Newington Road Surgery Limited

Quality Report

Newington Road Surgery Limited
100 Newington Road
Ramsgate
Kent
CT12 6EW
Tel: 01843 595951
Website: www.newingtonroadsurgery.co.uk

Date of inspection visit: 17 March 2015
Date of publication: 03/09/2015

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 Newington Road Surgery Limited on 17 March 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. It was also good for providing services for 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 and people experiencing poor mental health (including dementia).

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles, with the exception of safeguarding training for administration staff. Further training needs had been identified and the training planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were some areas of practice where the provider needs to make improvements.

Summary of findings

Importantly the provider should:

- Review the training arrangements for administrative staff in relation to safeguarding children.
- Review the process used by all GPs to monitor follow-up appointments / non-attendance of patients following abnormal blood test results.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and used it routinely. Patient's needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. Staff had received appraisals that identified their training needs and reviewed their performance. Staff worked with multi-disciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the clinical commissioning group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was discussed and shared with staff.

Summary of findings

Are services well-led?

Good

The practice is rated as good for being well-led. Staff were clear about the aims and objectives of the practice and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice / governance meetings. There were systems to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings.

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 patient 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 patients, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to provide them with multi-disciplinary care.

Families, children and young people

Good

The practice is rated as good for families, children and young people. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies.

The practice offered contraceptive clinics and advice, as well as sexual health screening, including chlamydia testing for young people. The practice worked jointly with midwives and health visitors. There were systems to identify children who may be at risk and safeguarding procedures to help ensure concerns were followed up.

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 patient population, those recently retired and students had been identified and the practice had adjusted the services it

Summary of findings

offered to help 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 reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice was responsive in providing care in patients' homes who found it difficult to attend the practice. It carried out annual health checks and offered longer appointments if required. The practice worked with multi-disciplinary teams in the case management of vulnerable patients and offered information about various support groups and voluntary organisations.

Practice staff knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of working hours.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had a system to follow up patients who had attended hospital accident and emergency departments (A&E) where they may have been experiencing poor mental health.

Staff had received training on how to care for people with mental health needs and regularly worked with multi-disciplinary teams and community specialists in providing support to patients, for example, the community mental health team and psychiatric services. Referrals to other services were made, including crisis support when needed. The practice also offered in-house counselling sessions on a regular basis.

Summary of findings

What people who use the service say

We spoke with six patients on the day of our inspection and reviewed 25 comment cards completed by patients prior to our inspection. The patients we spoke with were positive about the services they received from the practice and said they felt the care and treatment was good. Patients told us they had no concerns about the cleanliness of the practice and that they always felt safe. Patients said referrals to other services for consultations and tests had always been efficient and prompt.

Patients were particularly complimentary about the staff, and said they were always caring, helpful and efficient, and that they were treated with respect and dignity.

Patients told us the appointments system worked well and they were able to get same day appointments if urgent. All patients told us they always had enough time with the GPs and nurses to discuss their care and treatment thoroughly and never felt rushed.

The comment cards we reviewed were very positive in all areas, including appointments, staffing and being treated with care and consideration. They included comments in relation to having enough time with the GPs and nurses, as well as being involved in discussions and decisions regarding their care and treatment.

Information from the 2013/14 national patient survey showed that the practice had been generally rated well in many areas. For example, 90% of respondents said that the last time they saw or spoke with a nurse they were good or very good at involving them in decisions about their care, compared to the national and local averages of 85%. Similarly, 95% of respondents said the last appointment they had was convenient, compared to 90% locally.

Areas for improvement

Action the service SHOULD take to improve

- Review the training arrangements for administrative staff in relation to safeguarding children.
- Review the process used by all GPs to monitor follow-up appointments / non-attendance of patients following abnormal blood test results.

