Paddock and Longwood Family Practice

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Summary of this inspection

Detailed findings from this inspection

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Paddock and Longwood Family Practice on 26 August 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, near misses and any identified safeguarding issues. Issues arising were discussed at regular team meetings
- Risks to patients were assessed and well managed,
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles. However we noticed staff were out of date for infection prevention and control training and fire training. The practice has since provided evidence that this training has been arranged. Additional training and development needs had been identified and delivered
- A comprehensive staff handbook was in use although some of the policies contained within it were in need of updating.
- 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 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 patients and their active Patient Participation Group (PPG) and acted on feedback received

However there are some areas of practice where the provider needs to make improvements:

Importantly the provider should:

Summary of findings

- Ensure staff are up to date with role specific training and that updates are arranged as required.
- Ensure that the staff handbook to include governance policies and procedures is regularly updated
- Ensure that systems are in place to check that equipment used is in date

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood their responsibilities to raise concerns and to report incidents and near misses. Each member of staff held their own incident report log which they completed as appropriate. Staff told us a “no blame” culture existed within the practice and when things went wrong reviews and investigations were thorough and lessons learned were communicated across the teams to support and sustain improvement.

During our inspection we identified that some pieces of equipment for example a spillage kit was out of date. Spillage kits are used to absorb and neutralise body fluid spillage. The practice has since provided evidence that this equipment has now been replaced.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Updated NICE guidance was disseminated during team meetings to ensure that the relevant clinicians were made aware of changes. Patients’ needs were assessed and care was planned and delivered in line with current legislation. This included assessing mental capacity when appropriate and promoting good health. Staff had received training appropriate to their roles and additional training needs had been identified though the means of annual appraisal. However we noted that staff were out of date for infection prevention and control training and fire training. The practice has since provided evidence that arrangements have been made for staff to attend the training. Staff worked within multidisciplinary teams to provide effective care and support to patients, improve outcomes and share best practice. The practice participated in the Greater Huddersfield Clinical Commissioning Group (CCG) Clarity project. This project supported patients to reduce or stop their use of medications for anxiety and sleeping problems. We were shown evidence that adjustments were being made on patient use of these medicines.

Are services caring?

Good

The practice is rated as good for providing caring services. Care planning templates were available for staff to use during consultations. Information for patients about local services was available and easy to understand. Patients we spoke with during our

Summary of findings

inspection said they were treated with compassion,dignity and respect and were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. It reviewed the needs of its local population and engaged with Greater Huddersfield Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice participated in the "Red Button" scheme which involved reporting significant incidents to the CCG. The practice had responded to patient feedback with regards to waiting times for appointments and had begun offering double appointments to patients with more complex needs. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded appropriately to issues raised. Learning from complaints was shared with staff and other stakeholders.

The practice had access for patients with mobility difficulties and provided baby changing facilities.

Interpretation services were available for patients who did not have English as a first language Some of the practice staff were able to speak languages compatible with their patient population. In addition staff were able to access "Big Word" a telephone interpretation service for other languages.

Are services well-led?

Good

The practice is rated good for providing well-led services. It has a clear vision and staff were aware of their responsibilities in relation to this. There was a clear leadership structure and staff said they felt supported by management. The practice had a number of policies and procedures to govern activity and governance issues were discussed at weekly team meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from patients through the use of patient surveys and the patient participation group (PPG). Staff had received inductions. All staff received annual performance reviews and were encouraged to attend staff meetings and events.

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 good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive personalised care to meet the needs of older people in its population. Longer appointments, telephone appointments, home visits and rapid access were available to those patients with additional needs. Patients over 75 years old were offered an annual review which included a medication / polypharmacy review. Polypharmacy is a term used to when patients are regularly taking four or more medications.

The practice worked closely with other health professionals such as the district nursing team and community matron to ensure that information relating to these patients was disseminated and updated, and care planning was provided in a proactive way.

