Church 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Church Street Surgery on Tuesday 15 December 2015. Overall the practice is rated as good.

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. There was an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

There were areas of practice where the provider should make improvements:

Have a system in place to record, investigate and demonstrate the outcome of verbal complaints received.

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. Patients affected by significant events received an apology and were told about actions taken to improve care. The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

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

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. For example, the practice held joint annual health review clinics for patients with a learning disability with the local community learning disabilities specialist nurses. Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to

Summary of findings

treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. There was a strong focus on continuous learning and improvement at all levels.

The practice proactively sought feedback from staff and patients, which it acted on. For example, the national GP survey identified that 84% of patients said that the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 91% and national average of 92%. The practice responded by recruiting a second practice nurse and increased appointment lengths for some nurse led health specific clinics. The patient participation group was active.

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 offered home visits and urgent appointments for those older patients with enhanced needs. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. In response to a lower than average performance for the number of patients aged 65 and older who had received a seasonal flu vaccination (60.52% as compared to the national average of 73.24%) the practice had taken action to improve the outcomes for patients in this area.

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. Performance for diabetes assessment and care was similar to the national average (88.4% as compared to the national average of 89.2%). Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. 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. Data showed that 73.4% of patients on the practice register had had an asthma review in the last 12 months. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. 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's uptake for the cervical screening programme was 77.35%, which was comparable to the national average of 81.83%.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and patients with a learning disability. The practice worked regularly with the local specialist learning disability nurses to ensure it carried out annual health checks for people with a learning disability. Designated morning or afternoon clinics were arranged and longer appointments were available. An easy read (pictorial) letter was sent to patients with a learning disability inviting them to attend the practice for their annual health check.

Staff had been trained 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. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.

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 data showed that 88.5% of patients on the practice register who experienced poor mental health had been offered an annual health check. This was lower than the national average of 92.8%. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice regularly worked with multi-disciplinary teams in the

Summary of findings

case management of people who experienced poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The dementia diagnosis rate for 2014/ 2015 was higher than the national average (100% as compared to the national average of 81.5%). The exception reporting rate for this clinical outcome area was 0.0%. Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. A total of 453 surveys (8.2% of patient list) were sent out and 114 (25.2%) responses, which is equivalent to 2.1% of the patient list, were returned. Results indicated the practice performed comparable to other practices in most aspects of care, which included for example:

- 68% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 78%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were extremely positive except for one comment about the time waiting to be seen at the appointment. Patients praised all the staff for providing first class care, they felt they received a good service, that staff were always respectful and had a good attitude.

We also spoke with 12 patients on the day of our inspection which included three members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments were in line with the comments made in the cards we received. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice monitored the results of the friends and family test monthly. The number of monthly responses received over the past 12 months ranged from 13 to 60. The results for November 2015 showed that of the 26 responses received 23 patients were extremely likely to recommend the practice to friends and family if they needed similar care or treatment, two patients were likely to recommend and one neither likely or unlikely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

Have a system in place to record, investigate and demonstrate the outcome of verbal complaints received.

Church Street Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector**.** The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience. Experts by Experience are members of the inspection team who have received care and experienced treatments from a similar service.

Background to Church Street Surgery

Church Street Surgery is located within the town centre of Bilston. It provides services for patients in a single storey building. The practice is located in an area of high deprivation and falls just below the 30% most deprived in England. The practice is easily accessible by varied public transport links or car. There is access for patients who use a wheelchair at the side of the building. Car parking facilities are available at the rear of the practice and at nearby car parks and designated roadside parking areas.

The total practice patient population is 5,508. There are two male GPs who provide services which equate to two whole time equivalent GPs. The practice team includes one practice manager, one practice nurse and one healthcare assistant. There are four practice support staff including a secretary and three receptionists. In total there are 10 staff employed either full or part time hours.

The practice is open between 8.30am to 6.30pm Monday, Tuesday, and Friday, Wednesday 8.30am to 1pm and Thursday 8.30am to 7.30pm. Appointments are from 8.30am to 11.00am Monday to Friday and afternoon appointments Monday, Tuesday, Thursday and Friday 3pm to 6pm. Extended surgery hours are offered from 6.30pm to 7.30pm on Thursdays. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours services, Primecare. Patients are also given details about the NHS 111 service and the local Walk-in Centres.

