Vine Street Surgery

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 Vine Street Surgery on 14 July 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice was visibly clean and had comprehensive infection prevention and control procedures in place.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Applicable guidance from the National Institute for Health and Care Excellence (NICE) were summarised by staff and presented at practice meetings.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patients were supported and encouraged to live healthier lives.
- Patients said they were treated with dignity and respect, they were listened to and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practices' care co-ordinator carried home visits to those unable to visit the practice to complete annual reviews and routine checks for those with a long-term condition.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Summary of findings

- The practice had a clear vision and objectives to aid the delivery of the vision. Staff were clear about the vision and their responsibilities in relation to it.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice sought feedback from staff and patients, which it acted on.

The area where the provider should make improvement is:

- The number of telephone lines to improve patient access by phone.

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 support, an explanation, a written apology and the actions taken 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.
- The practice was visibly clean and had comprehensive infection prevention and control procedures in place.
- Risks to patients were assessed and well managed.
- A detailed business continuity plan was in place in the event of an emergency or disruption to the service.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Applicable guidance from the National Institute for Health and Care Excellence (NICE) were summarised by staff and presented at practice meetings.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice were proactive in carrying out clinical audits which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Patients were supported and encouraged to live healthier lives.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with dignity and respect, they were listened to and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practices' care co-ordinator carried home visits to those unable to visit the practice to complete annual reviews and routine checks for those with a long-term condition.
- Patients said they generally found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

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

- The practice had a clear vision and objectives to aid the delivery of the vision. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on.
- The patient participation group was a virtual group and plans were in place to develop the group with quarterly 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients over the age of 75 were informed of their named accountable GP.
- The practice attended neighbourhood team meetings to discuss the needs of older people, this included representatives from mental health teams, social services and the independent living team.
- All housebound patients and patients living in a residential or nursing home were reviewed by the care co-ordinator.

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.
- 83% of those with diabetes had a blood test to assess diabetic control (looking at how blood sugar levels have been averaging over recent weeks) which showed that their control was good (HBa1c 64 or less) compared to a national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP and care co-ordinator worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patient feedback told us that children and young people were treated in an age-appropriate way.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 78% and the national average of 74%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice hosted antenatal clinics which were held on a weekly basis.

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, including online appointment booking and repeat prescription requests.
- A full range of health promotion and screening was offered 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 held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and an annual health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations, including counselling and drug and alcohol services.

Summary of findings

- The practice had systems in place for patients living in vulnerable circumstances, including homelessness, to ensure if a referral to secondary care was required, correspondence could be sent to the practice.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 92% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to the national average of 88%.
- 89% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Individual care plans were written jointly by the GP, patient and carer and a copy was kept by the patient.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 237 survey forms were distributed and 104 were returned. This represented 1.5% of the practice's patient list.

- 72% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 45 comment cards, 44 of which were positive about the standard of care received. However, 13 of the 45 comment cards commented that it was difficult to access the practice by telephone.

The NHS Friends and Family Test for May and June 2016 showed 96% (26 out of 27) of the returns would recommend the practice

Areas for improvement

Action the service SHOULD take to improve

The area where the provider should make improvement is:

- The number of telephone lines to improve patient access by phone.

Vine Street Surgery

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 Vine Street Surgery

Vine Street Surgery is a GP practice, which provides primary medical services to approximately 7,180 patients living within the town of Grantham. South West Lincolnshire Clinical Commissioning Group (SWLCCG) commission the practice's services.

The practice has a GP partner, two salaried GPs and a long-term locum GP. (three male and one female). The nursing team consists of three nurse practitioners (one is a nurse partner), two practice nurses and a healthcare support worker. They are supported by a Practice Manager and a team of reception staff and administrative staff.

The practice is open between 8am and 6.30pn Monday to Friday. Appointments are available between 8am and 1pm and from 1.50pm til 5.40pm. Telephone consultations are also available.

