Dr J O'Donnell's 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr J O'Donnell's Practice on 6 July 2016. Overall the practice is rated as good.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.We saw good evidence of improving the service by learning from adverse events and errors. Improvements were evidentwhen patient complaints had been made.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG). For example the PPG made the suggestion that GPs availability should be added to the practice website to help patients when making appointments and this was carried out.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.

Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw areas of outstanding practice including:

- We heard that the practice had a high number of older patients within their community. The practice manager reviewed this population to try and identify those older people who might be a risk of being socially isolated and as a result lonely. Working with the practice PPG they set up a friendship group offering social events such as afternoon tea in the practice with an opportunity to meet new people. These social events included a Christmas party with every person attending receiving a present. At Easter another event was organsied for people to come together for social activities such as bingo. All staff participated in these events and some transported patients to and from the practice in their own cars where patients did not have their own transport. The practice believes there to be many benefits to these befriending events, including improving access and awareness of health services available at their own practice.

However there were areas of practice where the provider should make improvements. The provider should:

- Develop a protocol or procedure for the safe transport, storage and administration of vaccines in the community setting.
- Review the use of a staff incident book to record events described as minor in nature.
- Ensure that information for staff about any relevant physical or mental health conditions is collected as part of the recruitment process.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. There 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. There were infection control policies and procedures in place, staff were aware of their responsibilities in relation to these. There were safe systems in place for the management of medicines but a procedure was needed for the transportation of vaccines to a community setting.

Are services effective?

Good

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Audits of clinical practice were undertaken. A system for ensuring the regular appraisal of staff was in place. Staff told us they had received training appropriate to their roles.

Are services caring?

Good

The practice is rated as good for providing caring services. We saw staff treated patients with kindness and respect. Patients spoken with and who returned comment cards were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Summary of findings

Are services well-led?

Good

The practice is rated good for providing well-led services. 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 were systems in place to monitor the operation of the service. Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice sought feedback from staff and patients, which it acted on. The practice had a focus on continuous learning and improvement.

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 that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. We saw outstanding care and kindness given to older people who had been identified as being socially isolated and possibly at risk of loneliness. Working with the PPG they set up a friendship group offering social events such as afternoon tea in the practice with an opportunity to meet new people. The practice had named GPs for all patients and also specifically for those over the age of 75 years. The practice offered a variety of health checks for older people specifically memory screening and osteoporosis risk assessments.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas.

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives. The practice provided support and information to patients to encourage them to manage their long term conditions and provided care plans to patients to assist with this.

Summary of findings

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. Appointments for young children were prioritised. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. The safeguarding lead staff liaised with the health visiting service, school nurses and midwife to discuss any concerns about children and how they could be best supported. The practice provided a comprehensive and confidential sexual health and contraceptive service delivering the full range of contraceptive services.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice had an active website, Facebook and Twitter pages as well as noticeboards in reception advertising services to patients. The practice had a high population of students and in order to reduce some of the anxiety and stress felt when the student moved away from home, the practice team attended the university on the weekend the students first arrived. At this meeting practice staff were available to provide student information packs, immunisations previously missed and to talk to both the students and their parents.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. There was a recall system to ensure patients with a learning disability received an annual health check. The staff we spoke with had appropriate knowledge about adult safeguarding and how to report any concerns. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. The practice referred patients to local health and social care services for support, such as drug and alcohol services and to the wellbeing coordinator. The practice worked with the Citizen Advice Bureau to

Summary of findings

improve outcomes for some patients who are suffering from anxiety relating to financial or employment difficulties. These patients were provided with advice from benefits advisers and debt counsellors to help address their problems.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice carried out assessments of patients at risk of dementia to encourage early diagnosis and access to support, this included opportunistic assessments. The practice referred patients to appropriate services such as psychiatry and counselling services. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression. Clinical and non-clinical staff had undertaken training in dementia to ensure all were able to appropriately support patients.

Summary of findings

What people who use the service say

Data from the National GP Patient Survey January 2016 (data collected from January-March 2015 and July-September 2015) showed that the practice was performing in line with local and national averages. The practice distributed 279 forms, 106 were returned which represents just less than 1% of the total practice patient population.

