points on it so staff would be aware of any changes in practice. All of the staff we spoke with could detail how they had improved the service following learning from incidents, and reflection on their practices. For example referral criteria had been amended following a delay in referring a patient to the hospital. We found that through the incident reporting process the practice encouraged staff to openly review the service and determine where they could improve.

We discussed the process for dealing with safety alerts with the practice manager. Safety alerts inform the practice of problems with equipment or drugs or give guidance on clinical practice. They told us the alerts came into the practice via e-mail and they were checked to see if they were applicable to the practice. If it was then the alert was distributed by the practice manager to staff and any action

Are services safe?

required was taken by them. We saw evidence of alerts that had been received and staff we spoke with confirmed they were made aware of relevant safety alerts. One nurse told us there was a problem with freestyle meters (which measure patients blood sugars) recently and they wrote to all the patients affected to inform them they needed new ones and how to obtain them. There was no log or record kept of any action taken, and by whom in response to safety alerts received.

Safeguarding

We saw the practice had a safeguarding policy. This explained what abuse was, what to do if staff suspected that someone was at risk of abuse and who they should contact if they had concerns about patients' safety. There were also posters with this information in the reception area. This meant staff had access to information which supported them to identify and report suspected abuse. Staff were able to discuss incidents when they had raised either adult or child protection concerns. We saw examples of where the practice had reported safeguarding concerns to the safeguarding team in the local authority in line with their policy.

Staff we spoke with were aware of the different types of abuse and were able describe the signs people might show if they were being abused and action to be taken if abuse was suspected. Staff we spoke with told us they had completed 'e learning' training and the local CCG had also organised region-wide safeguarding training. We saw that staff had attended this.

If a patient was identified as being vulnerable a note was placed on the patient's record so staff were aware of this. There was a weekly meeting in the practice where any safeguarding concerns were discussed and actions required agreed. We saw minutes from these meetings.

Monitoring safety and responding to risk

We found that staffing levels were monitored to ensure they continued to meet the needs of patients and staff. People who used service played a role in identifying any risks. For example we saw minutes of the Patient Participation Group (PPG) meeting where people had said that 'it takes ages for staff to answer the phone' and as a result of this a new member of staff had been employed. We discussed staffing levels and skill-mix with the practice managers and they explained when the different staff worked each week. They told us that there was always a GP available when the practice was open. This was reflective of the information on

the practice website about when the GPs and nursing staff worked. Patients we spoke with confirmed they could get an appointment to see a GP or nurse when they needed to.

We found that staff recognised changing risks within the service, either for people using the service or for staff and were able to respond appropriately. For example the staff we spoke with were able to describe what action they would take in the event of a medical emergency situation. We saw records confirming staff had received Cardio Pulmonary Resuscitation training.

We found the practice had equipment and drugs available to be used in an emergency. Staff told us that checks were carried out to make sure the equipment was working and the drugs had not expired. Records we looked at confirmed that these checks had been undertaken. The provider had appropriate arrangements in place for dealing with foreseeable risks that could arise from time to time.

Medicines management

We found that there were up to date medicines management policies in place and staff we spoke with were familiar with them. We saw that medicines for use in the practice were kept stored securely and only clinical staff had access. Medicines were checked regularly and stock rotated, this ensured that medicines did not go past their expiry date and remained safe to use. We saw that room and fridge temperatures where medicines were stored were checked daily, this meant medicines were stored in line with manufacturer's guidance.

Clear records were kept whenever any medicines were used. Arrangements for the storage and recording of controlled drugs and medicines that require extra checks were followed. The records were checked by staff who reordered supplies as required. Any changes to the drugs carried by doctors were discussed during clinical management meetings. Any changes were communicated to clinical staff in person, electronically and by attaching a note to drug boxes.

There were medicine and equipment bags ready for doctors to take on home visits. We saw evidence that the bags were regularly checked to ensure that the contents were intact and in date.

The records showed that the controlled drugs were stored, recorded and checked safely.

Are services safe?