The practice has a contract to provide General Medical Services (GMS) for patients. This is a contract for the practice to deliver general medical services to the local community. They provide Directed Enhanced Services, such as the childhood vaccination and immunisation scheme and minor surgery. The practice provides a number of clinics for example long-term condition management including asthma, diabetes and high blood pressure. It also offers services for health checks and foreign travel.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 December 2015.

During our visit we:

- Spoke with a range of staff GPs, practice nurses, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events these included for example, safety incidents, complaints and near misses. Staff told us they would inform the practice manager of any incidents and there was a recording form for staff to complete. Complaints, accidents and incidents were then entered onto the computer system. The practice manager was responsible for disseminating safety alerts and there were systems in place to ensure they were acted on.

Records showed that seven significant events had been recorded over the past 12 months and records showed that a thorough analysis of the significant events had been carried out. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety at the practice. For example, one of the events was a query from a patient who had not received an appointment for a test. An investigation showed that a referral had been requested however staff could not confirm that the referral had been sent. The organisation for which the request was intended had no record of the request. Systems were put in place for each request form to be copied, scanned into the patient's records and a member of staff signed to confirm the date the request was sent. These changes in practice were set out in a protocol and records were maintained to demonstrate that staff carried out these tasks. Where appropriate learning from events had been shared with external stakeholders. Patients affected by significant events received an apology and were told about actions taken to improve care.

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Certificates of safeguarding training at the appropriate level were seen for all staff.

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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control lead at the practice. The practice did not have an infection control clinical lead. It was not clear who liaised with the local infection prevention teams to keep up to date with best clinical practice. We saw however that the practice maintained high standards of infection prevention and control. 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. In 2015 the practice achieved a gold standard rating in a local CCG infection prevention and control audit.

The arrangements for managing medicines, including vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of a prescribing advisor allocated by the local CCG pharmacy team. The advisor supported the practice to ensure prescribing was in line with best practice guidelines for safe prescribing. Computer based systems had been implemented to alert staff to safe prescribing practice. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

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

Good

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed. There was a health and safety policy available and procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment checks were up to date 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 the safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff and staff with appropriate skills were on duty.

Arrangements to deal with emergencies and major incidents

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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.

All staff had received recent annual update training in annual basic life support and the practice had equipment available for staff to use if required. Emergency equipment available on the premises included a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) and oxygen with adult and children's masks.

We found at the time of the inspection that the practice had limited emergency medicines available within the practice to treat emergencies that may be faced in general practice. These were medicines to treat allergic reactions and worsening asthma. There was no medicines to treat emergency conditions such as severe infections and unresponsive patients due to hypoglycaemia (low blood sugar) or prolonged seizures (fitting). We spoke with both GPs about this; they told us they would review the emergency medicines kept at the practice based on current best practice guidance. We also found that emergency equipment and medicines were kept in different rooms within the practice, hindering quick access in the event of an emergency. Information we received from one of the GPs the day after the inspection showed that these issues had been addressed.

A business continuity plan detailed the practice response to emergencies such as loss of power, computers or premises. The document contained information such as contact numbers for contractors and alternative premises arrangements for staff to refer to in the event of an unplanned occurrence that affected services.

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 GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and systems were in place to keep all clinical staff up to date. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results showed that it had achieved 95.5% of the total number of points available, with 4.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice QOF results were slightly higher than the national average of 93.5%. Examples of the clinical outcome data from QOF showed:

- Performance for diabetes assessment and care was similar to the national average (88.4% as compared to the national average of 89.2%).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average (84.28% as compared to the national average of 83.65%).
- Performance for mental health assessment and care was lower than the national average (88.5% as compared to the national average of 92.8%).
- The dementia diagnosis rate was higher than the national average (100% as compared to the national average of 81.5%). The exception reporting rate for this clinical outcome area was 0.0%.

The practice was an outlier for the number of patients aged 65 and older who had received a seasonal flu vaccination achieving 60.52% (01/09/2013 to 31/01/2014) when compared to the national average of 73.24%. Information received at this inspection showed that the practice had worked to ensure that appropriate action was taken to improve the outcomes for patients in this area.

