Lambgates Health Centre

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	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lambgates Health Centre on 8 June 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, including those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Data showed patient outcomes were in line with or above those locally and nationally.
- Feedback from patients about their care was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice, including:

- The practice carried out an audit following the introduction of a new system where patients were booked appointments with the GP or nurse 'leading'

Summary of findings

on their care. We noted there had been a significant increase in the number of patients seen by the same nurse / GP providing them with a continuity of care and treatment.

- The practice actively engaged patients in health promotion and prevention, for example: Health education evenings for patients and monthly campaign boards/displays were developed these included levels of sugar in drinks and a smoking display created by young people from a local school.

The areas where the provider should make improvement are:

- Ensure the appropriate type of identification is recorded in personnel files.
- Complete the process of obtaining DBS checks for those staff who it wanted to carry out chaperone duties.
- Ensure a record of training is up to date as a means of ensuring staff have received mandatory training and updates.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There were system in place for reporting and recording significant events
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- The practice was proactive in engaging patients and the local community in health promotion activities.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- People could access appointments and services in a way and at a time that suited them. Telephone consultations were readily available and home visits, including the phlebotomy service, were provided to house bound patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led.

- There was a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients wherever possible were booked appointments with their GP to ensure continuity of care. Evidence from the practice showed continuity of care had improved as a result.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Nursing and residential homes had an allocated GP and nurse, whenever possible these staff responded to patients' needs within the home to ensure continuity of care.
- The practice had a Carers' Champion, who helped to signpost carers to other organisation for support.
- The practice embraced the Gold Standards framework for end of life care. This included supporting patients' choice to receive end of life care at home.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Where appropriate patients with more than one long-term condition were able to access a joint review to prevent them having to make multiple appointments.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For patients with complex needs, a named GP and practice nurse worked with relevant community and healthcare professionals to deliver multidisciplinary support and care. Multidisciplinary meetings were held to review patients' needs and to avoid hospital admissions.
- Patients with COPD and Asthma had self-management plans and access to medication at home for acute exacerbations and were directed to a structured education programme.

Summary of findings

- The practiced supported patients via a 'Telehealth' for examples for patients living with acute asthma. Patients with a long term health condition who were admitted to hospital a GP or nurse would follow the patients up once discharged.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors. A midwife held antenatal clinics weekly.
- A contraceptive service including the fitting of contraceptive coils and implants was available for patients and offered to patients from other practices in the area.
- There was a children's area in the waiting room and CBeebies was shown on the television after 3:30pm when there were more children.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available outside of normal working hours, with two evening surgeries and two early morning surgeries.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice nurse liaises with the Specialist Needs Nurse locally to ensure the register of patients with learning disabilities is accurate and helps to signpost patients and their carers should they require additional support.
- Vulnerable patients were identifiable with alerts noted on the secure computer system to ensure staff were alerted to needs.
- Annual reviews were provided for patients with learning disabilities, using a nationally recognised tool.
- The practice was proactive in monitoring those patients identified as vulnerable or at risk. This included, monitoring A&E attendances, monitoring missed appointments from those known to be vulnerable and working with other services to ensure, where appropriate, information was shared to keep patients safe.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The local Alcohol team provided a clinic weekly from the practice for patients to access.

People experiencing poor mental health (including people with dementia)

Good

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months.
- 94% of patients with poor mental health had a comprehensive care plan documented in the record agreed between individuals, their family and/or carers as appropriate.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations. The practice promoted self-referral to the local “Healthy Minds” service.

Summary of findings

- It had a system in place to follow up patients who may have been experiencing poor mental health and had attended accident and emergency.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice had higher than average results compared to the local and national averages. There were 112 responses and a response rate of 43%, representing 1.7% of the practice population.

- 95% find it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 90% find the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 90% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 88% would recommend this surgery to someone new to the area compared with a CCG average of 73% and a national average of 78%

The practice invited patients to complete the NHS Friends and Family test (FFT) either when attending the surgery or online. The FFT gives every patient the opportunity to feed back on the quality of care they have received. Results from the responses received between January and March 2016 showed 73% would be 'Extremely likely', 6% 'likely' and 8% 'Unlikely' to recommend Lambgates Health Centre to Friends or family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received and included individual praise for clinical and non clinical staff. The seven patients we spoke with were complimentary of the staff, care and treatment they received.