Cleanliness and infection control

During the inspection we spoke with the practice managers, nursing staff and reception staff about infection prevention and control (IPC) in the practice. The staff we spoke with were able to describe the measures they took to prevent the spread of infection. This included washing their hands before and after dealing with people, regular washing and wiping down of equipment and work surfaces, and wearing personal protective equipment (PPE).

Staff told us there was always sufficient PPE available for them to use, including masks, disposable gloves and aprons. We saw that hand wash, disposable towels and hand gel dispensers were also readily available for staff, patients and visitors to use. Hand washing posters were displayed throughout the practice. This helped minimise the risk of infection by encouraging people to wash their hands. Staff we spoke with confirmed they had completed training in infection prevention and control.

We looked around the waiting area and the consultation and treatment rooms and found these were clean and tidy. The practice manager explained that domestic staff were employed by the local NHS Property Services Team and cleaned the practice at the end of each day. Cleaning schedules were in place outlining which areas were cleaned daily, weekly and monthly. We saw that best practice guidelines for cleaning were being followed as different coloured mops and buckets were used to clean different areas, for example red for toilets. The colour coding of cleaning equipment ensured that these items would not be used in multiple areas, therefore reducing the risk of cross-infection. Monitoring visits were carried out by the property services team to ensure procedures were being followed and standards maintained. One patient told us, "It is always spotless and clean." We found that patients were cared for in a clean environment.

We saw that sharp bins were available along with bins for the disposal of household and clinical waste which had lids and foot operated pedals. There was a contract in place for the removal of all household, clinical and sharps waste and we saw evidence that waste was removed by an approved contractor. Staff we spoke with told us that all equipment used for procedures, such as smear tests and for minor surgery were disposable. This meant staff were not required to clean or sterilise any instruments, which reduced the risk of infection for patients. We saw that other equipment used in the practice was clean.

We saw that infection prevention and control procedures had been developed which provided staff with guidance and information to assist them in minimising the risk of infection. One of the practice nurses was the nominated lead for IPC which meant there was someone with overall responsibility for ensuring good practice was followed. A monthly audit was completed by the local NHS Trust and we saw the results for March 2014 displayed in reception, the practice had scored 96%. This meant any areas of concerns could be identified and actioned. We spoke with the one of nurses who told us that they had received the immunisations required for working in a GP practice, this included Hepatitis B. We saw evidence in staff files that staff had their immunisation status checked which meant the risk of staff transmitting infection to patients was reduced. They told us how they would respond to needle stick injuries and blood or body fluid spillages and this met with current guidance. We saw that a spillage kit was available for staff to use in the event of blood or body fluid spillages.

Staffing and recruitment

The provider had a recruitment policy in place outlining the process for appointing staff. We looked at six staff files including doctors, administrative staff and nurses. They showed that the recruitment procedure had been followed and overall, checks complied with CQC expectations. In five of the files we saw copies of Curriculum Vitae's (CV). References that had been obtained were verbal. The practice manager told us in future she would ensure that appropriate written references for all staff would be received prior to the commencement of employment.

We found that enhanced Criminal Records Bureau (CRB) checks (now called Disclosure and Barring Service checks DBS) had been carried out on all staff working at the practice. This meant the provider had taken suitable steps to ensure staff were suitable to work with vulnerable adults or children.

We found that professional registrations had been checked with the General Medical Council for GP's and the Nursing and Midwifery Council for nurses. We saw that people held suitable qualifications and/or experience to enable them to fulfil the requirements of their posts. We found that pre-employment health checks were not done prior to appointment therefore the provider would not know if staff

Are services safe?

were physically and mentally able and fit to carry out their role. We discussed this with the practice manager who said they would obtain health statements for new employees in the future.

Dealing with Emergencies

We saw that the practice had a Business Continuity Plan in place to make sure they could respond to emergencies and major incidents that might interrupt the smooth running of the service. This meant the practice had a proactive approach to anticipating potential safety risks, including changes in demand, disruption to staffing or facilities, or periodic incidents such as bad weather or illness.

Equipment

We were told that only trained staff operated the equipment used in the practice and staff we spoke with confirmed this. We looked at a sample of medical equipment throughout the practice and other electrical equipment and saw they had been serviced as required. We also found that fire extinguishers, alarm points and fire alarm systems were checked regularly.