Newington Road Surgery Limited

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 Newington Road Surgery Limited

The Newington Road Surgery Limited provides medical care Monday to Friday from 8.30am to 1pm and 2pm to 6pm each week day and operates extended opening hours from 7am on Wednesday mornings, and until 8pm on Monday and Friday evenings. The practice is situated in the coastal town of Ramsgate in Thanet, Kent and provides a service to approximately 8,000 patients in the locality.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and nursing team. The practice has more patients registered up to the age of 18 than both the local and national averages, including more children under the age of four. There are fewer patients over the age of 65 registered at the practice than both the local and national averages, including older patients over the age of 85. The number of patients in all age groups recognised as suffering deprivation for this practice, including income deprivation, is higher than the local average, and significantly higher than the national average.

The practice has two male GP partners and one female GP partner, as well as one part-time female salaried GP. The practice employs two female practice nurses, one of which works full-time and the other works part-time, as well as one full-time female health care assistant. There are a total of seven administration, secretarial and reception staff, a reception manager and an office manager.

The practice does not provide out of hours services to its patients and there are arrangements with another provider (the 111 service) to deliver services to patients when the practice is closed. The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Services are delivered from:

The Newington Road Surgery Limited

100 Newington Road

Ramsgate

Kent CT12 6EW

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

This provider had not received a comprehensive inspection before and that was why we included them.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 March 2015. During our visit we spoke with a range of staff including three GPs, two practice nurses, one health care assistant, four administration staff and the office manager. We spoke with patients who used the services at the practice and also spoke with a representative from the patient participation group (PPG). We reviewed comment cards where patients shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reporting incidents and responding to national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records and incident reports that demonstrated the practice had managed these consistently over time.

Learning and improvement from safety incidents

The practice had a system for reporting, recording and monitoring significant events, incidents and accidents. We saw records of significant events that had occurred during the last three years. Significant events were discussed at general practice meetings and there was evidence that the practice had learned from these and that the findings were shared with relevant staff. All staff, including reception and administrative staff, knew how to raise an issue for consideration at the meetings and said they felt encouraged to do so.

We reviewed the significant events recorded for the previous year which were held in a summarised format, identifying the actions taken, the outcome following any investigation and the changes made within the practice as a result. We tracked three significant events and saw records were completed in a comprehensive and timely manner and actions were taken as a result. For example, GPs had reviewed the referral procedure for a specific condition, following a delay in a patient's treatment. Significant events were discussed amongst the GPs and nursing staff at the practice meetings and urgent actions taken when required. Staff were aware and involved in the process and were kept up-to-date in relation to any changes that were made following an incident.

National patient safety alerts were managed by a senior member of staff and shared with other relevant staff. The practice had reviewed and updated the process for monitoring safety alerts to help ensure all potential safety issues were identified and appropriate action taken. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. Alerts were discussed at practice meetings to help ensure all staff were aware of any where they needed to take action.

Reliable safety systems and processes including safeguarding

There were systems and processes to manage safety within the practice, including arrangements for safeguarding vulnerable adults and children who used services. The practice had policies for safeguarding children and vulnerable adults and these clearly set out the procedures for staff guidance and contact information for referring concerns to external authorities. Policies reflected the requirements of the NHS and local authority safeguarding protocols and included the contact details of the named lead for safeguarding within the NHS and details of the social services area team.

The practice had two GPs as designated leads in safeguarding vulnerable adults and children. GPs, nurses and administrative staff we spoke with were knowledgeable in how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies in working hours and out of hours. Administration staff told us they had received training in safeguarding vulnerable adults and records confirmed this, although they had not undertaken safeguarding children training. Records showed that nursing staff had undertaken safeguarding vulnerable adults training and following our inspection, we received evidence to demonstrate that nursing staff had also undertaken safeguarding children training. GPs had the necessary training (level three) to fulfil their roles in managing safeguarding issues and concerns within the practice.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so that staff were aware of any relevant issues when patients attended appointments, for example, children subject to child protection plans. Staff told us that missed appointments for children were followed up, for example, in relation to childhood immunisations.

