The Gillies and Overbridge Medical Partnership

Quality Report

Sullivan Road,
Basingstoke
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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 a comprehensive inspection of Gillies & Overbridge Medical Partnership. Sullivan Road, Basingstoke, Hampshire, RG22 4EH. The inspection took place on 4 February 2015.

Specifically, we found the practice to be good for providing safe, well-led, effective, caring and responsive services. It was also good for providing services to older people, people with long term conditions, families, children and young people, working age people, people whose circumstances may make them vulnerable and people experiencing poor mental health.

• Patients were complimentary about the care and support they received from staff.

• Staff told us they were committed to providing a service that put patients first.

• The practice worked with other health and social care professionals and organisations to ensure that their patients received the most effective support and treatment.

• Staff were trained in and aware of their responsibilities for safeguarding of vulnerable adults and children. There were systems and processes in place to raise concerns and there was a culture of reporting and learning from incidents within the practice.

• Patients told us they could always get an emergency appointment and waiting time for routine appointments was satisfactory.

• 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.

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.

Systems were in place for reporting, recording and monitoring significant events. Infection prevention and control systems were in place and regular audits were carried out to ensure that all areas were clean and hygienic. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

Appropriate checks were made of all staff before they started to work. Staff files were comprehensive and complete. Risks to patients were assessed and well managed. There was sufficient staff to keep people safe.

Arrangements for the safe and secure storage of medicines and vaccinations was effective. This included equipment used to administer medicines.

Are services effective?

Good

The practice is rated as good for providing effective services.

There were systems in place to ensure there were sufficient staff to meet patient needs. Patient needs were assessed and care and treatment was delivered in line with current legislation and best practice.

There were sufficient staff who received regular training and on-going support through an effective appraisal system.

The practice had systems and processes in place to make sure that standards of care were effectively monitored and maintained.

The practice worked with other health and social care professionals and organisations to ensure their patients received the most effective support and treatment.

Are services caring?

Good

The practice is rated as good for providing caring services.

Patients we spoke with told us they were well informed about their care and treatment. We observed patients being treated with dignity and respect. Staff provided privacy during all consultations and reception staff maintained patient privacy, dignity and confidentiality when registering or booking in patients.

All the patients we spoke with, and the comments we received were complimentary of the care and service staff provided.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Patients reported good access to the practice and a named GP for continuity of care with urgent appointments available the same day. All the patients who requested a telephone consultation received a call back the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an open culture within the organisation and a comprehensive complaints policy and procedure. Complaints about the service and significant events were investigated and responded to in a timely manner.

Are services well-led?

Good

The practice is rated as good for providing well-led services.

There was a clear leadership structure and staff felt supported by management and a culture of openness and honesty was encouraged.

The staff worked as a team and ensured that patients received a high standard of care. Staff had received inductions, regular performance reviews and attended staff meetings.

Risks to the safe and effective delivery of services were assessed and addressed in a timely manner. A suitable business continuity plan was in place. The practice had a number of policies and procedures to govern activity and regular governance meetings had taken place.

The practice proactively sought feedback from staff and patients and this had been acted upon. The practice had an active patient participation group.

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.

Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older patients. The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example in dementia and end of life care. The practice was responsive to the needs of older people, including offering home visits and rapid access appointments for those with enhanced needs. . The practice had achieved care plans for each of the 2% most vulnerable patients on their lists as part of the unplanned admissions directed enhanced services.

People with long term conditions

Good

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

Emergency processes were in place and referrals made for patients in this group that had a sudden deterioration in health. The practice provided extended appointments for patients with long term conditions. The practice had personal lists and named long term condition leads. All the practice nurses were diabetic and asthma care trained, three nurses had training in dealing with chronic obstructive pulmonary disease and three nurses were trained in dealing with heart conditions.

All patients with long term health conditions had structured annual reviews to check their health and medication needs were being met. For those people with the most complex needs GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Systems were in place for identifying and following-up vulnerable families and who were at risk.