We saw records showing that equipment had been serviced and maintained at required intervals by competent persons. These measures provided assurance that the risks from the use of equipment were being managed and people were protected from unsafe or unsuitable equipment.

Are services effective?

(for example, treatment is effective)

Summary of findings

Overall the service was effective. Care and treatment was being delivered in line with current published best practice. Patients' needs were consistently met and referrals to other services were made in a timely manner. The provider was regularly undertaking clinical audit, reviewing their processes and monitoring the performance of staff.

Our findings

Promoting best practice

We found that care and treatment was delivered in line with recognised best practice standards and guidelines because there was a systematic approach to identifying relevant legislation, current and new best practice, and evidence based guidelines and standards. We discussed with the practice manager how National Institute of Clinical Excellence (NICE) guidance was received into the practice. They told us that this was downloaded from the website and then disseminated to staff. Minutes of staff meetings showed that NICE guidance was discussed, any actions for implementation agreed and the use of them monitored. We spoke with GPs, nurses and medicines management staff and they all demonstrated knowledge of NICE guidance. We saw they also discussed it when they attend clinical meetings with GPs from other practices. This meant up to date guidance was considered when patient care was delivered.

Staff we spoke with described how they carried out comprehensive assessments which covered all health needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. One of the nurses we spoke with explained how a patient with diabetes was reviewed, including blood tests, dietary advice and foot health. They described how referrals would be made to specialists, for example podiatrists if the patient was having problems with their feet. This meant care was planned to meet the needs of patients with complex health needs. Patients we spoke with told us their care was personalised, and enabled them to maximise their health and well-being and enable a good quality of life.

The practice had written guidance for dealing with abnormal test results, and patients who did not attend hospital appointments. GPs were responsible for checking all test results and adding any instructions for follow up. Staff would then phone patients to give additional instructions or request they attend the practice. If there was no response after two days then a letter was sent to the patient asking them to contact the practice. If patients did

Are services effective?

(for example, treatment is effective)

not attend hospital appointments a letter was sent asking them to contact the practice and confirm if they still needed the appointment, if the patient said no the GP was informed and a note made on their record.

Staff we spoke with told us they had access to the necessary equipment to treat and care for patients and were aware of how to use it.

We found that processes were in place to seek and record patients' consent and all decisions were made in line with relevant guidelines. Staff we spoke with were able to describe the consent process and demonstrated a good understanding of the Mental Capacity Act 2005 in relation to consent, for example when obtaining consent for children. We saw that risks and benefits of treatment or procedures were explained to patients and they were made aware of alternatives where appropriate. This meant that patients were giving informed consent where required. The patients we spoke with confirmed that staff asked for their consent before providing treatment, for example for flu vaccinations.

Management, monitoring and improving outcomes for people

We found that the practice manager and provider had a variety of mechanisms in place to monitor the performance of the practice and the clinicians adherence with best practice. These included ensuring the team made effective use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff.

We found that staff openly raised and shared concerns about clinical performance, for example through the incident reporting process. They discussed how as a group they reflected upon the outcomes being achieved and areas where this could be improved. For example at the weekly practice meeting they discussed missed immunisation appointments and looked at how they could improve attendance rates so children and adults received the necessary immunisations.

Staffing

We discussed training, supervision and appraisal for staff with the practice manager. They told us that all staff had undergone a range of training and received regular updates and we saw evidence that training had been completed. Examples of the training undertaken were; cardio pulmonary resuscitation, safeguarding and fire. Staff had

also had training in areas specific to their role for example, nurse prescribing and vaccinations. The staff we spoke with confirmed that they had access to a range of training that would help them function in their role.

The practice manager told us that they had purchased an on line training package through the CCG which would enable staff to complete all required mandatory training. This meant the training completed would be routinely recorded and the practice manager would be able to monitor completion by staff.