The practice had a chaperone policy, which set out the arrangements for those patients who wished to have a

chaperone (a chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Information about the chaperone policy was clearly displayed where patients could see it and the staff we spoke with confirmed chaperones were arranged for those patients who requested one. Records confirmed that most administration staff had received chaperone training and were able to undertake chaperone duties if nursing staff were not available.

Medicines management

Medicines stored in the treatment rooms and medicine refrigerators were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Temperature checks for refrigerators used to store medicines had been carried out and records were kept.

There were processes to help ensure that medicines held by the practice for use in emergency situations were checked regularly, were within their expiry date and suitable for use. There was a system to monitor and record all medicine stock levels and where stocks were depleted, supplies had been re-ordered. The practice did not keep controlled drugs.

The practice nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of authorised directions and evidence that nurses had received appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance and were kept securely at all times.

Cleanliness and infection control

The practice was clean and tidy and patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. The practice had an infection control policy, which included a range of procedures and protocols for staff to follow. For example, hand hygiene, management of sharps and guidance in relation to needle stick injuries.

Staff we spoke with told us they had received training in infection control and the training records confirmed this. They were knowledgeable about their roles and responsibilities in relation to cleanliness and infection control. Personal protective equipment including disposable gloves, aprons and coverings were available and staff were able to describe how they would use these to comply with the practice's infection control policy.

A member of staff was the infection control lead for the practice and we spoke with them. They demonstrated a clear understanding of their role and responsibilities in relation to infection prevention and control. Records showed that GPs had undertaken infection control training and following our inspection, we received evidence to demonstrate that the practice nursing staff had undertaken infection control training. Infection control audits had been completed and a review undertaken by the practice to consider the findings and identify the follow-up actions required to help minimise any risks.

The practice had considered the risks associated with Legionella (a germ found in the environment which can contaminate water systems in buildings) and had undertaken a risk assessment to determine any further actions to reduce the level of risk. Follow-up actions had been identified and implemented and all staff and visitors made aware. Records showed that the risks would be kept under review.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and equipment maintenance logs and other records confirmed this. Portable electrical equipment was routinely tested and displayed stickers indicating the last testing date and the practice kept a schedule of the tests undertaken. We saw evidence of calibration of relevant equipment, for example, spirometers and blood pressure monitoring devices.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting staff, including protocols for checking qualifications, professional registration and obtaining references. Records showed that recruitment checks had been undertaken when employing

staff. For example, proof of identification, qualifications and registration checks with the appropriate professional body. Criminal record checks through the Disclosure and Barring Service (DBS) had been undertaken for all staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to help ensure that enough staff were on duty and arrangements for members of staff, including nursing and administrative staff, to cover each other's annual leave. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff to keep patients safe. Patients we spoke with told us they felt there were enough staff in the practice to support their care and treatment needs.

Monitoring safety and responding to risk

The practice had systems, processes and policies to manage and monitor risks to patients, staff and visitors to the practice. There was a health and safety policy and procedures were included in the staff handbook and induction plans for new staff. Information was displayed for staff guidance, for example, a fire safety action plan. Regular checks were made of the premises, including fire safety tests and checks. The practice had designated lead GPs who were responsible for health and safety in the practice, including fire safety representatives.

The practice had a risk assessment protocol that set out how individual risks were assessed and monitored to help minimise identified risks. A risk assessment folder recorded all individual risks, the actions taken and how risks were reviewed and monitored by practice staff.

Staff we spoke with told us they used systems to identify and respond to changing risks to patients, including deteriorating health and well-being. Emergency referrals were made for patients who had experienced a sudden deterioration or urgent health problem. GPs and nursing staff described occasions when they had referred patients urgently to other services. The practice had a process for following up patients who had attended hospital accident and emergency departments and out of hours services.