Lambgates Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP specialist advisor a practice manager specialist advisor and an Expert by Expereince.

Background to Lambgates Health Centre

Lambgates Health Centre provides primary medical services in Glossop, Derbyshire from Monday to Friday. The surgery is open:

Monday: 8.00am to 6.30pm

Tuesday: 8.00am to 6.30pm

Wednesday: 8.00am to 6.30pm

Thursday: 8.00am to 6.30pm

Friday: 8.00am to 6.00pm

Appointments with a GP are available between 8.00am and 6.00pm, Monday to Friday. Details of which GP would be available on which day is detailed on the practice website. The practice also participates in a local out of hours scheme in which patients are able to access GP appointments at a local hub evenings and weekends.

Glossop is situated within the geographical area of Tameside and Glossop Clinical Commissioning Group (CCG).

Lambgates Health Centre is responsible for providing care to 6634 patients.

The practice consists of three GP partners and two salaried GPs, two of whom are female. The practice employed an advanced nurse practitioners, two practice nurses, pharmacist and assistant practitioners The practice was also a training practice and at the time of our inspection there were two trainee GPs. The practice is supported by a practice manager, head receptionist, receptionists and administrators.

When the practice is closed patients are directed to the out of hours service.

Why we carried out this inspection

We inspected this service as part of our 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. This 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

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?

Detailed findings

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information about the practice. We asked the practice to give us information in advance of the site visit and asked other organisations to share their information about the service.

We carried out an announced visit on the 8 June 2016. We reviewed information provided on the day by the practice and observed how patients were being cared for.

We spoke with seven patients, two of whom were a member of the patient participation group and 12 members of staff, including GPs, practice manager, nurses, pharmacist, reception and administration staff.

We reviewed 37 Care Quality Commission comment cards where patients and members of the public had shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events and clinical events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for consistency. The practice carried out an analysis of complaints and significant events on an annual basis to identify any patterns or trends.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. All significant events and incidents were written up and presented at clinical meetings, following which action plans were implemented. We noted significant events were reviewed to ensure actions implemented were effective.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, local CCG and NHS England. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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 named GP lead for safeguarding adults and the nurse practitioner lead for children. The leads attended local safeguarding meetings and attended where and when possible case conferences and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room and consulting rooms, advising patients that a chaperone was available, if required. All staff who acted as chaperones were trained for the role, however not all staff and had received a disclosure and barring check (DBS). (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 was in the process of carrying out DBS checks for all staff and would ensure those without DBS checks would not chaperone until the checks had been completed.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice carried out weekly fire risk assessments. All of the electrical equipment was checked to ensure it was safe to use and clinical equipment was checked and calibrated annually to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. Hand hygiene training was carried with all staff as part of their induction. Annual infection control audits were undertaken and checks were carried out which included hand hygiene procedures with staff. We saw evidence that action was taken to address any improvements identified as a result. We were provided with a copy of the cleaning schedule following our inspection and the practice manager told us any issues or concerns identified were communicated to the cleaning team.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored.
- Staff recruitment checks were carried out, the three files we reviewed showed recruitment checks had in the main been undertaken prior to employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However we did note that although photographs of the staff were on record these were not always formal identification such as passport or driving license. Following the inspection we were provided with evidence that of appropriate ID had been

obtained. Although checks on qualifications and registration of clinical staff had been obtained at the time of recruitment there was no evidence registration had been checked annually. We noted in the main recruitment checks had been carried out for Locum GPs but evidence was not available onsite for all locums used. The practice manager told us they would ensure all appropriate documentation would be obtained and copies kept in the future for any locums used.

- 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 to meet patients' needs.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available. 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.

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 plan was accessible to staff via their NHS email system enabling access to the plan from home if required.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and discussion during clinical meetings. We noted meetings were held quarterly to discuss new guidance and compliance with exiting guidance.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99.7% of the total number of points available, with 5.1% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets and were in line or above the national average in a number of clinical outcomes. Data from 2014/15 showed;

- Performance for diabetes related indicators were above the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests were above to the CCG and national average.
- Performance for chronic obstructive pulmonary disease (COPD) related indicators were above the CCG and national average.

Clinical audits demonstrated quality improvement.