We saw evidence of a general induction plan and programme for new staff. The practice had protected learning time so staff were able to receive training on a regular basis, we saw evidence on the practice website of training sessions that had been arranged for staff during 2014. The patients we spoke with told us they were confident that staff knew what they doing and were trained to provide the care required. Staff received appropriate professional development which meant they had the skills and knowledge to care for patients attending the practice.

We reviewed six staff files and saw that staff had received appraisals and we saw copies of completed appraisal forms for staff. We saw three consecutive appraisals in one person's file and these demonstrated that there was continuity in the assessment of staff performance and ensured they continually developed their skills. Staff we spoke with confirmed they had received an appraisal and told us it was an opportunity to discuss their performance, training required and any concerns or issues they had. The nursing staff we spoke with told us that they had regular supervision sessions however there was no record of this. All the staff we spoke with said they felt supported in their role and they felt confident in raising any issues with the practice manager or the GPs. One staff member told us, "I am always taken seriously and listened to." This meant that staff were supported and received appropriate training and support to help them deliver care to patients accessing the practice.

The nurses in the practice were registered with the Nursing and Midwifery Council (NMC). To maintain their registration they must undertake regular training and updating of their skills. The GPs in the practice were registered with the General Medical Council (GMC) and were also required to undertake regular training and updating of their skills. We spoke with the GPs about their revalidation with the General Medical Council (GMC) and they told us they were

Are services effective?

(for example, treatment is effective)

completing their revalidation process. Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practice. Revalidation aims to give extra confidence to patients that their doctor is being regularly checked by the GMC. As part of this process patient feedback is gained about their experiences when visiting the doctor.

The practice was an accredited training practice and had been approved for the training of new GPs (known as GP Registrars). GPs in the practice had undergone further training to support this training in the practice and they worked closely with the University and the deanery. The deanery was responsible for the postgraduate education and training of doctors and dentists to standards set by the General Medical Council (GMC). The practice being approved as a 'training practice' gave recognition that they provided good quality of care as well as supporting educational opportunities for GP Registrars. The practice was also subjected to regular review by the deanery.

Working with other services

We saw evidence that the practice staff worked closely with other professionals. For example they had liaised with social services with regard to safeguarding issues and we saw evidence that they were working to improve communication between themselves and the social services team. Practice staff described how they worked with the community nursing and health visiting teams to ensure patients received appropriate and timely care.

The local CCG had promoted the development of a Clinical Interface Manager (CIM) role in GP practices in Cumbria, this person was responsible for supporting the practice with their quality assurance processes and promoting work with other services. The CIM explained how good links had been established with local hospital consultants and this aided

the flow of information to them in respect of referrals and discharges. They also worked with the local hospice which meant there was active management for patients receiving end of life care, including information about patients' needs and input into care plans for people receiving palliative care.

Health, promotion and prevention

The provider offered all new patients a consultation to assess their past medical and social histories, care needs and assessment of risk. We saw that the practice promoted this in the practice information leaflet and on the web site. This meant that needs of new patients were assessed and a plan of the persons on going needs to stay healthy was developed. We found that the staff proactively screened patients with long term conditions to identify any other potential problems that may develop. For example the practice nurse told us that when patients attended for a blood pressure monitoring appointment they would screen them for signs of diabetes. Screening clinics were also available, including well women and hypertension.

One of the GPs explained how the practice had contacted patients individually to encourage them to take part in the bowel cancer screening programme as there had been low uptake of this in the practice population.

We saw the practice took steps to identify which patients attending the practice had a caring role and there was a 'Carers Support Group' in place for people to attend. We saw that information about the group was available in the waiting area.

There was a good range of information in the practice reception area and on the web site. This included various topics and health promotion including screening services, smoking cessation and support with mental health.

Are services caring?

Summary of findings

Overall the service was caring. All the patients we spoke with during our inspection were very complimentary about the service. They all told us that staff were kind and compassionate and they were treated with respect. Patients were involved in decisions about their care and treatment and appropriate consent was sought when required.

Our findings

Respect, dignity, compassion and empathy

Staff were familiar with the steps they needed to take to protect people's dignity. Consultations took place in purposely designed consultation rooms with an appropriate couch for examinations and curtains to protect privacy and dignity. We saw the provider had confidentiality and chaperone policies in place and the staff we spoke with were aware of these. We saw that some staff had undergone chaperone training and were aware of their roles and responsibilities when supporting patients.