Arrangements to deal with emergencies and major incidents

The practice had arrangements to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to medical oxygen and staff we spoke with knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew where they were kept. There were processes to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. The practice had policies in relation to dealing with emergency situations, that set out the procedures for staff to follow, for example, a patient suffering cardiac arrest.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety and regular checks of the premises had been undertaken. Records showed that all staff had received fire safety training.

The practice had an emergency and business continuity / recovery plan that included arrangements relating to how patients would continue to be supported during periods of unexpected and / or prolonged disruption to services. For example, interruption to utilities and loss of the computerised records system.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with were familiar with current best practice guidance and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. They used diagnostic tools available on their computers to access the most up-to-date documents and guidance.

GPs told us they led in specialist clinical areas such as diabetes, women's health and respiratory disease. The practice nurses supported this work, focusing on specific areas of health care in dedicated clinics. We found from our discussions with the GPs and nurses that staff completed assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

Management, monitoring and improving outcomes for people

The practice kept registers to identify patients with specific conditions / diagnosis, for example, patients with long-term conditions including dementia, asthma, heart disease and diabetes. Registers were kept under review and information was shared and discussed at practice meetings regarding the health care needs of specific patients, as well as any additional risk factors that needed to be identified on the patient records system. All patients over the age of 75 had a named GP who was responsible for their care and treatment and there were care plans for this age group that were regularly reviewed. The practice also had processes to help avoid unnecessary hospital admissions, including daily follow-up reviews and contact with patients who had attended hospital accident and emergency departments or out of hours services.

The practice had a palliative care register and had regular internal as well as multi-disciplinary meetings to discuss the care and support needs of patients and their families. Quality and Outcomes Framework (QOF) data indicated that multi-disciplinary review meetings were held at least every three months to discuss all patients on the register. QOF is a national performance measurement tool used by GP practices to measure and compare their performance to other practices on a local and national basis.

The available QOF data showed that the practice had indicators that were higher than the national averages in many areas. For example, QOF indicators were higher than the national average in all areas for patients receiving care and treatment for diabetes and for patients with mental health problems, including those with dementia. The QOF data also showed that 86% of patients diagnosed with high blood pressure had undergone a recent blood pressure check where the results had been within a safe range, compared to 83% nationally.

The practice had a system for completing clinical audits and kept an annual schedule to identify the planned audits for the year. National data had identified that the practice was performing less well, compared to the national average for prescribing certain types of antibiotic medicines. The GPs had subsequently undertaken a clinical audit to analyse antibiotic prescribing within the practice. The findings had been reviewed and a revised protocol agreed amongst the GPs for prescribing these types of antibiotics. The audit had also revealed other areas of prescribing where the most recent national guidelines had not been followed. The revised protocol included agreed actions for GPs to ensure they were fully up-to-date with national guidance in relation to antibiotic prescribing. A further audit was planned to review the impact of the changes implemented, to help ensure improvements had been achieved. Other clinical audits had been undertaken in the practice and the outcomes had been reviewed and changes to care or treatments were made where needed.

The practice had reviewed and updated their protocol for repeat prescribing to reflect national guidance. Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP and the computer system provided an alert to staff for those patients who required a medicines review. The system also alerted staff to routine health checks that were required for patients with long-term conditions such as diabetes and respiratory disease.

Effective staffing

Practice staff included GPs, nurses, managerial and administrative staff. Records showed that staff attended a range of training to help ensure their skills were kept up-to-date, including mandatory courses such as annual basic life support. GPs and nurses had also completed specialist clinical training appropriate to their roles. For example, diabetes, asthma, family planning and updates in childhood immunisations and vaccinations.

Good

Are services effective?

(for example, treatment is effective)

Records showed that staff had received annual appraisals that identified training and learning objectives for the coming year. All the staff we spoke with felt they received the on-going support, training and development they required to enable them to perform their roles effectively. The practice was proactive in providing training for relevant courses, for example, customer care training for reception / administration staff.

