

Selsey Medical Practice

Quality Report

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

Ratings

Overall rating for this service

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Selsey Medical Practice on 21 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and 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.
- The provider was aware of and complied with the requirements of the duty of candour

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example it worked actively with other health and social care providers in the locality as part of the 'proactive care' initiative. This involved joint working to identify patients at risk of avoidable, unplanned admission to hospital to ensure they had a plan of care in place in order to prevent this.
- Patients said they found it easy to make an appointment with and that urgent appointments were available the same day.
- 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 and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice identified older patients at risk of unplanned hospital admission and worked with other health and social care professionals to ensure care plans were in place to provide enhanced support at home.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GPs and paramedic made regular visits to patients who lived in local care and nursing homes.
- The practice held regular seasonal flu clinics as well as providing opportunistic vaccines during routine visits and appointments.
- All patients had a named GP and the practice did its best to ensure older patients saw their own GP to ensure continuity of care.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performed well against the quality and outcomes framework (QOF) indicators for diabetes. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 77% compared to the clinical commissioning group (CCG) average of 80% and the national average of 81%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practice had adopted a model of diabetes care which meant that the patient was fully involved in developing their own care plan and managing their condition. This also reduced the number of times the patient had to attend the surgery.
- The practice hosted diabetic retinopathy clinics and held regular combined clinics with diabetic specialist nurses and dieticians.
- The practice also hosted regular group diabetic education sessions.

Families, children and young people

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

Good



- 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.
- The number of women aged between 25 and 64 who attended cervical screening in 2014/2015 was 77% compared to the clinical commissioning group (CCG) average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice was able to work closely with the health visitor who was based in the same premises.
- The health visitor checked whether children who registered with the practice on a temporary basis were on any 'at risk' registers.
- Nurses were trained to offer contraception advice and worked in liaison with GPs to provide routine contraception. GPs were trained to fit hormonal implants and inter uterine devices and the practice held combined clinics with a GP and a nurse for this.
- The practice provided ante and post natal checks and six week baby checks where a 30 minute appointment was provided to follow up the mother and child
- One of the GPs acted as the link with a local support service for young people in Selsey and provided confidential advice and guidance to young people.

Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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. This included a variety of extended access early morning appointments with nurses, paramedic practitioners, phlebotomists and GPs.
- The practice was proactive in offering online services. This included booking appointments, prescription requests, access to summary care records and access to detailed coded records.
- The practice provided a full range of health promotion and screening that reflected the needs for this age group which included NHS health checks for 40 – 74 year olds and new patient checks for newly registered patients.

People whose circumstances may make them vulnerable

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

Good



- The practice had identified patients living in vulnerable circumstances including those with a learning disability and people who lived in care homes.
- The practice offered longer appointments for patients with complex needs or a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice worked closely with community groups to help identify and provide support for people living in vulnerable circumstances.
- The practice was a distributor of food vouchers which could be given to patients in crisis.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Summary of findings

- One of the GPs was the mental health lead for the CCG and provided valuable input to the practice in relation to services available.
- The practice hosted NHS counselling services and clinics with the mental health liaison practitioner.
- The percentage of patients with severe and enduring mental health problems who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 84% which was comparable to the CCG average of 90% and the national average of 88%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing mostly above local and national averages. Two hundred and thirty four survey forms were distributed and 119 were returned. This represented 1% of the practice's patient list.

- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 77% national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 72% and the national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Patients commented that the staff were helpful and polite and they had always been able to get an appointment. They said they felt listened to by the GPs.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Selsey Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Selsey Medical Practice

Selsey Medical Practice is situated in the town of Selsey near Chichester in West Sussex. It serves approximately 12,250 patients.

There are seven GP partners, three salaried GPs and two GP registrars. There are seven practice nurses two of whom are independent prescribers, two health care assistants, two phlebotomists and one paramedic practitioner. There is a practice manager, business manager and a team of administrative and reception staff. The practice is a training practice and provides placements for trainee GPs and under-graduate doctors and paramedics.

Data available to the CQC shows that the practice serves a significantly higher than average number of patients over the age of 65 and one of the lowest shares of under eighteens compared to the national and clinical commissioning group (CCG) average. Income deprivation affecting children and older people is higher than the CCG average but lower than the national average

The practice is open from 8.00am until 6.30pm Monday to Friday. Appointments with GPs are available from 8.30am until 11.30am and from 2pm until 5.30pm Monday to Friday. Appointments with practice nurses are available from 7.30am until 6pm Monday to Friday. The practice is

open all day and does not close at lunchtime. Extended access is available on different days each week from 7.30am and until 7pm for pre-bookable appointments with a GP or practice nurse. Appointments can be made on line, by telephone or in person. Patients are provided with information on how to access the out of hour's service in the practice leaflet, on the practice website or by calling the practice.

The practice provides a number of services and clinics for its patients including smoking cessation, asthma, diabetes, hypertension, women's health, childhood immunisations, phlebotomy and family planning, travel immunisations and a minor surgery clinic. The practice shares its premises with district nurses, health visitors, physiotherapists and podiatrists.