One of the nurses we spoke with told us that there was always one member of staff on duty who could assist as a chaperone. We saw information displayed explaining that patients could ask for a chaperone during examinations if they wanted one. Patients told us that they felt that all the staff and doctors effectively protected their privacy and dignity.

The patients we spoke with told us that staff were always polite and respectful and treated them with compassion and understanding. Feedback from two patients said, 'Staff have always been very friendly, helpful, considerate and professional in their dealings with us.'

We observed that the reception staff treated people with respect and ensured conversations were conducted in a confidential manner. Phone calls from patients were taken by administration staff in an area where confidentiality could be maintained. There was a room available if people wished to discuss a matter with the reception desk staff in private and we saw there was a notice on the reception window informing patients of this.

All the patients we spoke with discussed their satisfaction with the approaches adopted by staff and felt clinicians were extremely empathetic and compassionate.

Involvement in decisions and consent

We found that staff were aware of relevant legislation and guidance in relation to consent and were able to describe when and how they would gain consent from patients. Capacity assessments and assessment of competency of children and young people were an integral part of clinical staff practices. Where issues in respect of patient's capacity

Are services caring?

were not raised staff ensured that appropriate consent was obtained for all aspects of their care and treatment. The people we spoke with told us that the staff always asked their permission before they were examined.

People we spoke with told us that they had been involved in the decision making about their care and felt supported by the team. The practice manager and clinical staff told us that patient information leaflets (PILs) were given to patients during their consultation which outlined their condition and treatment available. This meant that where appropriate patients were able to consider different

options for their treatment and discuss them with staff. The patients we spoke with confirmed that they had received PILs during consultations. This meant that patients were involved in decisions about their care.

We saw that access to interpreting services was available and information could be obtained in other languages and formats when necessary. One staff member told us, “We have access to telephone interpretation but a lot of patients come with apps on their phones now.” This meant that all patients could be involved in decisions about their care, for example when English was not their first language.

Are services responsive to people's needs?

(for example, to feedback?)

Summary of findings

Overall the service was responsive to people's needs. The provider conducted regular patient surveys into different aspects of the service and took action to make suggested improvements. Patients were able to have face to face or telephone consultations. Appointments and requests for repeat prescriptions could be made in person, by telephone or on line. There was a complaints policy and the provider had an open culture so complaints were responded to appropriately.

Our findings

Responding to and meeting people's needs

We found that the practice, including consulting rooms were accessible to patients with mobility difficulties. There were also toilets for disabled patients. Hearing loops were installed at the reception desk for people with hearing problems. There was a large waiting room and smaller waiting areas closer to the consultation rooms so it meant people could split the distance to walk down if needed.

We talked to clinical and non clinical staff about how they worked with other professionals and agencies, to support the provision of integrated pathways of care that met patient's needs. They told us that they met regularly with staff from the CCG, hospitals, hospice and community services to discuss how general services and individual patients' needs would be met. We saw minutes from meetings which confirmed that the provider met with other professionals to discuss treatment and care and ensure it was meeting the needs of patients.

We saw that there was a process in place for choose and book referrals to other services. The NHS Choose and Book is a government initiative that allows patients to choose the time, date and hospital for their treatment. We looked at referrals the practice was making to other services and saw that these were done in a timely manner and contained relevant information. We saw that patients who required an urgent referral were responded to effectively and the provider had processes in place to check they had been received, for example by the hospital. The CIM told us that any tests required prior to the appointment were also arranged in advance so the results would be available for the professional the patients had been referred to. For example if patients were being referred for a problem with their stomach they would have an endoscopy arranged first. Patients we spoke with told us they had had no problems when they had been referred to other services. We spoke with the staff involved in these processes who showed us how the practice was continually monitoring this process to ensure it was effective.

The practice had male and female GPs and nursing staff which meant that people could choose to see a male or female doctor or nurse.