The practice had strong links with two local nursing homes and each had been allocated a named responsible GP. Feedback we received before the inspection indicated that overall the nursing homes were happy with the service provided by the practice for their residents.

People with long term conditions

Good

The practice is rated 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. All patients had a named GP. Longer appointments or telephone appointments were available as needed and home visits could be provided if required. For those people with the most complex needs their progress was discussed at the weekly multidisciplinary (MDT) meetings to proactively manage care.

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 accident and emergency (A&E) attendances. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice told us young children were prioritised and children under five were always seen on the same day. Staff at the practice offered specialist support and input for patients experiencing adolescent mental health issues. Patients told us children and young people were treated in an age-appropriate

Summary of findings

way. We saw evidence of examples of joint working with midwives, health visitors and school nurses. The practice provided sexual health support, contraception, maternity services and childhood immunisation. Data showed that immunisation uptake rates were comparable to local and national uptake rates.

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 this population group had been identified and the the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice had extended hours on Monday, Tuesday, Wednesday and Thursday between the two locations. The practice also offered online services, telephone triage/advice and a full range of health promotion and screening that reflected the needs of 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 this group of patients and they were discussed at the weekly MDT and medical reviews offered as necessary. Appointments were offered on the same day if required and longer appointments were available.

Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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. The practice worked with multidisciplinary teams in the case management of this population group. The practice participated in a shared care service providing specialist expertise and support to drug and alcohol abusers. It provided information on how to access various support groups and voluntary organisations.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). All patients had a named GP. They were all reviewed annually in conjunction with the multidisciplinary team. The practice actively screened patients for dementia and managed a register of those diagnosed. The dementia diagnosis rate was higher than that of other practices in the area. Advance care planning was carried out for these patients.

Summary of findings

The practice had given patients in this group information on how to access support from local organisations. All accident and emergency attendances were screened on a daily basis, as were out of hours attendances (OOH)	

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 and in some cases slightly higher than local and national averages. Three hundred and seventy five survey forms were distributed of which 104 forms (27.7%) were returned. This is a response rate of 1.19% of the patient population.

Examples include:

- 74% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 63% and a national average of 61%
- 94% of respondents say the last GP they saw or spoke to was good at treating them with care and concern compared with a CCG average of 87% and a national average of 85%
- 90% of respondents say the last GP they saw or spoke to was good at listening to them compared with a CCG average of 90% and a national average of 89%
- 91% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85 %

The practice scored slightly lower than average in terms of waiting times for their allocated appointments. Patients however did find the receptionists helpful. For example:

- 54% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%
- 93% of respondents find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were mostly all positive about the standard of care received. During the inspection we spoke with seven patients, one of whom was also a member of the patient participation group (PPG). They all told us they were treated with dignity and respect and they found the practice to be clean and tidy. There were a small number of comments on the CQC cards expressing difficulty getting appointments on the day they wanted. In addition some people had commented that they had to wait in the waiting room for a long time before they were seen by the GP. The practice were aware of this and were attempting to address the issue by means of offering double appointments where indicated.

Areas for improvement

Action the service SHOULD take to improve

- Ensure staff are up to date with role specific training and updated as required.
- Ensure that the staff handbook to include governance policies and procedures is regularly updated
- Ensure that systems are in place to check that equipment used is in date

Paddock and Longwood Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector, a GP specialist advisor, a Practice Manager specialist advisor and a second CQC inspector

Background to Paddock and Longwood Family Practice

Paddock and Longwood Family Practice is located one and a half miles from the centre of Huddersfield. The main site is known as Speedwell Surgery in Paddock Huddersfield, with a branch site in Longwood Village, Huddersfield, one and a half miles away from the main site. Speedwell Surgery is a purpose built site and Longwood Surgery was refurbished in 1990. The practice owns both buildings.

There are currently 8734 patients on the practice list. Seventy four percent of patients are white British, with 19% south Asian and 6% other ethnicities. The practice catchment area is classed as within the group of the fourth more deprived areas in England.