- There had been a wide range of clinical and non clinical audits completed in the last two years, all were either in the process or completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the importance of self-management plans for children with asthma and audited Gluten free food prescribing for patients diagnosed with Coeliac Disease to ensure the prescriptions were in line with guidance.
- The practice carried out an audit following the introduction of a new system in which patients were booked appointment with the GP or nurse leading on their care. We noted there had been a significant reduction in the number of patients not seen by the same GP/nurse. Where it was identified that patients had seen the wrong GP this was noted and discussed to continue making improvements.

Effective staffing

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

- The practice had an induction programme for newly appointed 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 long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through 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 clinical sessions, one-to-one meetings, appraisals, facilitation and support for the revalidation of doctors and nurses.
- The practice have received recognition for their teaching. This includes a Gold Award for Excellence in Teaching Year 3 students from Manchester University (2014/15) and they have been recognised by Health Education England North West as an excellent training environment for all levels of trainee doctors and nurse.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to e-learning training modules and in-house training. The practice training matrix was not up to date as a means of

tracking staff training had taken place. Following the inspection we were provided with evidence training was up to date and the training matrix had been updated and would be maintained.

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.
- The practice worked closely with the Community Paramedic, who supported the practice in meeting the needs of vulnerable patients such as those at risk of unplanned hospital admissions.
- Nursing and residential homes had an allocated GP and nurse, whenever possible these staff responded to patients' needs within the home to ensure continuity of care.

Staff worked together and with other health and social care services to understand and meet the range and complexity of peoples' 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 were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place and were minuted. We noted these were routinely attended by district nurses, health visitors and Macmillan nurse.

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.
- Clinical staff had undertaken training in relation to the MCA 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 patients' mental capacity to consent to care or treatment was unclear GPs would assess the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, patients with poor mental health and those requiring advice on their diet and smoking and alcohol cessation. Patients who may be in need of extra support were identified by the practice and where they required emotional and or psychological support the practice referred them to the Healthy Minds service.

We noted a number of examples of how the practice were working with patients to lead healthier lifestyles these included:

- A weight management group was held at the practice weekly run by the local Authority public health team.
- The practice also hosted self help groups, for example, diabetes and chronic obstructive pulmonary disease (COPD).
- Health education evening for patients, for example for patients at risk of diabetes, these were well attended and plans to run further events were planned including one for mental health.
- Monthly campaign boards/displays were developed these included levels of sugar in drinks and a smoking display created by young people from a local school.
- The practice actively referred patients to Wellfit Glossop.
- The practice arranged health walks to encourage exercise and healthy living.
- The practice website had links and forms available for patients to enable them to self refer to services such as physiotherapy. The website also had a link to allow patients to cancel or change hospital out patient's appointments.

The practice had a comprehensive screening programme. The practice uptake for the cervical screening programme was 83% which was in line with the national average of 82%. 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.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, NHS England figures showed in 2015, 89% of children aged 24 months had received the measles, mumps and rubella (MMR) vaccination.

The practice held an annual flu day which they combined with a charity coffee morning. Uptake of flu vaccination was high for example 86% for patients over 65 years of age (nationally 73%) and for those patients identified as at risk 72% (nationally 53%)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and annual health checks for carers.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

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

All of the 37 patient Care Quality Commission 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 spoke with two member of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. The seven patients we spoke with highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect.

The practice had scores on consultations with doctors and nurses above national and CCG scores. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 93% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 99% of respondents had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%.

The GPs offered 15 minute as standard and extended appointments were available with GPs and nurses where required.

Care planning and involvement in decisions about care and treatment

Patients we spoke with and comment cards received, told us that health issues were discussed with them and 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.

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

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%

The practice had introduced a system in which reception staff, wherever possible would book appointments with the GP or nurse leading on the patients care. We noted there had been a significant reduction in the number of patients not seen by the same GP/nurse and where it was identified that patients had seen the wrong GP/nurse this was noted and discussed to continue making improvements.

Staff told us that translation services were available for patients who did not have English as a first language and an extended appointment would be booked if an interpreter was required.

The practice used care plans to understand and meet the emotional, social and physical needs of patients, including those at high risk of hospital admission.

Good

Are services caring?

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. All clinicians had information to pass onto patients they identified as carers during consultations. Written information and a dedicated display board were available to direct carers to the various avenues of support available to them. There was a Carers Champion within the practice who helped signpost patients to other services. The PPG were also looking to work with Age UK and bring more services for patients and their carers.