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

PPG members we spoke with, and previous patient surveys, indicated that in the past it had been difficult to get through to the practice on the telephone. As a result of this feedback the practice manager told us that a second telephone line had been installed in the practice, PPG members confirmed this had happened. We saw that there were different ways to make an appointment, patients could do this by telephone, face to face or online via the practice website. The provider had also reviewed access to appointments and provided both face-to-face and telephone consultation appointments.

The Practice offered extended opening hours from 8.00am until 9.00pm every Monday evening. This meant that people who worked during the day or were unable to get to the practice had a choice of how they made their appointment and how and when they wanted to see the GP. We also found that patients could order repeat prescriptions via their local pharmacy, in person or on line. This meant the practice was using different methods to enable patients' choice and ensure accessibility for the different groups of patients the practice served

We spoke with the practice manager and staff about the system for seeing patients who required an urgent appointment. We were told that each GP had a number of appointment slots left empty so if a patients required an urgent appointment they would be seen on the same day. One patient told us, "We can get same day appointments when needed." We saw information displayed in the waiting area and on the practice web site about what to do in an emergency, in hours and out of hours.

Concerns and complaints

The practice had a complaints procedure and information on how to make a complaint was in the patient information

leaflet, on the practice website and displayed in the waiting room. We saw that the complaints procedure had details of who people should contact and the timescales they would receive a response by. Patients we spoke with told us they knew what to do if they were not happy with something and staff we spoke with told us they were aware of the providers' complaints policy and procedure. This meant people could be supported to make a comment or complaint if they needed assistance.

We saw copies of complaints received and saw that they were investigated and resolved, to the satisfaction of the complainant. They also recorded the actions agreed to prevent a similar issue occurring in the future. This demonstrated processes were in place to implement any lessons learned from complaints. Staff confirmed that complaints were discussed at meetings and lessons learnt were shared. The practice manager analysed all of the complaints and produced reports for the provider which we found were shared with the staff during the meetings. For example a patient was not happy when they did not get seen on time. The receptionists had some awareness training about keeping patients informed if the doctor or nurse was running late. Patient's complaints were investigated and resolved to their satisfaction.

The provider had a well-established PPG and people from this group told us they felt comfortable raising any issues or concerns about the practice. They commented that any criticisms had been willingly taken on board and met with a reasoned response. We found that practice had an active and engaged PPG which, through feedback was able to contribute to improvements in the practice.

Are services well-led?

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

Summary of findings

Overall the service was very well led. There was a strong and visible leadership team with a clear vision and purpose. Governance structures were robust and there were systems in place for identifying and managing risks. Staff were committed to maintaining and improving standards of care. There were key staff who were identified leads for different areas in the practice and they encouraged good working relationships amongst the practice staff and other stakeholders.

Our findings

Leadership and culture

The practice manager, GPs and staff we spoke with were very clear on their roles and responsibilities. All of them demonstrated a deep understanding of their area of responsibility and each one clearly took an active role in ensuring that a high level of service was provided on a daily basis. We found that staff had been allocated lead roles for key areas, for example infection control, information governance and audits. Staff we spoke with were able to describe the values of the practice and their desire to provide patients with an effective, high quality service. The practice website outlined the roles and responsibilities of staff and patients and also encouraged patients to become involved in the running of the practice. For example on the PPG page of the website it stated, 'We want the practice to be responsive to patients' needs and also for our patients to understand and support the practice's systems, thereby helping us to deliver efficient care.'

All the staff we spoke with felt they had a voice and the provider was interested in creating a learning and supportive working environment. We saw that there was input from key stakeholders, patients and staff which ensured the practice regularly reviewed the aims of the practice to ensure they were being met.

There was a good understanding of the current and future leadership needs of the organisation. We saw that the current practice manager was retiring the day after the inspection and the new practice manager was already in post. This person had been working at the practice for some time and had been training to take on the new role for some months. This meant the practice had considered leadership development and succession planning for this key role within the practice.

The staff we spoke with told us there was a very open culture in the practice and they could report any incidents or concerns about practice. This ensured honesty and transparency was at a high level and challenges to poor practice between all staff was the norm. One of the nurses told us, "It doesn't always work, things do go wrong but we learn from it." We saw evidence of incidents that had been reported involving all levels of staff and these had been investigated and actions identified to prevent a recurrence.