The practice provides services for their patients under the terms of the locally agreed NHS General Medical Services (GMS) contract. They also offer a range of enhanced services for example childhood vaccination and immunisation, extended hours and brief intervention services designed to reduce alcohol intake.

The inspection took place at the main site in Paddock, Huddersfield. We did not inspect the branch site on this occasion.

The practice is a teaching and training practice (this means it accommodates both undergraduate and post graduate doctors in training) It is staffed by six GP Partners and currently has one GP registrar. Five of the partners are male, with one female partner. The current GP registrar is also female. One of the GP partners has a special interest in palliative care, child health, respiratory medicine and sports and diving medicine, Another has a special interest in dermatology (skin diseases) whilst another GP has a special interest in women's health and diabetes. There are three practice nurses and two health care assistants. The clinical team is supported by a practice manager, a deputy practice manager, an IT/development manager as well as reception and administration staff.

The practice is open between 9am and 6pm with extended hours until 7.30pm on Monday Tuesday and Wednesday at Paddock Surgery, and until 7.30pm on Thursday at Longwood Surgery. Appointments are also available until 7pm on Thursday at Paddock Surgery and until 7pm on Monday at Longwood Surgery. Appointments are usually offered between 9am and 12 midday for morning surgery and between 3.30 and 6pm for evening surgery. . Antenatal clinics are held weekly on Tuesday afternoon and baby clinics on Thursday afternoon.

Patients needing to see a GP outside of normal working hours are advised to contact the GP out of hours service provided by Local Care Direct which is accessed via the surgery telephone number or by calling the NHS 111 service

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014

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

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations such as Greater Huddersfield Clinical Commissioning Group (CCG) to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before we visited the practice. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and national patient survey. In addition we requested feedback from the two residential care homes where the patients reside who are registered with the practice.

We carried out an announced visit on 26 August 2015. During our visit we spoke with four GPs, two practice nurses, one health care assistant, the practice manager and two members of the administration team. We also spoke with seven patients, including a member of the PPG and reviewed 45 comment cards. We observed communication and interaction between staff and patients, both face to face and on the telephone within the reception area. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record

There was a system in place for reporting and recording significant events. Each individual member of staff held an incident report log which they completed as necessary. Incidents were reported to the practice manager who would investigate and initiate any follow up action as needed. Learning from incidents was shared during weekly staff meetings.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were learned to make sure action was taken to improve safety in the practice For example the process of completing and updating requests for blood samples had been changed to ensure that some requests were no longer overlooked by pathology.

Safety was monitored using information from a range of sources including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to keep people safe which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected current 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. There was a lead member of staff for safeguarding. One of the GPs attended the quarterly safeguarding meetings at the CCG. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a nurse or health care assistant would act as a chaperone if requested. All staff who acted as chaperones had been trained for the role and had undergone a disclosure and barring service check (DBS). 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.
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available. Even though we identified that fire training had not been carried out for all staff the practice did have up to date fire risk assessments. At the time of our visit fire drills were not being carried out. The practice manager informed us this would be addressed as a matter of urgency and told us afterwards that fire training had been arranged for 20 October 2015. 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 risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH)
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the designated infection prevention and control (IPC) lead. At the time of our visit infection prevention and control training had not been undertaken by staff. The practice manager told us this would be arranged as a priority and informed us afterwards that this was scheduled for 15 December 2015. There was an IPC protocol in place and annual infection prevention and control audits were undertaken. We saw evidence that action had been taken to implement any improvements identified during the audit, for example ensuring that each clinician had their own hand sanitising gel in place on their desk. The practice had carried out a Legionella risk assessment in July 2015. During our inspection we noted that some pieces of equipment such as a spillage kit was out of date. Spillage kits are used to absorb and neutralise any body fluid spillages. When this was pointed out to the practice steps were taken to rectify this immediately. We later received confirmation that the out of date equipment had been replaced.
- The arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There was a system in place for checking expiry dates on

all medicines kept within the practice, such as those used in an emergency or those kept in doctors' bags. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe and cost effective prescribing. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use.