The practice provides services from the following location:-

Selsey Medical Centre

High Street,

Selsey

Chichester

West Sussex

PO20 0QG

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 July 2016. During our visit we:

- Spoke with a range of staff which included GPs, a paramedic practitioner, a community nurse, practice nurses, the practice manager and administrative and reception staff.
- Spoke with patients who used the service who were also members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that as the result of the wrong medication being prescribed and dispensed to a patient with a specific condition, that a new protocol for the prescribing of the particular medication had been drawn up and implemented in order to prevent future errors.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs, the paramedic practitioner and practice nurses were trained to child protection or child safeguarding level three.

- Notices in the consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Regular checks were undertaken to ensure equipment and the premises were being cleaned in accordance with cleaning schedules.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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 stored securely.

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.

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 the local clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the local and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol, was 5 mmol/l or less was 77% compared to the clinical commissioning group (CCG) average of 80% and the national average of 81%.
- Performance for mental health related indicators was similar to the local and national averages. For example, the percentage of patients with severe and enduring mental health problems who had a comprehensive, agreed care plan documented in their record was 84% compared to the CCG average of 90% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been 15 clinical audits completed in the last two years. We looked at 3 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, recent action taken as a result included reduced prescribing of a particular medicine where there had been national concerns about increased patient dependence and tolerance to this medicine. As a result of the audit, the practice was able to demonstrate that the actions it had taken led to significant outcomes in terms of changing people's behaviour with regards to use of this particular medicine. It was now able to keep prescribing of this medicine at a safe and low number and ensure reduced incidence of dependence.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions there was regular update training on areas such as giving immunisations, managing diabetes and asthma, ear syringing and cervical cytology.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attending training sessions and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. There were regular protected training days for all staff facilitated by the clinical commissioning group (CCG). The practice also regularly invited external speakers for 'lunch and learn' sessions which all staff could attend. This included topics such as diabetes.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol. Patients were signposted to the relevant service.
- A dietician ran a regular combined clinic with a diabetes specialist nurse and the practice hosted regular group diabetes education sessions.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 83% and 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. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% and five year olds from 87% to 93%

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the nine 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 three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 86% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in large print for patients with a visual impairment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 163 patients as carers (1% of the practice list). The practice was aware that it needed to identify more of its patients who were carers and identified a staff member to take the lead on this area of work. They worked closely with the local carers' organisation to raise awareness of the support that the practice could provide. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example it worked actively with other health and social care providers in the locality as part of the 'proactive care' initiative. This involved joint working to identify patients at risk of avoidable, unplanned admission to hospital to ensure they had a plan of care in place in order to prevent this.

- The practice offered extended hours on different days each week from 7.30am and until 7pm for pre-bookable appointments with a GP or practice nurse. These appointments were for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs or a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments with GPs were available from 8.30am until 11.30am and from 2pm until 5.30pm Monday to Friday. Appointments with practice nurses were available from 7.30am until 6pm Monday to Friday. The practice was open all day and did not close at lunchtime. Extended access was available on different days each week from 7.30am and until 7pm for pre-bookable appointments with a GP or practice nurse. Appointments could be made on line, by telephone or in person. Appointments could be booked up to four weeks in advance, urgent appointments were also available on the day for people that needed them.

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

- 77% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 77% and the national average of 78%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

Information was gathered by the receptionists who worked to agreed protocols to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example complaints and comments leaflets were available at reception and details about how to complain were available on the practice website

We looked at five complaints received in the last 12 months and found that these were dealt with in a timely way and satisfactorily handled with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, as a result of a complaint from a patient about

Are services responsive to people's needs? (for example, to feedback?)

the fact they had not been prescribed antibiotics when they felt they should, the practice developed a patient information leaflet explaining when and why antibiotics should and should not be prescribed in order to improve patient awareness.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was to strive to provide the highest standard of care available and to empower patients to manage their own health.
- The practice had a robust business plan which reflected the vision and values. The business plan set out clear objectives for the future of the practice and was regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous 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 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 regular team meetings.
- 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. We noted that the whole practice team met together every three to four months during their protected learning days.
- 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 PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in response to patient feedback the practice moved telephones on the reception desk to a back office so that patient calls could not be overheard in the waiting area. The PPG had also identified problems with the practice's telephone system which the practice addressed. This resulted in patients being able to get through quicker to make an appointment.
- 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. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice maximised all learning opportunities and held regular 'Five minute learning slots'. Staff always shared and cascaded their knowledge and learning from external learning events and the clinical team met daily to discuss and share clinical issues. The practice team was forward thinking and part of

local pilot schemes to improve outcomes for patients in the area. For example, the practice was approached by a community group who wanted to start a 'music for health' group, based on evidence to show that there were proven benefits to patient health and well-being from singing. The practice ran a pilot 'music for health group' which proved successful. As result the group gained funding to continue from a charity which supported the practice. The practice was actively engaged with a wide range of community and support groups and regularly attended community meetings to get feedback from patients and raise awareness of the services it provided.