Data from the local Clinical Commissioning Group (CCG) showed that the practice had performed similar to the national average for providing care and treatment to patients with long-term care conditions. This included conditions such as hypertension, asthma and heart failure.

We saw evidence of nine clinical audits carried out over the last three years that demonstrated quality improvement. Eight of the audits had completed at least two cycles. One of the audits first carried out in 2013 looked at whether best practice guidance had followed when treating patients with osteoporosis (a condition in which the bones become brittle and fragile) with Calcium and vitamin D supplements. The first cycle identified that 131 patients were receiving calcium + vitamin D supplements. Of the 131 patients 79 (61%) were complying with appropriate treatment, 28 patients (21%) were non-compliant with their treatment and 24 patients (18%) were not taking the recommended dose. The practice repeated the audit in 2014 and 2015. After completing the third audit cycle improvements were demonstrated for example, the percentage of patients at risk of fractures and not receiving calcium + vitamin D reduced from 36% to 1.9% in the third year. Other audits included infection control, stroke prevention, heart failure, diabetes and data quality.

Effective staffing

Staff at the practice were experienced and showed they had the skills and knowledge to deliver effective care and treatment. The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, practice nurses had received specific training which had included an assessment of competence for administering vaccinations, taking samples for the cervical screening programme and reviewing patients with long-term conditions.

The learning needs of staff were identified through a system of meetings and reviews of practice development needs. This included ongoing support during one-to-one meetings, appraisals, clinical supervision took place. The

Good

Are services effective?

(for example, treatment is effective)

practice was discussing with the practice the support needed for revalidation (A process to be introduced in April 2016 requiring nurses and midwives to demonstrate that they practise safely). All staff had had an appraisal within the last 12 months.

Staff had also received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of training opportunities with their peer groups, in-house and external 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 risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring patient's to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patient's needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. QOF data (01/04/2014 to 31/03/2015) identified that the practice did not have regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed. The GPs told us that informal meetings and telephone discussions take place. The GPs had recently included formal discussion of these patients at the monthly practice meetings. We saw that these discussions had been recorded in the minutes of the most recent practice meetings. The practice planned to formalise their engagement with the local community matron and palliative care specialist nurses who coordinate care for these patients by setting up regular formal meetings.

Consent to care and treatment

We found that 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and where appropriate, recorded the outcome of the assessment. We saw that patients' consent had been recorded clearly using nationally recognised standards. For example, when consenting to certain tests and treatments such as vaccinations and in do not attempt cardio-pulmonary resuscitation (DNACPR) records.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. This included patients with conditions that may progress and worsen without the additional support to monitor and maintain their wellbeing. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service for example, smoking cessation advice was available from a local support group. We saw that information was displayed in the waiting area and also made available and accessible to patients on the practice website. The practice had sought the support of the local learning disability team to complete health assessments for patients with a learning disability. Patients had access to appropriate health assessments and checks.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. The flu vaccination rates in the defined clinical at risk groups was 53.9% this was comparable to the national average of 50.68%. Data collected by NHS England for 2014 -2015 showed that the performance for all childhood immunisations was comparable to the local CCG average. For example, childhood immunisation rates for the vaccination of children under two years of age ranged from 72.6% to 97.3%, children aged two to five 83.3% to 95.5% and five year olds from 81.2% to 95.7%. However flu vaccination rates for patients aged over 65 were 60.52%, this was below the national average of 73.24%. The practice had identified this shortfall and had and taken steps to make improvements at the time of inspection the 60% of the patients in this age group had received the flu vaccination.

The practice's uptake for the cervical screening programme was 77.35%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening

Good

Are services effective?

(for example, treatment is effective)

test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and ensured a female clinician was available to carry out the test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

Patients completed Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 20 completed cards. The cards contained positive comments about the practice and staff. Patients commented that the service was excellent, they were treated with respect and dignity and that GPs and staff were professional and caring. We also spoke with 12 patients on the day of our inspection which included three members of the patient participation group (PPG). PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services. Their comments were in line with the comments made in the cards we received.