Immunisation rates were high for all standard childhood immunisations.

Appointments were available outside of school hours and the premises were suitable for children and babies. All of the staff were very responsive to parents' concerns and ensured parents could have same day appointments for children who were unwell. Staff

Summary of findings

were knowledgeable about child protection and a GP took the lead with the local authority and other professionals to safeguard children and families. We saw evidence that children and young patients were treated in an appropriate way and recognised as individuals. We saw that joint working with midwives and health visitors took place.

Working age people (including those recently retired and students)

Good

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

The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this population group. Patients were provided with a range of healthy lifestyle support including referrals available to external agencies to support people in leading healthier lifestyles.

Appointments could be booked online in advance.

People whose circumstances may make them vulnerable

Good

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

Staff were trained to recognise the signs of abuse and were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice offered longer appointments for people where required.

People experiencing poor mental health (including people with dementia)

Good

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

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. The practice had in place advance care planning for patients with dementia. The practice sign-posted patients experiencing poor mental health to various support groups and voluntary organisations including referrals to counselling services.

Summary of findings

What people who use the service say

During our visit we spoke with five patients and four members of the patient representatives group and reviewed 32 comments cards from patients who had visited the practice in the previous two weeks.

The majority of the feedback we received was positive although some commented negatively about the time spent waiting for a routine appointment to see their GP. Patients were complimentary about the practice staff team and the care and treatment they received. Patients told us that they were not rushed, that the appointments system was adequate although mention was made that extended hours appointments had been stopped. Patients said that staff explained their treatment options clearly. They said all the staff at the practice were helpful, respectful, caring and supportive.

We reviewed the results of a patients' representatives' group patient survey that was published in early 2014. The practice surveyed 841 patients and the results included;

96.87% said that the person who answered the telephone was courteous and helpful.

63.28% said that their appointment was with their own GP.

86.90% said that they were happy seeing a GP other that their own.

97.47% rated their experience of seeing a GP as very good or good.

94.61% said that they would recommend the practice to friends and family.

The average numbers of days patients reported that they had to wait for a routine appointment was 4.77 and 72.42% said they were satisfied with this.

The Gillies and Overbridge Medical Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

The team included a GP specialist advisor and a practice manager specialist advisor.

Background to The Gillies and Overbridge Medical Partnership

Gillies & Overbridge Medical Partnership is located at the Gillies Health Centre, Sullivan Road, Basingstoke, RG22 4EH on the outskirts of Basingstoke Hampshire. It was rebuilt to modern specification in 2004, accommodating its former Overbridge patients and offering the improved facilities of a new building. The Overbridge Surgery closed on 30 April 2006 and today the practice operates exclusively from the Gillies Health Centre.

The practice is responsible for providing primary care services to approximately 20,000 patients. Appointments are available between 8.30am and 6.00pm Monday to Friday. The practice has opted out of providing out-of-hours services to their own patients and refers them to Hantsdoc who are the out-of-hours provider. Patients can access Hantsdoc via the 111 service.

The practice has 10 GP partners and two salaried GPs. In total there are five male and seven female GPs. The practice is a training practice and also has up to four trainee GPs at any one time. GPs are supported by a nurse practitioner and seven members of a nursing team. The practice also has an administration team of 24 which consists of receptionists, administrators, secretary, reception manager, IT manager and the practice manager.

The practice worked with the Elm Community Nursing Team which was located on the same site. This team consists of Community Nurses providing nursing care to patients, mainly in their own homes. Health Visitors and Community Midwives.

The practice has a high number of patients who are aged between 40 and 69 when compared to the England average. Due to the semi rural nature of the area the practice has a high number of patients who reside in neighbouring villages.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

Detailed findings

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. Organisations included the local Health watch, NHS England, and the clinical commissioning group.