- Appropriate recruitment checks were carried out but not recorded in all cases. The four files we sampled showed that appropriate checks had been undertaken prior to employment, for example proof of identification, qualifications, registration with the relevant professional body and the appropriate checks with the DBS service. We were able to see some evidence of references for recent employees. We could not find evidence of references in one staff member's file. The practice manager told us that all staff members had supplied references. The recruitment policy had been updated in August 2015 but the requirement to check references had not been included. The practice manager amended the policy when this omission was pointed out and has subsequently forwarded an updated policy which included the requirement to check references before appointing a candidate.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patient's needs. A rota system was in place and the GPs used a buddy system to ensure adequate GP cover. All blood test results and hospital letters were checked in a timely way by use of this system. Locums were not routinely used. Staff told us they felt the staffing level was sufficient to provide a good service to patients.

Arrangements to deal with emergencies and major incidents

There was an instant messaging option on the computers in all the consultation and treatment rooms as well as a panic button fitted under the desk in consulting rooms, which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks 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 fit for use.

The practice had a business continuity plan in place fo major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

:

Effective needs assessment

The practice carried out assessments and treatment in line with National Institute for Health and Clinical Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. For example, NICE guidance for patients with respiratory disease. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Many clinical templates were on the computer system to help the clinicians use appropriate guidelines, protocols and care plans. The weekly meetings were also used to discuss clinical protocols and guidelines and to disseminate updates.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98% of the total number of points available. The exception reporting rate was 4.9% which is lower than the CCG average. Exception reporting rates allows patients who do not attend for reviews or where certain medications cannot be prescribed due to a side effect to be excluded from the figures collected for QOF. 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 similar to the national average for example 76.92% of patients on the diabetic register had a blood pressure reading of 14/80 mmHg or less compared to the national average of 78.35%
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average. Ninety percent of patients with high blood pressure had a measure of 150/90mmHg or less compared to the national average of 83%
- Performance for mental health related indicators were similar to the national average. For example 83% of patients diagnosed with dementia had received a face to face review in the preceding 12 months compared to the national average of 83%

Clincial audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. Several clinical audits were seen which had been done in the last 12 months. We were able to review two completed audits where the improvements made were checked and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to streamline services. For example a recent audit of diabetic patients led to an improvement in patient care by identifying patients at risk of developing diabetes, screening and monitoring their progress. Patients with a history of gestational diabetes (diabetes occurring during pregnancy) had also been identified and reviewed.

The practice had also developed a 'dashboard' which enabled them to track their progress on performance areas relating to clinical outcome measures such as care planning, polypharmacy review and aortic aneurism (AAA) screening. The dashboard encompassed workstreams not captured under the QOF measures. The dashboard was reviewed and discussed on a weekly basis during the MDT meetings.

Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff, covering such topics as fire procedures, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, one to one meetings, appraisals, clinical supervision and support for the revalidation of doctors. Consideration was being given

Good

Are services effective?

(for example, treatment is effective)

to accommodating the revalidation requirements for nurses which will be a requirement after April 2016 . All staff had undergone an appraisal withing the last 12 months.

- Staff received training that included safeguarding, basic life support and information governance awareness. However not all staff were up to date with fire training. We were informed fire training was scheduled for all staff for 20 October 2015.. Staff had access to and made use of training modules in-house and external training as well as training opportunities facilitated by the CCG.

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 though the patient record system and intranet system. This included care and risk assessments, care planning templates, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together as a team and with other health and social care services to analyse and meet the needs of patients with more complex needs, to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after admission or discharge from hospital. A weekly MDT meeting was held to ensure continuity of care and information sharing.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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 16 years and under, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. These are used in medical law to decide whether a child is able to consent to his or her own medical treatment without the need for parental consent or knowledge. Staff were able to give clear examples of occasions when a patient's mental capacity to consent to care or treatment was unclear how the GP or nurse assessed the patient's capacity and where appropriate recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking or alcohol intake. The practice nurses could offer brief intervention consultations advising on diet and lifestyle choices as well as being trained in smoking cessation. In addition patients could be signposted on to other services such as the dietician or the drugs and alcohol services..