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

- 93% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 84%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 91% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

We saw how patients were supported to be involved in decisions about their care for example, there was positive engagement between the community learning disability team and the practice to ensure patients with a learning disability were appropriately supported and counselled prior to and during their annual health checks. 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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was

Good

Are services caring?

also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups, flexibility, choice and continuity of care. For example:

- The practice was aware of people who were vulnerable including patients who were homeless and those living in travelling communities. It had systems in place to contact patients if they had not been seen for some time.
- There were longer appointments available for patients with a learning disability, older people and patients with long-term conditions.
- Enhanced services were provided to patients with a learning disability at set clinics with the support of the local learning disabilities specialist team.
- Home visits were available for older patients and patients who would benefit from these, which included patients with long term conditions or receiving end of life care.
- Urgent access appointments were available for children and those with serious medical conditions.
- Telephone consultations were available every day after morning and evening clinics.
- Facilities and access for patients with a physical disability and translation services were available.

Access to the service

The practice was open between 8.30am to 6.30pm Monday, Tuesday, and Friday, Wednesday 8.30am to 1pm and Thursday 8.30am to 7.30pm. Appointments were from 8.30am to 11.00am Monday to Friday and afternoon appointments Monday, Tuesday, Thursday and Friday 3pm to 6pm. Extended surgery hours were offered on Thursdays from 6.30pm to 7.30pm. The practice did not provide an out-of-hours service to its patients but had alternative arrangements for patients to be seen when the practice was closed. Patients were directed to the out of hours services. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

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

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 68% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 84% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 60%).

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system including a summary leaflet available in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to improve the quality of care. The practice manager told us that verbal complaints received were dealt with immediately, however these complaints had not been recorded.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas, in leaflets and on the practice website. Staff knew and understood the values.

Staff and patients felt that they were involved in the future plans for the practice, for example the practice sought the views and input of the patient participation group (PPG) and patients when it made plans to refurbish the practice. This helped to ensure that the practice was easily accessible to patients. PPGs are a way for patients to work in partnership with a GP practice to encourage the continuous improvement of services.

Governance arrangements

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

- We found that systems were supported by a strong management structure and clear leadership.
- Risk management systems, protocols had been developed and implemented to support continued improvements.
- A programme of clinical and internal audit had been implemented and was used to monitor quality and to make improvements.
- The GPs, nurses and other staff were all supported to address their professional development needs.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Health and safety risk assessments had been conducted to limit risks from premises and environmental factors.
- 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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology

There was a clear leadership structure in place and staff felt supported by management. Staff we spoke with were positive about working at the practice. They told us they felt supported to deliver safe, effective and responsive care. Staff described the culture at the practice as open, transparent and very much a team approach. They told us they felt comfortable to raise any concerns when required and were confident these would be dealt with appropriately.

Regular practice, clinical and team meetings involving all staff were held and staff felt confident to raise any issues or concerns at these meetings. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. There was a practice whistle blowing policy available to all staff to access on the practice's computer system. Whistle blowing occurs when an internal member of staff reveals concerns to the organisation or the public, and their employment rights are protected. Having a policy meant that staff were aware of how to do this, and how they would be protected.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which

Are services well-led?

Good

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met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, members of the PPG were involved in the refurbishment of the practice. The practice had sought the involvement of the PPG on the management of patients' who did not attend for their appointments (DNA). The PPG suggested displaying the number of DNAs on the practice noticeboard and website to make patients aware of the extent of the problems and the effect it had on the practice and other patients. Other methods to obtain patient feedback included the use of a suggestion box and the NHS friends and family test.

The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice had completed reviews of significant events and other incident. Records were maintained to demonstrate that these were shared with relevant staff.

The practice team took part in local pilot schemes to improve outcomes for patients in the area. This included accepting the support of the local specialist learning disabilities team to implement enhanced services for the care of patients with a learning disability. The practice analysed and formulated an action plan in response to the national survey results and comments made on NHS Choices. For example, the national survey identified that 84% of patients said that the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 91% and national average of 92%. The practice response included the recruitment of a second practice nurse and increased appointment lengths for some nurse led health specific clinics.