We asked the practice to send us some information before the inspection took place to enable us to prioritise our areas for inspection. This information included; practice policies, procedures and some audits. We also reviewed the practice website and looked at information posted on the NHS Choices website.

During our visit we spoke with a range of staff which included GPs, nursing and other clinical staff, receptionists, administrators, secretaries and the practice manager. We also spoke with patients who used the practice. We reviewed comment cards and feedback where patients and members of the public shared their views and experiences of the practice before and during our visit.

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

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

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

- Older people
- People with 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)

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. This included reported incidents and national patient safety alerts as well as comments and complaints received from patients. Staff were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. We saw a number of examples where this information was appropriately managed and action was taken when necessary. All safety alerts received were shared with the whole team and were immediately distributed and discussed at weekly clinical meetings.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. The practice conducted two significant events meetings each year. These meetings were attended by all the GPs and members of staff involved.

These systems were used to ensure significant events were reviewed, and action taken when needed and included root cause analysis to identify any trends. There was evidence that appropriate learning had taken place and that the findings were disseminated to relevant staff. GPs told us that specific significant events were reported to the local Clinical Commissioning Group (CCG). For example two nurses had received a needle stick injury, the practice had taken appropriate action to protect the nurses and contact was made with the CCG. The practice updated its needle stick injury policy and was also able to make sure that the details for the relevant contact for this type of incident at the CCG were correct. The practice also published this fact in their annual infection control statement 2014-2015.

Reliable safety systems and processes including safeguarding

The practice had appointed a dedicated GP as the lead in safeguarding vulnerable adults and children. The practice showed us a training matrix for all staff to be safeguarding trained to the relevant levels by the end of April 2015. We saw training certificates for child safeguarding were held by members of staff. The practice used in house sessions for speakers to attend or online training packages.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example if a child was subject to a child protection plan. Patient appointments were conducted in the privacy of individual consultation rooms.

Safeguarding policies and procedures for children and vulnerable adults had been implemented at the practice. Staff were aware who the lead was and knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew what to do if they encountered safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. We saw examples of where GPs had spoken with elderly patients living alone and gave advice about financial abuse by criminal trade's people.

The practice had produced a patient information leaflet explaining what safeguarding was and the practice policy contained useful contacts.

Staff were also aware of the practice "whistleblowing" policy and understood it.

The practice offered patients the services of a chaperone during examinations if required. A chaperone is a person who serves as a witness for both a patient and a medical practitioner as a safeguard for both parties during a medical examination or procedure. We saw that details of this service were contained in the practice leaflet and how to ask for a chaperone if required. Staff said that this service was offered to patients. Nurses said that they had been given relevant training and were aware of their responsibilities when asked to perform a chaperone role.

Medicines management

Arrangements were in place in relation to the management of medicines at the practice. These included safe storage, records and disposal.

The practice maintained a log of medicine refrigerator temperature checks. Staff were aware of protocols to follow if the refrigerator temperature was not within safe temperature ranges. We saw that the medicines cupboard and the vaccines refrigerator in the nurses' treatment rooms were securely locked. Vaccinations were stored in suitable refrigerators at the practice. All the medicines and vaccines that we checked were within their expiry date.

Good

Are services safe?

Prescription pads were securely kept in a locked cupboard within a designated area of the practice and there was a system for monitoring and recording their use.

We checked the emergency medicines kit and found that all the medicines were in date. There was a log maintained with the expiry dates of all the medicines available in the kit.

Cleanliness and infection control

All areas of the practice appeared to be well maintained, clean and fit for purpose. An infection control policy and supporting procedures was available for staff to refer to, which enabled them to plan and implement infection control measures. For example, personal protective equipment which included disposable gloves and aprons was available for staff to use and staff were able to describe how they would use these in order to comply with the policy.

Hand hygiene techniques signage was displayed in staff and patient toilets. Hand washing sinks with liquid hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Staff training records showed that nursing and health care staff had completed infection control training in March 2014.

Sharps boxes were provided and were positioned out of the reach of small children.