All GPs were up to date with their annual continuing professional development requirements and had either been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

Working with colleagues and other services

The practice had well established processes for multi-disciplinary working with other health care professionals and partner agencies. Multi-disciplinary meetings were held on a quarterly basis and included community nurses who provided specialist support for patients with palliative care needs and long-term conditions and complex needs, such as respiratory and heart conditions. Other agencies also attended these meetings when required, including social workers and the health visitor in relation to child protection issues and concerns.

The practice also had access to short-term respite / emergency places in a local care home for older patients who required a period of additional health and social care support that was based on an established model of integrated care.

The midwifery team held clinics at the practice on a weekly basis to provide ante-natal care, support for new mothers and babies and full post-natal / new baby checks were provided. Referrals were made to a psychologist attached to the practice, who provided psychiatric assessment, counselling and support to patients with mental health needs.

The practice received blood test results, x-ray results, and letters from the local hospital (including discharge summaries), out-of-hours GP services and the 111 service both electronically and by post. The practice had procedures for staff to follow in relation to passing information on, as well as reading and acting on any issues arising from communications with other care providers on the day that they were received. The GP who saw these documents and results was responsible for the action required. A recent incident had highlighted the need for a review of the system to contact patients for follow-up appointments following abnormal blood test results and changes had been made to the administrative process to help avoid a reoccurrence. However, the practice was unable to demonstrate that the revised process had been fully implemented to provide a consistent approach across the practice.

Information sharing

Staff told us that there were effective systems to help ensure that patient information was shared with other service providers and recognised protocols were followed. A system was used to share patient information with health care professionals, including the 'out of hours' and hospital services. The practice had systems to refer patients to other services, including the 'Choose and Book' referral system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital).

The practice had systems to provide staff with the information they needed. An electronic patient record system was used by all staff to co-ordinate, document and manage patients' care. All staff were fully trained on the system and told us the system worked well. The system enabled scanned paper communications, such as those from hospital, to be saved in the patients' electronic records.

Consent to care and treatment

The practice had a consent policy that governed the process of patient consent and provided guidance for staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent was recorded.

Staff we spoke with gave examples of how a patient's best interests were taken into account if a patient did not have the capacity to make a decision. All clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a

Good

Are services effective?

(for example, treatment is effective)

child has the maturity to make their own decisions and to understand the implications of those decisions). Mental capacity assessments were carried out by the GPs and recorded on individual patient records.

The training records showed that Mental Capacity Act 2005 training had been undertaken by all staff in the practice. Staff were aware of the need to identify patients who might not be able to make decisions for themselves and to bring this to the attention of GPs and nursing staff.

Health promotion and prevention

The practice computer system was set up to alert staff when patients needed to be called in for routine health checks or screening programmes. Patients we spoke with told us they were contacted by the practice to attend routine checks and follow-up appointments.

There was a range of information leaflets and posters in the waiting area for patients, informing them about services the practice offered and promoting healthy lifestyles, for example, smoking cessation and weight loss / fitness programmes. Information about how to access other health care services was also displayed to help patients access the services they needed, for example, carer support groups, dementia support services, and sexual health.

The practice offered and promoted a range of health monitoring checks for patients to attend on a regular basis. For example, cervical smear screening, and general health checks including weight and blood pressure monitoring. We spoke with nursing staff who conducted various clinics for long-term conditions, who described how they explained the benefits of healthy lifestyle choices to patients with long-term conditions such as diabetes, asthma, epilepsy and coronary heart disease. All new patients who registered with the practice were offered a consultation with one of the nurses to assess their health care needs and identify any concerns or risk factors that were referred to the GPs.

The practice had systems to identify patients who required additional care and treatments and were pro-active in offering services for specific patient groups. For example, vaccination clinics were promoted and held at the practice, including a seasonal influenza vaccination for older people and those with long-term conditions. NHS health checks were offered to patients aged between 40 and 74 using national guidance. These checks were used to identify health issues that required follow-up or further investigation by the GPs.