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79.8% which is just above the CCG average of 79.4% and above the national average of 76.9%. Patients who did not attend for their cervical screening were followed up by telephone or letter. The practice also encouraged patients to attend national screening programmes for bowel, prostate, breast cancer screening and AAA screening. The dashboard identified uptake of these programmes and the practice actively followed up non-attenders.

Childhood immunisation rates were comparable to CCG/ national averages. For example immunisation rates for the vaccinations given to under two year olds ranged from 85% to 97% and five year olds from 93% to 98%. Flu vaccination rates for the over 65s were 99% slightly higher than national average, and at risk groups were 46% slightly lower than national average.

Patients had access to appropriate health assessments and checks. These included checks for new patients and for people aged 40-74. Appropriate follow-ups on the outcomes of health assessments were made where risk factors or abnormalities were identified. Patients over 75 years old were offered an annual health check which included a medication review.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both those attending at reception and those being spoken to on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted consultation and treatment room doors were closed and/or locked during patient consultations and that conversations taking place in these rooms could not be overheard. Chaperones were routinely offered and their presence recorded in the patient's record.

On the day of our inspection we spoke with seven patients one of whom was a member of the Patient Participation Group (PPG). They all told us they felt the practice offered an excellent service and staff were said to be helpful and caring, and that they felt they were treated with dignity and respect. Reception staff were aware they could offer a private room when patients wished to discuss sensitive issues or appeared distressed. Ninety three percent of respondents to the national GP patient survey found receptionists at the practice helpful, compared with a CCG average of 88% and a national average of 87%.

The practice had a system of alerting clinicians if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them. We saw posters in the waiting area detailing information for additional services and support available to carers.

Staff told us if families had experienced a bereavement their usual GP contacted them to offer a consultation or to provide additional information about bereavement support services available locally.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassions, dignity and respect. The practice was comparable or slightly higher than local and national averages for it's satisfaction scores on consultations with doctors and nurses;

For example:

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%
- 91% said the GP gave them enough time compared with the CCG average of 90% and national average of 87%
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 94% said the last GP they spoke to was good at treating them with care and concerns compared to the CCG average of 91% and national average of 90%
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us health issues and treatments were discussed with them and they felt listened to. They felt involved in the decisions made about the care they received and the choice of treatment available to them.

Data from the July 2015 national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. This was in line with local and national averages. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%
- 84% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%

Patient/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 also a carer. We saw a dedicated notice board for carers in the waiting area giving further details about further support and resources available to them.

Staff told us if families had experienced bereavement their named GP would request the reception team to contact them to offer an appointment, or would forward information about local bereavement support services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The practice worked with the local CCG to plan services and improve outcomes for patients in the area. For example working with the pharmacist to review patients over the age of 65 who were taking five or more repeat medicines on a project known as "Stop/Start" to ensure that medication being prescribed was the most appropriate for the individual patient's needs and to reduce wastage of medicines being prescribed where they were no longer needed or appropriate.

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example:

- Patients could request appointments at either practice location.
- Longer appointments were available for those patients with complex needs
- Home visits/telephone triage appointments were available for patients who would benefit from these
- Online booking facilities were available
- Urgent access appointments were available for children and those with serious medical conditions
- The practice had facilities for those patients needing assistance with mobility issues
- Interpretation services were available. Staff told us telephone interpretation services were available for patients who did not have English as a first language Some of the practice staff were able to speak languages compatible with their patient population.
- Baby changing facilities were provided
- The practice had listened to feedback from the PPG and were addressing issues with regards to telephone access for appointments at busy times by upgrading their telephone systems.

Access to the service

The practice is open between 9am and 6pm Monday to Friday. Appointments are from 9am to 12 midday every morning and 3.30pm to 6pm every afternoon. Extended hours surgeries are offered at the following times: at the Paddock Surgery they are offered up until 7.30 pm on Monday, Tuesday and Wednesday, and up until 7pm on Thursday. At the Longwood Surgery extended hours are offered until 7pm on Monday and until 7.30pm on Thursday.