Staff told us that if families had suffered a bereavement, arrangements were made for bereavement visits or consultation with the GP involved in the patients care. Information was also available in the waiting area guiding patients to local bereavement support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, attending locality meetings and working with other health and social care professionals, this included neighbourhood teams.

Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example;

- The practice offered appointment between 8.00am and 6.00pm Monday to Friday. The practice also participates in a local out of hours scheme in which patients are able to access GP appointments at a local hub evenings and weekends.
- There were longer appointments available for patients with a learning disability or those who required them.
- Home visits were readily available for older patients and patients who would benefit from these, this included visits from GPs, nurses and phlebotomy.
- Anticoagulation clinics were provided and home visits for housebound anticoagulation patients.
- The practice employed a pharmacist who carried out medication reviews for patients over 75 years of age in the surgery and home visits.
- Patients were able to receive test results by text with consent, meaning they did not have to wait and call back the surgery for routine results.
- Same day appointments were available for children and those with serious medical conditions.
- Appointments with nurses could be booked up to 12 weeks in advance.
- The practice provided minor surgery and joint injections. This service was also available to patients from other local practices.
- There were disabled facilities, a hearing loop and translation services available.
- Patients who had two or more long term conditions such as asthma or diabetes were invited to attend one review to avoid them having to visit the practice multiple times for each condition.
- A phlebotomy service was available daily and via home visits for house bound patients.
- An ultrasound service was provided at the practice once a week for patients.
- Patients were able to receive travel vaccinations which were available on the NHS and patients were referred to other clinics for vaccines only available privately.
- The Citizen Advice Service provided a drop in at the surgery once a week.
- The local Alcohol service provided clinics from the practice once a week for patients.

Access to the service

Appointments with a GP were available between 8.00am and 6.00pm, Monday to Friday. Details of which GP would be available on which day was detailed on the practice website. The practice also participates in a local out of hours scheme in which patients were able to access GP appointments at a local hub evenings and weekends.

The practice regularly monitored the demand on the service and the number of appointments available and the appointment system had evolved over the last few years in response to patient demand and feedback. Results of a recent survey of the appointment system showed, 84% found it very or fairly easy to get an appointment for the time they wanted and 59% (14% did not respond) found it very or fairly easy to get an appointment with the GP they wanted to see.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was higher compared to the local and national averages. For example the GP survey results showed:

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 95% of patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 96% of patients describe their overall experience of this surgery as good compared to the CCG average of 81% and national average of 85%.

The practice had a system in place to assess:

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

This was achieved by the GP on call or GP triage in which a GP would telephone the patient or carer in advance to gather information to allow an informed decision to be

Good

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. 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 Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice kept a complaints log for written and verbal complaints. We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. The practice carried out an annual review of complaints to identify any patterns or trends and these were shared during team meetings and with representatives from the patient group.

Are services well-led?

Good

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

Our findings

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

- The practice had a mission statement which was displayed throughout the practice. 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.

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.
- The practice had staff in lead roles and teams to support them achieve good patient outcomes. This included safeguarding lead, mental health lead and a lead for clinical governance. The practice had also set up teams for QOF areas which were led by a GP, with a nurse and administration team supporting. The teams met on a regular basis to monitor outcomes.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and manager were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held monthly team meetings. We noted weekly meetings with the GPs took place, clinical meetings on a quarterly basis as were prescribing and NICE guidance meetings. The nursing team met on a monthly basis and the reception/ administration team also met fortnightly.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, 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 encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The practice will be celebrating 20 years of the patient participation group in 2017 and their achievements.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good

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

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 had carried out targeted evaluation and survey of services in addition to learning from feedback sought from the PPG, National GP survey and Friends and Family test. For example gathering feedback from patients attending health education evenings.
- The practice produced a newsletter for patients twice yearly in which they communicated developments and changes within the practice but also health promotion information. The practice also used the practice website and Facebook page to communicate with patients for example health promotion campaigns

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice were looking to engage with students from local secondary schools to look at how they can improve the experience of young people and looking at the potential of developing a teenager hub within the practice.
- The practice regularly had work experience students from local sixth form colleges work within the practice who are interested in a career in medicine.
- The practice continues to review the service and was in the process of reviewing inappropriately booked appointments and the reasons for incoming calls to the practice. The practice also continuously gathered feedback on services such as minor surgery and contraception such as contraceptive coil or implant to learn and identify ways to improve the service where necessary.