Are services well-led?

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

We saw that all practice staff met regularly and mechanisms were in place to support staff and promote their positive wellbeing. Staff told us they felt supported by the practice manager and the GPs and that they worked well together as a team. Feedback received from members of the PPG stated that, 'There was clear evidence that the whole staff work together successfully as a team.'

Governance arrangements

We found that there was a strong and visible leadership team with a clear vision and purpose. Arrangements were in place to ensure risks were identified and managed. We saw that risk assessments were undertaken and measures put in place to reduce the potential for harm to staff, patients and visitors. The practice manager and provider had a comprehensive and effective system in place for monitoring all aspects of the service. We found that the senior management team and staff constantly challenged existing arrangements and looked to continuously improve the service being offered.

Systems to monitor and improve quality and improvement

There was an identified GP who took the lead for audits and they worked closely with the clinical interface manager (CIM) to use information and data to assess and monitor the quality of care being delivered. This meant any areas for improvement could be identified. We saw copies of audits that had been undertaken, for example, A/E attendances and referrals to hospital consultants. Following audits actions were identified, however actions did not include who was responsible for ensuring it was completed or a date for review of completion. The CIM described how they discussed results of audits internally and at external peer review meetings. This meant that the practice would be challenged by other professionals which ensured they could look at ways to continuously improve.

Patient experience and involvement

The practice had a well established Patient Participation Group with 12 members. We saw that the practice actively encouraged new members particularly from younger patients and those from minority and ethnic groups. Posters were displayed in the waiting areas and there was information on the practice website encouraging patients to become involved in the PPG. We found that patients

were involved in shaping the service and feedback from PPG members stated, 'As members of the patient steering panel we have been extensively consulted on many issues affecting the practice, both currently and in the future.'

From the minutes of the PPG and the patient surveys which the practice undertook regularly there was evidence that feedback from patients was acted on. For example requests had been made for a zebra crossing to be placed outside the practice to make it safer for patients to cross the road. We saw that the practice manager had written to the local authority to raise the issue.

Staff engagement and involvement

Staff we spoke with told us that they regularly attended staff meetings and these provided them with the opportunity to discuss the service being delivered, feedback from patients and raise any concerns they had. We saw that the provider also used the meetings to share information about any changes or action they were taking to improve the service and they actively encouraged staff to discuss these points.

We saw that there were regular clinical meetings attended by multi-disciplinary staff from different health agencies. Patient care was discussed and staff were provided with the opportunity to contribute to these.

All the staff we spoke with told us they were encouraged to feedback on any aspect of the practice. They felt they had a voice and the provider was interested in creating a learning and supportive working environment. One staff member told us, "When I first started the practice manager said if you think of anything we could do differently tell me." This meant the senior management team actively encouraged staff involvement in the running of the practice.

Learning and improvement

We saw that all the doctors and relevant staff came in one afternoon each month for a 'meeting day' and the practice was closed. Patients were made fully aware of the closure and why via the practice website. Meetings included the whole staff team, clinical and non-clinical and also included members of the external multi-disciplinary team such as district nurses and health visitors. Minutes from the meetings showed that the last whole staff team meeting discussed clinical care, audit results and areas for improvement.

Staff we spoke with discussed how action and learning plans were shared with all relevant staff and meeting

Are services well-led?

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

minutes we reviewed confirmed that this occurred. All of the staff we spoke with could detail how they had improved the service following learning from incidents and reflection on their practice.

Identification and management of risk

The GPs completed regular self-assessments and peer reviews of their performance. Staff told us they felt confident about raising any issues and felt that if incidents did occur these would be investigated and dealt with in a

proportionate manner. The staff we spoke with were clear about how to report incidents. Each clinical lead had systems for monitoring their areas such as whether GPs and nurse prescribers were following the latest guidance and protocols. The systems were effectively monitored by the practice manager and senior staff. Findings were routinely fed back to the partners, and members of the PPG told us that results of audits were discussed at their meetings.