Clinical waste was stored safely and securely before being removed by a registered company for safe disposal. We examined records that detailed when such waste had been removed.

In January 2015 the practice had published on its website an annual infection control statement which was summarised as required by the code of practice on the prevention and control of infections.

Equipment

The practice had appropriate equipment, emergency medicines and oxygen to enable them to respond to an emergency should it arise. These were checked regularly by the practice nurses to ensure the equipment was working and the medicines were in date so that they would be safe to use in an emergency.

Staff had taken part in emergency life support training and were able to describe their training and felt confident that they could respond appropriately to an emergency in the practice.

Regular checks were undertaken on the equipment used in the practice. Examples of recent calibration checks of equipment by a contactor were seen. Continual risk assessment took place in the different areas of the practice such as access to the practice by patients using mobility scooters and we saw evidence of monthly assessments in the health and safety file.

Staffing and recruitment

The practice manager and GPs we spoke with told us they felt the stable and experienced work force provided a safe environment for their patients. Staff at this practice worked as a team to cover the practice opening hours and would adjust their hours to cover any sickness or annual leave.

The provider had a suitable process for the recruitment of all clinical and non-clinical staff. The practice carried out pre-employment checks which included evidence of satisfactory conduct in previous employment and, where required, criminal record checks, using the Disclosure and Barring Service. Newly appointed staff received an induction which included explanation of their roles and responsibilities and access to relevant information about the practice including relevant policies and procedures.

Monitoring safety and responding to risk

There were systems in place to identify and report risks within the practice. These included regular assessments and checks of clinical practice, medicines, equipment and the environment. We saw evidence that these checks were being carried out weekly, monthly and annually where applicable. However, the practice had not carried out full risk assessments for legionella.

Staff reported that they would always speak to the practice manager if an accident occurred and ensure that it was recorded. This and all other practice policies were available to all staff at any time via the computer system.

Arrangements to deal with emergencies and major incidents

The practice had appropriate equipment, emergency medicines and oxygen to enable them to respond to an emergency should it arise. We saw that the practice had a business continuity plan. This is a plan that records what the service will do in an emergency to ensure that their

Good

Are services safe?

patients are still able to receive a service. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to. For example, contact details of a heating company to contact if the heating system failed.

We also saw that the practice had recorded a non clinical significant event where a power cut had taken place. The practice had responded to the event and had looked at lessons learned. They had addressed the need to have paper records printed for example home visits and also that patients information about the event needed to be placed on their telephone systems at the time.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice took into account national guidelines such as those issued by the National Institute for Health and Care Excellence (NICE). The practice had regular meetings where clinical and business issues relevant to patient care, and significant events and complaints were discussed. There were periodic multi-disciplinary meetings attended by GPs and nursing staff to discuss the care of people.

We saw minutes of practice meetings where new guidelines were disseminated, the implications for the practice's performance and patients were discussed and required actions agreed. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them.

The integrated care team met monthly to discuss those patients who were having problems accessing medical or social services, or those whose condition had changed, warranting a reassessment of their needs. Social services, mental health, community nursing, community matron and GPs were all asked each month to submit patients that they felt would benefit from a review. The practice could then then pool that expertise in a single forum to consider the best support for patients with complex health needs.

Management, monitoring and improving outcomes for people

The practice actively used the information they collected for the Quality and Outcomes framework QOF and their performance against national screening programmes to monitor outcomes for patients. QOF was used to monitor the quality of services provided. The QOF report from 2013-2014 showed the practice was supporting patients well with long term health conditions such as, asthma, diabetes and heart failure. They were also ensuring childhood immunisations were being taken up by parents. The practice achieved 97.91% in the 2013-2014 QOF.

The practice has a system in place for completing clinical audit cycles. Examples of clinical audits included an antibiotic audit, oral nutrition audit and three infection control audits.

GPs at the practice undertook minor surgical procedures in line with their registration and NICE guidance. The staff were appropriately trained and kept up to date.

Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to continually review and discuss new best practice guidelines for areas such as the management of respiratory (breathing) disorders. Our review of the clinical meeting minutes confirmed that this happened.

Effective staffing

There were enough qualified, skilled and experienced staff to meet patient needs. The practice employed 12 GPs, eight nursing staff, 24 reception and administration staff including managers who worked flexibly at the practice to cover duties when staff were away from work due to sickness or leave. We observed all staff working professionally and there was a friendly atmosphere at the practice. Staff we spoke with told us that the staffing levels were suitable for the size of the service.

Staff received appropriate support and professional development. The provider had identified training modules to be completed by staff which included amongst others safeguarding of children and vulnerable adults. Staff were aware of and had received information about safeguarding and training in infection control and basic life support skills. Staff received supervision and an annual appraisal of their performance.

Staff we spoke with all told us that they felt well supported by their colleagues and the practice manager. They said they had been supported to attend training courses to help them in their professional development and that there was a culture of openness and communication at the practice and they felt comfortable to raise concerns or discuss ideas.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, the administration of vaccines. Nurses with extended roles saw patients with long-term conditions such as chronic obstructive pulmonary disease and diabetes and were also able to recall and discuss that they had received appropriate training to fulfil these roles.

Working with colleagues and other services

We found the GPs, nurse practitioner, nurse and health care assistants at the practice worked closely as a team. The practice worked with other agencies and professionals to

Good

Are services effective?

(for example, treatment is effective)

support continuity of care for patients and ensure care plans were in place for the most vulnerable patients. GPs and nurses attended multi-disciplinary team meetings to ensure information was shared effectively.

The practice worked with associated health professionals in the Elm Community Nursing Team including, community nurses, health visitors, a dentist, chiropractor and midwives to support the needs of patients. The practice also had an independent pharmacy connected to the building and accessible from the main waiting area.

Staff told us they felt they worked well as a multidisciplinary team and that there was good involvement of other social and healthcare professionals especially in the care of older patients and families.

Information sharing

The practice lead on information governance explained that staff were given training and discussed confidentiality. Staff we spoke with were able to explain the training they had received about information sharing. An example given was that when insurance companies requested details of patient notes no information was released without first obtaining full consent from the patient and checking with the clinical staff.

Information was shared between the out of hours service and the practice. Any information received by the practice from the out of hours service was discussed by GPs the following morning and action taken as appropriate.

The practice uploaded data to the Hampshire Health Record to improve information access across the locality. The Hampshire Healthcare Record (HHR) is a local combined electronic health record. It brings together information in health records from different parts of the NHS in Hampshire.

The local National Health Service (NHS) has many different computer systems holding health records. Because not all of these systems are connected to each other, information about patient care from one system is not automatically available in the others. At present the Hampshire Health Record receives records from nearly 80% of the GP practices within the seven clinical commissioning groups. The information that is sent only contains the codes of problems and diagnoses, drugs prescribed clinical measurements and pathology results etc. The information available is a summary of patient health conditions and detailed comments are not included.

Data sent to the Hampshire Health Record from Southampton and Portsmouth Hospital Trusts, and Hampshire Hospitals Trust, includes blood test and other pathology results, X-Ray results and letters sent after outpatient appointments or hospital admissions and discharge letters.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice. We spoke with nurses who demonstrated a good understanding of their responsibilities for obtaining valid consent from patients, and patients said that they understood about giving consent and did not feel pressured into agreeing to treatment. This highlighted how patients were supported to make their own decisions. When the GP or the nurses deemed the patient did not have capacity to consent then they discussed the matter with the next of kin, carer as well as fellow professionals to arrive at a best interest decision.

Staff demonstrated an understanding of the Gillick competence when asked about treating teenage patients. The Gillick competency test was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions . For example, when emergency contraception is requested.