Patients can access out of hours support from the national advice service NHS 111. The practice also provides details for the nearest urgent care centres, as well as accident and emergency departments.

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.

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 14 July 2016. During our visit we:

- Spoke with a range of staff, including GPs, nurse practitioners, practice nurse, healthcare support worker, the practice manager and members of the administrative and reception team.
- Spoke with a member of the patient participation group.
- Observed how patients were being cared for.
- 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:

Detailed findings

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, given an explanation, 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 and discussed them at practice meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw the practice had removed all electrical socket inserts (covers and protectors) as a result of a recent estates and facilities alert from the Department of Health.

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:

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. They had access to safeguarding policies, which reflected relevant legislation and local requirements. 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.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The nurse practitioner and healthcare support worker were the infection control clinical leads 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. Additional infection control audits for hand hygiene and clinical waste were also completed.
- 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 medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use. Three nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Locum staff had the same recruitment checks carried out before employment.

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

Good

Are services safe?

health and safety policy available and 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 (COSHH) 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. The practice had employed a long-term locum GP to cover planned leave to ensure there was continuity of care.

Arrangements to deal with emergencies and major incidents

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

- A new patient record system was planned to be implemented which included an instant messaging system, which would be available on the computers in all the consultation and treatment rooms. This would alert staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and the practice manager kept a hard copy of the plan.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Any new NICE guidance that was relevant to the practice was disseminated to all staff. A clinical staff member was also nominated to present the new guidance at the practice meeting. Records confirmed this.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Medication alerts by the Medicines and Healthcare products Regulatory Agency (MHRA) were distributed to all clinical staff. Staff were required to read and sign to acknowledge they had received the alert and took the relevant action, as appropriate.
- Prescribing data, including antibiotic prescribing, was collated by the local clinical commissioning group and monitored by the practice. The practice had recently introduced the use of a 'Treating your infection' leaflet which had been devised by various professional societies, including Public Health England and the Royal College of General Practitioners. The leaflet promoted self-management of infections and reduced the need to prescribe antibiotics.

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 2014/15 showed:

- Performance for diabetes related indicators was better compared to the national average. For example, 83% of those with diabetes had a blood test to assess diabetic control (looking at how blood sugar levels have been averaging over recent weeks) which showed that their control was good (HBa1c 64 or less) compared to a national average of 78%.
- Performance for mental health related indicators was better compared to the national average. For example, 92% of those with a diagnosis of schizophrenia, bipolar affective disorder or other had a comprehensive and agreed care plan in place, compared to 88%. 89% of patients with a diagnosis of dementia had their care reviewed in a face-to-face review, compared to 84%.

The practice reviewed unplanned admissions and readmissions and identified any patients that were high risk. Patients identified as high risk were put onto a care plan which was reviewed and monitored by the care co-ordinator. This included completing house visits, as required.

There was evidence of quality improvement including clinical audit.

- We reviewed two clinical audits which had been completed and the improvements had been implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included implementing a questionnaire for patients to complete with regards to the management of urinary tract infections (UTIs). Further reviews had identified the management of UTIs had improved. In addition to this, the practice had reviewed the eligible patients to be prescribed high potency statins, in line with NICE guidance. A further audit saw an increase in the number of patients prescribed high potency statins.
- The practice participated in local audits and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as

Good

Are services effective?

(for example, treatment is effective)

safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff were also required to shadow other staff members as part of their induction.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- GPs were responsible to action any results, which they received electronically and acted on within the same day.
- All discharge letters were reviewed and coded accordingly to alert the GP regarding how timely action was required.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. All staff were aware of the processes to refer patients to the relevant health and social care professionals, for example health visitor, district nurse and out of hours services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs, this included palliative care meetings and safeguarding meetings every eight weeks and monthly neighbourhood team meetings.

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.
- Written consent was sought from patients before they received minor surgery. Their consent was then scanned into their patient record.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. 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.