The practice offered a full range of immunisations for children and travel vaccines. Last year's performance for childhood immunisations was either in line or above average for the CCG area and there were systems to follow-up non-attenders.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice in relation to patient satisfaction. Information from the national patient survey undertaken in 2013/14 showed that the practice had been rated in line with the national average in many areas, although they had also been rated below the national average in some areas. For example, 76% of patients responding to the survey said that the last time they saw or spoke with a GP at the practice they were good or very good at treating them with care and concern, compared to the national average of 85%. However, in other areas, the practice had been rated well. For example, 95% of patients responding to the survey said the last appointment they had was convenient, compared to 85% nationally. We also reviewed the results from the most recent patient survey undertaken in conjunction with the patient participation group and the results demonstrated satisfaction with the practice and the services provided. For example, 96% of respondents stated they were satisfied or very satisfied with the overall level of service and health care they received from the practice.

We spoke with six patients on the day of our inspection. All told us they were satisfied with the care provided and that the practice was very caring and understanding of their needs. We observed that reception staff were welcoming to patients, were respectful in their manner and showed a willingness to help and support patients with their requests. Patients had completed comment cards prior to our inspection, to tell us what they thought about the practice. We received 25 completed cards, all containing very positive comments. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

Staff and patients told us all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consultation and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice had a confidentiality policy, which provided guidance for staff in how to protect patients' confidentiality and personal information. Staff we spoke with were aware of their responsibilities in maintaining patient confidentiality and described how they followed the policy in practice. The reception area was designed in a way to help maintain confidentiality when staff were speaking on the telephone. A notice was displayed to inform patients they could request a room for private conversations with staff if they wished.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed that patients generally rated the practice well when asked about their involvement in planning and making decisions in relation to their care. For example, data from the national patient survey showed that 90% of respondents said the last nurse they saw or spoke to was good at involving them in decisions about their care, compared to 85% nationally.

When we spoke with patients, they told us they felt involved in decision making and were given the time and information by the practice to make informed decisions about their care and treatment. They said GPs and nurses took the time to listen and explained all the treatment options available to them and that they felt included in their consultations. They felt able to ask questions if they had any and were able to change their mind about treatment options if they wanted to. Patient feedback we received from the comment cards was also very positive in this respect and aligned with these views.

Patient/carer support to cope emotionally with care and treatment

We observed that staff were supportive in their manner and approach towards patients. Patients told us that staff gave them the help they needed and that they felt able to discuss any concerns or worries they had.

Patient information leaflets, posters and notices were displayed in the waiting area that provided contact details for specialist groups that offered emotional and confidential support to patients and carers. For example, a counselling support group, as well as counselling sessions that were offered at the practice. The practice had a television screen in the waiting area that provided additional information for patients about support services

Good

Are services caring?

and groups. The practice's electronic system alerted GPs if a patient was also a carer. There was a range of information available for carers to ensure they understood the various avenues of support available to them.

There was information about support for patients who had suffered bereavement, and this was also available on the practice website and sign-posted patients to other help and support groups.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was responsive to patients' needs. The staff we spoke with explained that a range of services were available to support and meet the needs of different patient groups and there were systems to identify patients' needs and refer them to other services and support if required. The practice had a larger population of patients in the working and younger age groups than the national average and there were systems to address identified needs in the way services were delivered.

The practice engaged with the area clinical commissioning group (CCG). A GP from the practice had links with the CCG and attended meetings on a regular basis to review and discuss local pathways of care. The practice was therefore kept aware of service requirements and was able to plan and develop services that reflected the needs of the local patient population.