Health promotion and prevention

We noted the GPs used their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years and offering smoking cessation advice to smokers. The practice offered continuity of care via personal lists, where every patient had a named and accountable GP.

The practice ensured that, where applicable, people received appropriate support and advice for health promotion. Information available to patients was effective; there was an extensive pin-board on the wall in the waiting room which was tidy, up to date, and contained notices relevant to the demographics of the patients.

There was a television in the waiting area which had a rolling programme of health promotion and prevention

Good

Are services effective?

(for example, treatment is effective)

information including smoking cessation, flu jabs and shingles vaccination. Patients who required support for drug addiction were directed to a local drugs addiction team.

Information was available in easy to read formats and the practice had systems available on their web site for patients whose first language was not English.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance for all immunisations was above average for the area and again there was a clear policy for following up non-attenders by the practice nurse.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff told us how they respected patients' confidentiality and privacy. The receptionists we observed were calm, efficient, kind and discreet, and multitasked effectively. There were no queues at the desk, and patients were directed swiftly to where they needed to be. The reception was accessible to patients with disabilities with lower desk height for wheelchair users. There were signs that asked for patients to respect the privacy of other patients. The practice had an area set aside for patients to use if they required further privacy to discuss any matter.

The practice ensured that the out of hour's service was aware of any information regarding their patients' end of life needs. This meant that patients at all stages of their health care were treated with dignity, privacy and compassion.

Consulting and treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times when patients were with GPs and nursing staff. Conversations between patients and GPs and nurses could not be heard from outside the rooms which protected patient's privacy. The treatment and consulting rooms contained a curtain around the examination couch which protected patients' privacy.

Patients said that they were treated with respect, kindness and were listened to. This was also reflected in the comment cards completed by patients.

Care planning and involvement in decisions about care and treatment

All the patients we spoke with and the comment cards completed were complimentary of the staff at the practice and the service received.

Patients told us that they felt listened to and involved in the decisions about the care and treatment. Patients expressed their views and were involved in making decisions about their care and treatment. Patients were given appropriate information and support regarding their care or treatment. Patients told us that the GPs took time to explain things to them. Patients said they had the opportunity to ask additional questions if they needed to and felt their concerns were listened to.

The practice had an up to date "2% list", whereby proactive care and care planning was provided to this cohort at higher risk of unplanned admission to hospital. This aimed to give patients a plan of how they wish to be treated if they became unwell at the end of their life, as well as trying to prevent unplanned admissions by having a plan of action in place that the patient was aware of. In addition, the care plans provided a summary to external care providers (such as the ambulance service, Hantsdoc or Accident &Emergency) which enabled them to make better assessments with the background clinical information easily to hand.

Patient/carer support to cope emotionally with care and treatment

The practice supported patients following discharge from hospital. Discharge letters were monitored and patients were supported on returning home. Patients were contacted by the practice and care and treatment needs were followed up.

Notices in the patient waiting room, on the TV screen and patient website also told people how to access a number of support groups and organisations.

The practice worked with a local chaplain who visited the practice on Thursdays to offer support to patients. The role of the chaplain is to be involved with others in the provision of holistic care to the community. 'Holistic care' is concerned with the whole person and includes not only a person's physical health but also their social, emotional and spiritual health or well being.

The practice invited teenagers to attend for checks and discussions as they enter adulthood. Strict confidentiality was observed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had worked with a patient participation group to produce a practice survey for the wider practice population. The patient survey published in 2014 showed that patients were happy with the service and that it met their needs. We also found this to be the case in our discussions with patients and from the comment cards submitted by patients attending the practice.

Children who were eligible for immunisations were called regularly and non-attenders were notified to the health visiting service. The Practice had achieved over 90% of its immunisation cohort of children.

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered.

The NHS Area Team and Clinical Commissioning Group (CCG) told us that the practice engaged regularly with them and other practices to discuss local needs and service improvements that needed to be prioritised. We saw minutes of meetings where this had been discussed and actions agreed to implement service improvements and manage delivery challenges to its population.