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients stated that the last time they wanted to see or speak to a GP or nurse they were able to get an appointment compared to the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the national average of 76%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. They said that all staff were helpful and caring and most of them would go the extra mile to ensure their needs were met. Patients said they were confident in the GPs who worked at the practice. Many of the cards commented on how happy they were to attend a practice with open access for appointment to GPs each day. We spoke with nine patients during the inspection and they aligned with these views.

Areas for improvement

Action the service SHOULD take to improve

- Develop a protocol or procedure for the safe transport, storage and administration of vaccines in the community setting.
- Review the use of a staff incident book to record events described as minor in nature.
- Ensure that information for staff about any relevant physical or mental health conditions is collected as part of the recruitment process.

Outstanding practice

We heard that the practice had a high number of older patients within their community. The practice manager reviewed this population to try and identify those older people who might be a risk of being socially isolated and as a result lonely. Working with the practice PPG they set up a friendship group offering social events such as afternoon tea in the practice with an opportunity to meet new people. These social events included a Christmas party with every person attending receiving a present. At Easter another event was organsied for people to come together for social activities such as bingo. All staff participated in these events and some transported patients to and from the practice in their own cars where patients did not have their own transport. The practice believes there to be many benefits to these befriending events, including improving access and awareness of health services available at their own practice.

Dr J O'Donnell's 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 Dr J O'Donnell's Practice

Dr J O'Donnell's Practice, known locally as Valley Medical Centre is responsible for providing primary care services to approximately 8000 patients. The practice has a General Medical Services (GMS) contract and offers a range of enhanced services such as flu and shingles vaccinations, unplanned admissions and timely diagnosis of dementia. The number of patients with a long standing health condition is about average when compared to other practices nationally. The practice has four GP partners, three salaried GPs, two practice nurses, a health care assistant, administration and reception staff and a practice manager. The practice is a training practice with GP specialist trainees and they also teach University medical students.

The practice is open from 7.45am to 6.30pm Monday to Friday with extended hours to 8pm on a Tuesday evening. Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services. Home visits and telephone consultations are available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

The practice is part of the Liverpool Clinical Commissioning group. The Belle Vale neighbourhood where the practice is placed, is the ninth most deprived in the city. In addition it is estimated that the average household income is significantly lower than both the Liverpool and national averages. Unemployment is significantly higher than the city rate and 7.6% of the population is long term sick or disabled. People living in more deprived areas tend to have greater need for health services. The population is older than the city average with almost a quarter (23%) aged between 40-54 years. There are fewer children aged 0-4 and proportionately more people aged 85 plus.

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 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

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 6 July 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- 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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a 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, though this was not completed by non-clinical staff. 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. However, we also found the practice had a further incident book within which staff members recorded incidents that were considered to be of a minor nature, such as verbal comments and complaints. This was monitored by the practice manager but it was not reviewed with the same rigor as 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. These included when patients had reported a complaint to the practice. For example, we saw that patients had raised concerns about other patients over hearing their conversations with staff in the reception area. The practice acknowledged the complaint and investigated this further. We found that a poster had been put up in reception to inform patients the practice had a privacy booth should this be required. We found other examples where the significant event process had been followed and events had been investigated with appropriate actions taken to reduce the same incidents occurring again.

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 we spoke with demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level 3.
- A notice was in place in each consultation room advising 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). Each doctor's room had a list of staff members who had been trained and who could act in a as chaperoningcapacity.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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 protocol 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.
- 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 CCG 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She 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. The practice provides general medical services to students at a local university. We found that vaccines had been transported to the university within a newly purchased cool box, after advice was taken from local health protection agencies. We heard that temperatures of the vaccines had been monitored while the box was in use, but there was no written records made of this during the off site session. We were assured that vaccines had been given safety, but the practice did not have a formal procedure for the safe transport of vaccines to the university that covered all aspects of safe transportation of vaccines. At the feedback session at the end of the inspection the practice agreed this would be developed.

- We reviewed four personnel files and found satisfactory information relating to, for example, proof of identification, insurance, qualifications and registration with the appropriate professional body. Evidence was available to show a safe and thorough recruitment process however the practice did not routinely collect staff health check questionnaires.

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. First aid kit and accident books 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. A lead GP was in place supporting staff and medical students with clinical governance matters. Staff had access to guidelines from NICE 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 100% of the total number of points available.