Good

Are services effective?

(for example, treatment is effective)

- The practice employed a nurse practitioner, who also worked as a care co-ordinator. This role was part funded by the local clinical commissioning group and was responsible for working with high risk patients and ensuring they had the appropriate care plans in place.
- The practice also referred patients for smoking cessation and had plans to provide this service within the practice.
- Patients could be referred to support groups, for example Breath Easy, as appropriate.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 78% and the national average of 74%. 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 they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given between April 2016 and June 2016 ranged from 95% to 100% for vaccinations given to under two year olds ranged. Childhood immunisation rates for the vaccinations given to five year olds were 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, NHS health checks for patients aged 40–74 and health checks for people with a learning disability. 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 staff members were courteous and helpful to patients and treated them with dignity and respect.

- Curtains or privacy screens 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.

44 of the 45 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 attentive, friendly and courteous and treated them with dignity and respect.

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. Satisfaction scores on consultations with GPs and nurses was comparable to the local and national averages. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received told us they always felt listened to and that staff respected their needs and wishes. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients generally responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results relating to nursing staff were in line with national averages. However, results relating to GPs were slightly below the local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% 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 notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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. Staff told us patients were referred to advocacy services, as appropriate.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 63 patients as carers (1% of the practice list). New patients were asked when they registered at the practice if they were a carer and given an information leaflet. Identified carers were offered health checks at home as well as immunisations, if they were unable to attend the practice. Written information was available in the waiting area 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 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.

- There were longer appointments available for patients with a learning disability and others where it had been identified as necessary.
- 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.
- There were disabled facilities, a hearing loop and translation services available.
- The practices' care co-ordinator carried home visits to those unable to visit the practice to complete annual reviews and routine checks for those with a long-term condition.
- Patients were able to access online services to book appointments and request repeat prescriptions.
- Antenatal services were provided at the practice on a weekly basis.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 1pm and 1.50pm to 5.40pm daily. In addition to pre-bookable appointments, urgent appointments and telephone consultations 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.

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 72% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 92% of patients said the last appointment they got was convenient compared to the local average of 93% and national average of 92%.

Patient feedback on the day of the inspection told us that they were able to get appointments when they needed them. However, 13 out of 45 comment cards stated that they had difficulty in getting through to the practice by telephone to get an appointment. The practice had two telephone lines, one of which was a dedicated appointment line and told us they were looking into expanding this number once the extension to the practice had been completed.

The practice had a system in place to assess:

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

The care co-ordinator carried out the majority of home visits and also carried out home visits for those patients that were housebound.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Staff were aware of the complaints policy and could demonstrate how they would support a patient to raise a concern or complaint.

We looked at three complaints received in the last 12 months and found complaints were responded to in a timely manner and patients were given an explanation following an investigation into their concerns. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

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 provide personalised, effective and high quality services. The vision highlighted how the practice would achieve this by working with patients, their families and carers, as well as other health and social care professionals. Staff were aware of the vision and their role in achieving it.

The practice had clear objectives for the next 12 months to improve patient services. This included additional recruitment to the nursing team, a new patient record system and an extension.

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.
- An understanding of the performance of the practice was maintained and reviewed to improve patient outcomes.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. 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). 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, an explanation and a verbal or written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held monthly practice meetings, which all staff were invited to.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop 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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. However, verbal complaints were not documented to monitor themes and trends.

- The PPG were a virtual group which received correspondence from the practice and were asked for feedback and input, for example into the results from the national GP patient survey and proposed action plan. A member of the PPG informed us the group had proposed to meet on a quarterly basis, which would make their involvement more formal and promote more discussions. The practice had positively acted on this request and facilitated a meeting which was held in June 2016. Previously the group had been asked to provide feedback on the extensions to the practice to ensure it was not impacting on patient care and the group felt positive in the future direction.

Are services well-led?

Good

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

- The practice gathered feedback generally from staff through team meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.