The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). This included a review of the appointments system to allocate all patients to a named GP and to offer appointments with them. We spoke with a representative from the PPG who told us that since the changes had been implemented, they had received positive feedback from patients who felt this had improved continuity of care in seeing their own GP when they visited the practice.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services and showed us data that indicated a high percentage of patients registered at the practice were unemployed. The practice maintained links with voluntary community support groups, including a community project for homeless people. The practice was also involved in a project to form a local 'task force' group to promote health and social care services for unemployed and vulnerable people in the community.

The practice was located in purpose-built premises that met the needs of patients with disabilities. Services were provided on the ground floor and first floor of the building and there was a lift to provide access for those patients who had difficulty in using the stairs. The waiting area was large enough to accommodate patients with wheelchairs and prams. Accessible toilet facilities were available for all patients attending the practice and included baby changing facilities. There was a play area for younger children and a hearing loop system for patients who had hearing difficulties. Interpretation services were available by arrangement for patients who did not speak English. There were car parking facilities with disabled parking areas close to the building.

The practice took account of the needs of different patients in promoting equality. The majority of staff had received equality and diversity training and were able to demonstrate an awareness and understanding of the needs of different patient groups.

Access to the service

Appointments were available from 8.30am to 1pm and from 2pm to 6pm each week day, with lunch-time closing between 1pm and 2pm. The practice operated extended opening hours from 7am on Wednesday mornings and until 8pm on Monday and Friday evenings. This provided flexibility for working patients outside of core working hours and school hours for children.

Patients could book an appointment by telephone, online or in person. Pre-bookable appointments were also available and home visits were arranged for those who found it difficult to attend the practice. Patients we spoke with said that they could have telephone consultations and that the GPs were very good at calling them back if requested. Patients told us they could always request longer appointments if they needed them, particularly if they had long-term conditions or complex health care needs.

Patients were generally satisfied with the appointments system and those we spoke with all expressed confidence that urgent problems or medical emergencies would be dealt with promptly, that staff knew how to prioritise appointments for them and that they would be seen the same day. The staff we spoke with had a clear understanding of the triage system to prioritise how patients received treatment. For example, the practice had a system to identify and prioritise patients at risk of unplanned hospital admissions to help ensure they had urgent access to a GP appointment.

Good

Are services responsive to people's needs?

(for example, to feedback?)

To improve communication and access to the service, the telephone system had been upgraded to increase the number of incoming lines into the practice. A separate telephone line was also used for health care professionals to make contact with the practice, to free-up other lines for patient use. For those patients who wished to share their mobile telephone numbers with the practice, a system had been introduced to send text reminder messages to patients the day before their appointments. This had also reduced the number of missed appointments at the practice and helped to maximise availability of appointments.

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. Information about the 'out of hours' service was provided to patients in the practice reception area, in the patient information booklet and on the practice website. A telephone message informed patients how to access services if they telephoned the practice when it was closed. Patients we spoke with told us that they knew how to obtain urgent treatment when the practice was closed.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. There was a complaints policy that was in line with NHS guidance for GPs and there was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system. The procedure was included in the practice information booklet, on the practice website, and was displayed in the patient waiting / reception area. There were also questionnaires for patients to complete to provide comments and feedback to the practice. We looked at four complaints that had been received in the last year and found that these had been satisfactorily handled and dealt with in a timely way and in accordance with the practice policy.

A summary report for the previous year had been produced and identified some changes that had been made as a result of complaints received. For example, including additional personal details on patient records to avoid errors when sending out information and letters. The summary report had been reviewed and discussed at practice meetings and shared with relevant staff.

Patients we spoke with told us they had never had cause to complain but knew there was information available about how and who to complain to, should they wish to do so.

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 identified its strategic objectives and values, had a mission statement and a patient's charter, all of which reflected its aims in providing high quality individualised medical care, where patients' interests always came first. Although the practice did not have a written 'vision' statement to inform individual or team objectives, when speaking with staff, it was clear that the leadership / management team promoted a collaborative and inclusive approach to achieve its purpose. This included providing good quality care to all patients, in a safe environment, where they would be treated at all times with dignity and respect.