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

- Performance for diabetes related indicators was higher than the local and national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98% compared to 92% across the CCG and 88% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 91% compared to 80% across the CCG and 78% nationally.
- Performance for mental health assessment and care was higher than other practices. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (April 2014 – March 2015) was higher than the national averages, at 97% compared to 88% across the CCG and 89% nationally. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (April 2014 – March 2015) was 95% compared to 85% nationally.

The practice carried out audits that demonstrated quality improvement. For example, in the last two years medication audits such as the prescribing of antibiotics for urine infections and the use of antibiotics for patients who have continued respiratory tract infections have been carried out. Findings were used by the practice to improve services. For example, the respiratory audit was undertaken in January 2016 and then again in March 2016. Results showed marked improvement in the correct prescribing of antibiotics, in line with best practice guidelines, had been made to patient's medication. The GPs we spoke with told us that the findings from audits were shared across the clinical staff team.

We found that the practice provided a comprehensive and confidential sexual health and contraceptive service delivering the full range of contraceptive services. This included contraceptive injection, coil insertion, oral contraception, condoms and contraceptive rings and patches. In order to provide this GPs have had to undergo additional training and development. The practice had carried out a recent audit of sexual health services and found an increased uptake of contraceptive services since changes were made, anecdotally they reported this had resulted in reduced rates of termination of pregnancies, and reduced referrals to gynaecology.

Effective staffing

- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring and facilitation and support for the revalidation of doctors. A system was in place to ensure all staff had an annual appraisal. The practice was a GP and doctor training practice and good systems were in place to support them during their placement.

Good

Are services effective?

(for example, treatment is effective)

- 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 and discussion at practice meetings.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services. Monthly meetings were held with other healthcare professionals to discuss the on-going needs of patients with long term conditions and those at risk of hospital admissions.

The practice spoke about the care they provide to patients with a terminal illness at the end stage of their life. To ensure good compassionate care was received by the patient and their families each patient with a terminal illness had a named GP. A team approach was adopted in the practice, for example monthly multi-disciplinary meetings took place involving the district nurses, palliative care nurses, and community matron. We found that checklist templates had been developed by the practice to ensure consistency at the meeting and to ensure all the required updates and information was shared with all professionals. Systems were set up to liaise with the out of hours GP and the 111 provider and the practice made use of new communication tools to ensure ambulance services and hospitals were also aware of patient wishes.

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. The process for seeking consent was monitored through patient records audits.

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 cessation. We saw that patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was higher than the CCG average of 79% and comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had achieved high results for performance. For example, persons aged 60-69 years who had been screened for bowel cancer in last 30 months was higher when compared to other practices across the CCG (practice was 59%, CCG was 48% and the national was 58%).

Childhood immunisation rates for the vaccinations given were good when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were at 99% and five year olds were also at 98%. 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.

Good

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. Staff we spoke with showed they respected peoples personal preferences and lifestyle choices. Clinical staff we spoke with told us how patient's dignity was respected when they were providing intimate and personal care, including the offer of a chaperone.

The practice had a high number of older patients within their community and the practice team had identified those patients who were at risk of becoming socially isolated and lonely. Working with the practice PPG the practice manager set up a friendship group offering social events such as afternoon tea in the practice with an opportunity to meet new people and possible friends. We heard that during the last event held in June 2016, 54 of those identified as socially isolated patients attended. The practice provided the financial funding for these events, reception staff transported patients in their own cars and volunteers from the PPG prepared the sandwiches and cakes for the event. Many of these patients told stories of how they could go for days without seeing anyone and they valued the kindness showed by the practice staff and the PPG volunteers. We heard also from the management team that last winter the staff put together food hampers of milk bread and sundries and hand delivered them to patients they knew would be struggling to get out in the icy conditions.

All of the 34 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:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 88%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 83%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 86%.

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. We also saw that care plans were personalised.

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 in line with local and national averages. For example:

Good

Are services caring?

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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. We saw a small number of notices in the reception areas informing patients this service was available.

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.

The practice's computer system alerted GPs if a patient was also a carer. Written information was 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.