The practice had also implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). An example seen was the reorganisation of the reception so that patients found it easier to approach and use the reception desk and have more privacy when talking to the receptionist. The reception staff found that the queues for the reception had decreased.

Tackling inequity and promoting equality

The practice was accessible to anyone who required level access. We saw disabled person's parking spaces close to the entrance door. A wheelchair accessible toilet was available and there was also a baby changing facility for parents with babies to use. The reception desk was low in places which accommodated wheelchair users without them needing to move to a separate area. All the consulting rooms were on the ground floor and a lift was available for anyone who needed it to access the first floor. An induction loop was also available for those who were hard of hearing.

Staff told that there was little diversity of ethnicity within their patient population although there had been an increase in Nepalese patients. However they were knowledgeable about language issues and told us about the language line available for people who did not use English as their first language. They also described awareness of culture and ethnicity and understood how to be respectful of patients' views and wishes.

The practice had recognised the needs of different groups in the planning of its services. There was a system in place for flagging whether a patient was at risk of abuse or if permission had been given to speak with relatives or other nominated individuals.

Access to the service

Appointments were available from 8.30 am to 6pm on weekdays. The practice offered appointments up to four weeks in advance. The practice had stopped extended hours but regularly analysed the appointments in order that the practice could respond to the needs of patients. For example at busy times such as after a bank holiday the number of duty GPs was increased to deal with a higher demand.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out of hour's service was provided to patients.

The practice used locum GPs intermittently whilst they were trying to recruit an additional partner. At the time of our inspection the practice employed a locum GP to cover maternity leave. Each GP covered annual leave and sickness. The practice felt that this provided a continuity of care for the patients.

Each day one of the GPs was duty GP and dealt with urgent appointments. The duty GP was able to give telephone

Good

Are services responsive to people's needs?

(for example, to feedback?)

advice or offer five minute appointment slots for urgent issues. The GPs met every day after morning and afternoon surgery to discuss patients and provide advice on care and treatment of patients to each other. The GPs supported the duty GP with seeing urgent patients after they had completed their own appointments.

The practice also had a nurse practitioner. Nurse practitioners (NPs) manage acute and chronic medical conditions, both physical and mental, through history and physical examination and the ordering of diagnostic tests and medical treatments. NPs are qualified to diagnose medical problems, order treatments, perform advanced procedures, prescribe medications, and make referrals for a wide range of acute and chronic medical conditions within their scope of practice. In addition to building upon and expanding their nursing knowledge and skills, the nurse practitioner also studies medicine and uses medical diagnoses and medical treatments in their practice.

The practice nurses saw people by appointment for nursing matters such as vaccinations, cervical smears, suture removal, ear syringing and dressings.

Nurses ran clinics for chronic diseases. Patients were called back annually for a chronic disease check-up and the practice stressed to patients that it was important to make and keep these appointments.

Nurse treatment rooms were open for appointments Monday to Friday from 8.30am to 11:55am and from 2pm to 5.10pm. The nurses held regular clinics during the week. For example cervical screening clinic, maternity care, asthma clinic and a diabetic clinic.

The practice provided home visits, but asked that they only be requested for patients who were unable to attend the practice because of serious illness or infirmity, for example, for older patients and long term conditions.

For older people and people with long-term conditions longer appointments were made available when needed. Appointments were available outside of school hours for children and young people.

People whose circumstances made them vulnerable were supported to attend the practice and the practice was working to understand the needs of the most vulnerable in the practice population. Patients experiencing poor mental health within the practice population including hard to reach groups were offered longer appointments for those that needed them.

Patients were generally satisfied with the appointments system. They confirmed that they could see a doctor on the same day if they needed to and they could see another GP if there was a wait to see the GP of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. For example, a patient said that they had called in that morning for an emergency appointment and were seeing a GP within three hours.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

Complaints received by the practice were responded to in a timely manner. Audits were undertaken regularly to monitor how effective the process was and whether any themes identified had been addressed. The practice manager analysed this information and identified learning and shared with staff any improvements that were needed. When needed the practice manager provided support for staff.