Governance arrangements

The practice had a clear leadership structure with named members of staff in lead roles. For example, there were designated GPs who led for safeguarding, information governance, health and safety and infection control. We spoke with eight members of staff who were clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns or issues.

The practice had regular meetings, including daily practice and clinical meetings. Management meetings included discussions in relation to performance, quality and risks, for example, significant incidents / events, complaints, and medicines management. All staff within the practice received a weekly update via email, to keep them informed of management decisions, changes in practice and any other information relevant to their roles.

The practice used Quality and Outcomes Framework (QOF) data to measure its on-going performance and we saw data from the previous year that indicated the practice was achieving results that were in line or above national targets. This was discussed and shared in meetings with relevant staff.

The practice had undertaken clinical audits which it used to monitor quality and had systems to identify where action should be taken. For example, an audit had been undertaken to review inadequate cervical smears taken by nursing staff. The results had been analysed and discussed in a meeting to agree specific follow-up actions and a revised protocol that would be followed. There were plans to repeat the audit to review the impact of the changes made to improve outcomes for patients.

The practice had a range of policies and procedures to govern activity and these were available to staff on any computer within the practice and also kept in hard copy folders for staff guidance. We looked at 11 of these and saw that they had been reviewed annually and were up to date.

The practice had arrangements for identifying, recording and managing risks, including a risk management protocol. The practice had a risk log and records showed that a wide range of potential issues had been assessed and actions taken to minimise risks. For example, a risk assessment in relation to repeat prescribing of medicines. The risk log had been reviewed and updated in a timely way.

Leadership, openness and transparency

We spoke with the practice GPs who told us they advocated and encouraged an open and transparent approach in managing the practice and leading the staff team. Staff we spoke with told us they felt there was an 'open door' culture, the GPs were approachable, they felt supported and were able to approach the senior staff about any concerns they had. They said there was a good sense of team work within the practice and communication worked well.

All staff said they felt their views and opinions were valued. They told us they were positively encouraged to speak openly to all staff members about issues or ways that they could improve the services provided to patients.

The practice had a staff handbook containing a range of human resource policies and procedures. This included bullying, harassment and grievance policies, which were provided 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 took account of feedback from patients through patient surveys, comments, complaints and questionnaires. The most recent patient survey had rated the practice less well in relation to satisfaction with access

Are services well-led?

Good

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

to appointments with the nursing staff. Following the results of the survey, the practice had reviewed and increased the staffing hours to provide additional nurse appointments each week.

The practice had an active patient participation group (PPG) who supported the practice in seeking views and feedback from patients. General feedback and comments were very positive about the practice, although some suggestions had been made in relation to improvements. The practice had worked with the PPG to develop an action plan and progress was monitored at regular PPG meetings.

The practice had gathered feedback from staff through discussions, appraisals and generally through staff meetings. All the staff we spoke with told us they had opportunities to comment and suggest ways of making improvements to the services. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice had a whistleblowing policy which was available to all staff electronically on any computer within the practice.

Management lead through learning and improvement

Records showed that GPs and nursing staff were supported to access on-going learning to improve their skills and competencies. They attended specialist clinical training to help ensure their continued professional development was kept up-to-date. Staff said they had dedicated time set aside for learning and development, for example, monthly half-day closure of the practice to undertake training and development. One member of the administration staff team told us they had been supported by the practice to undertake additional management training and nursing staff said they attended appropriate courses to develop and expand their clinical skills and knowledge. Formal appraisals were undertaken to monitor and review performance, and to identify training requirements. Inductions were provided for new staff and included information about the practice policies, procedures and governance arrangements in relation to how the practice was managed.

The practice regularly reviewed significant events and other incidents and shared them with staff to help ensure learning points were recognised and acted on, to improve outcomes for patients. For example, a recent significant event had resulted in a review of the procedure for scanning documents into the computerised patient records.