Good

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 in order to help reduce avoidable unplanned admissions to hospital the practice was taking part in this enhanced service. Their focus was on reducing admissions by improving services particularly those patients who were the most vulnerable or those with long term conditions. In order to do this the practice had identified patients who were at high risk of unplanned admissions by using a risk stratification tool. The patients were contacted and added to a case management register. They had personalised care plans which were completed by the named GP with the patient face to face or over the telephone. Patients had a copy of their plan and same day access to a clinician. Care plans were reviewed at regular intervals and any admissions were flagged up for review. Other examples showing how the practice had responded to meetings patients were as follows:

- The practice offered extended opening hours on a Monday or Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours.
- The practice had an active website, Facebook and Twitter pages as well as noticeboards in reception advertising services to patients of all age groups.
- There were longer appointments available for patients with 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.
- The practice provided a comprehensive and confidential sexual health and contraceptive service delivering the full range of contraceptive services. This included contraceptive injection, coil insertion, oral contraception, condoms and contraceptive rings and patches. In order to provide this GPs have had to undergo additional training and development.
- The practice manager developed a register to identify those patients who might be experiencing social isolation and possible loneliness. With the support of the PPG they formed a friendship group offering afternoon tea and an opportunity to make new friends.
- The practice worked with the Citizen Advice Bureau to improve outcomes for some patients who are suffering from anxiety relating to financial or employment difficulties. These patients were prescribed advice from benefits advisers and debt counsellors to help address their problems.
- Translation services were available for patients.
- The practice nurse worked with the diabetes specialist nurse on a monthly basis to review the needs of the more complex diabetic patients.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.
- The practice had a high population of students and in order to reduce some of the anxiety and stress felt when the student moved away from home the practice team attended the university on the weekend the students first arrived.At this meeting practice staff were available to provide student information packs, immunisations previously missed and to talk to both the students and their parents.
- The practice sent birthday cards to patients who are 75 and over with a mini mental health questionnaire for them to complete. The returned information could give an indication of those patients with the onset of mental health problems.

Access to the service

The practice was open between 8am to 6.30pm each day with extended hours on a Monday or Tuesday to 8pm if needed. The practice had open access for all GPs if patients arrived at the practice before 10am. This open access policy was very popular with the patients we spoke with during the inspection. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

People told us on the day of the inspection that they were able to get appointments when they needed them and they valued the open access system each morning. If needed the GPs undertook home visits. 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 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. Staff we spoke with were aware of how to respond to a patient who wanted to complain. The practice kept a record of written complaints. We reviewed a sample of two received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. A log of complaints was maintained which allowed for patterns and trends to be easily identified. The records showed openness and transparency with dealing with the complaints.

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. We were told the practice aims were to create a friendly and caring environment supported by well trained and highly motivated staff who were able to provide quality health care for local patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a forward thinking strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff both in hard copy and on the practice intranet.
- A comprehensive understanding of the performance of the practice was maintained and known by all staff. Good monitoring systems were in place to ensure performance was high.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The practice used the findings from clinical audits including those undertaken at national level to improve practice and ensure patient safety.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included patient and staff safety risks.
- The practice had appropriate systems in place for gathering, recording and evaluating information about quality and safety of care form a number of different sources.

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 and they 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 monthly team meetings. They said 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. A Whistle Blowing policy was in place and staff said they would use this without fear of recrimination. Staff told us they were said they felt respected, valued and supported and they could talk through any issues they had with the practice manager and the GP partners. 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

Are services well-led?

Good

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

example, the group suggested that the practice added GP availability to the practice website so patients would know when their preferred GP was working. This was actioned by the practice and was working well at the time of the inspection. We heard that the practice had worked with the PPG to set up a friendship group offering social events such as afternoon tea in the practice with an opportunity to meet new people and possible friends. These initiatives had been very successful and feedback from the PPG was that the practice manager had worked hard to get these started and she had worked closely with group to make them a positive experience for patients who might be socially isolated and at risk of loneliness.

The practice had a support structure in place for supervision which included informal one to one sessions with staff and more formal supervision for nurses. The development of staff was supported through a regular system of appraisal that promotes their professional development and reflects any regulatory or professional requirements. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management Staff told us they felt involved and engaged to improve how the practice was run. We found that mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Daily clinical meetings were held to discuss practice matters and to review patient referrals. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example, the practice nurse had recently set up monthly clinics for patients with diabetes to work alongside the diabetes specialist nurse to review complex patients. We saw other examples where the practice had developed checklists and templates for patients receiving end of life care to ensure that meetings held with the multi disciplinary team, were well structured and covered all areas required to prove effective end of life care.