We saw a complaints log and asked to see a random selection of complaints. All of these showed that they had been investigated and resolved to a satisfactory outcome.

A complaints leaflet was available from the reception desk and contained information on referring the complaint to the Parliamentary Ombudsman, if the complainant was not satisfied with the response from the practice.

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 and strategy that placed the quality of patient care as their priority. The practice values and aims were described as being patient centred and providing a caring service to their patients. These were communicated to patients in the waiting area and on the practice website. Staff were committed to the practice aims and described the ethos of the practice as being focused on high quality patient care.

The practice vision and values were included in the practice mission statement which gave the aims as providing effective, caring patient services to all registered patients while maintaining the work-life balance of GPs and staff. The main aims were to provide a high standard of primary medical care to all patients and respond efficiently and effectively to changing health care demands.

Nurses and non-clinical staff said that there was effective communication within the practice, and there was a caring ethos of putting patients first that resulted from the GP leadership. Staff told us the practice had an open and equal way of working to ensure that everybody felt part of the team.

Governance arrangements

We saw good working relationships amongst staff and an ethos of team working. Partner GPs and the practice nurses had areas of responsibility, such as, prescribing or safeguarding it was therefore clear who had responsibility for making specific decisions and monitoring the effectiveness of specific areas of clinical practice.

The practice undertook and participated in a number of regular audits. We saw that incidents were reported promptly and analysed. We noted examples of learning from incidents and audits, and noted that, where applicable, practices and protocols had been amended accordingly.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. We saw that QOF data was regularly discussed at governance meetings and action plans were produced to maintain or improve outcomes.

Leadership, openness and transparency

We were shown a clear leadership structure which had members of staff in lead roles. For example, a GP partner was the lead for safeguarding. We spoke with six members of staff and they were all clear about their own roles and responsibilities. They all told us that felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from minutes that team meetings were held regularly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. We reviewed a number of policies, for example, the equality and diversity policy, complaints handling protocol and recruitment policy in place to support staff. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had gathered feedback from patients through: patient surveys, comment cards and complaints received.

The practice had an active patient representatives group and the practice worked with them to help improve the care services. All the patients we spoke with and the comment cards patients had completed were complimentary about the staff at the practice and the service that patients had received. Patients told us that they felt listened to and involved in the decisions about their care and treatment.

The practice had The Gillies Patient Representatives Group (GPRG) which was made up of a diverse range of patients. The GPRG met monthly to review the findings from surveys and discuss ways in which the practice could improve the patient pathway. We reviewed the results of the GPRG patient survey, published in 2014, and noted 97.47% rated their experience of seeing a GP as very good or good and. 94.61% said that they would recommend the practice to friends and family.

The practice had gathered feedback from patients through the GPRG surveys and compliments and complaints. We

Are services well-led?

Good

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

saw that there was a robust complaints procedure in place, with details available for patients in the waiting area and on the website. We reviewed complaints made to the practice over the past twelve months and found they were fully investigated with actions and outcomes documented and learning shared with staff through team meetings.

All of the staff we spoke with told us they felt included in the running of the practice. They went on to tell us how the GPs and practice manager listened to their opinions and respected their knowledge and input at meetings. We were told that staff turnover and sickness was low and many staff had worked at the practice for a number of years. Staff told us they felt valued and were proud to be part of the team.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff away days where guest speakers and trainers attended.

The practice had completed reviews of significant events and other incidents and shared with staff at meetings and away days to ensure the practice improved outcomes for patients. For example a patient was seen by a GP and thought to be in crisis. The GP spoke with the crisis team and the patient was seen and admitted to hospital same day as a referral. This was shared with the staff as a positive event and evidence of management leadership.