In addition to pre-bookable appointments could be booked in advance, either in person, by telephone or online , a number of emergency/urgent appointments were set aside every day. Staff also told us that they would not refuse to see a patient if someone arrived unannounced needing a consultation and no appointment was available at the time.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was marginally lower than local and national averages. For example:

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average and national average of 76%.
- 73% patients said they could get through easily to the surgery by phone compared to the CCG and national average of 74%.
- 72% patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 74%.
- 54% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a 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 (the practice manager) who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. Posters were clearly displayed in the waiting area and information on how to complain was detailed in the practice leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found that they were satisfactorily handled,

Good

Are services responsive to people's needs?

(for example, to feedback?)

that they had been dealt with in a timely and transparent way, giving detailed responses including an apology. Audit trails had been reviewed including investigation into patient notes.

Lessons were learnt from concerns and complaints to improve the quality of care. For example reviewing safeguarding referral processes which led to a more consistent approach to safeguarding referrals by practice staff.

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Are services well-led?

Good

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

Our findings

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Vision and strategy

The practice had a mission statement which had been developed with the involvement of all staff. Staff spoke enthusiastically about working at the practice and told us they felt valued and supported. They told us their role was to give everyone the care and respect they deserve. The practice had an embedded system of regular meetings which contributed to the cohesion of vision and values. The patient comments we heard and saw aligned with this.

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 staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- All staff were supported to undertake continuing professional development, including GPs with regard to their appraisal & revalidation requirements, and nurses with the forthcoming revalidation requirements
- The practice had iniitated a personal assistant (PA) scheme . This involved the allocation of a receptionist to each GP who then had regular contact with their allocated GP, identifying any administrative needs and helping with issues as they arose on a daily basis. This helped to improve staff members' understanding of the GP role and help build staff relationships.
- There was a system of reporting incidents and near misses which staff could use without fear of recrimination, and whereby learning from outcomes of incidents took place
- There was a system of continuous audit cycles which could demonstrate an improvement in patient outcomes
- Embedded arrangements for regular staff meetings existed which allowed for clear methods of communication with practice staff and other health professionals, and facilitated dissemination of best practice guidelines.
- Patients' feedback was proactively sought and acted upon. For example the practice had introduced a new system for appointments where appointments could be allocated for telephone consultation or triage to increase telephone access to a clinician

Leadership, openness and transparency

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, compassionate and individualised care. The partners were visible in the practice and staff told us they were approachable and encouraged a culture of openness and honesty. The practice manager worked alongside the partners to provide leadership and direction to the practice staff.

Staff told us that the regular team meetings enabled them to raise any issues, and that they felt confident in doing so, and felt their views would be listened to.

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

The practice encouraged and valued feedback from patients. It sought to proactively gain patient feedback and engaged patients in the delivery of the service. There was a good deal of community engagement which established the practice as part of the community. For example one of the GPs had been involved in the "Planning for Real" project which was successful in securing additional funding for a zebra crossing and the provision of play areas in the local area. The practice had an active PPG which met eight weekly which was involved in developing services and suggesting new inititatives .For example they had been involved in an action plan looking at revising telephone access systems to enable easier access to the practice on the telephone.

The partners also gathered feedback from staff generally through staff meetings, appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Innovation

Are services well-led?

Good

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

The practice was striving to innovate and improve outcomes for patients and had developed some bespoke systems to facilitate this:

- The practice had developed a 'dashboard' which enabled them to track their progress on performance areas relating to clinical outcome measures such as care planning, polypharmacy and aortic aneurism (AAA) screening. The dashboard encompassed workstreams not captured under the Quality and Outcomes Framework (QOF) measures. This dashboard was reviewed and discussed on a weekly basis during a multidisciplinary team (MDT) meeting.
- Each member of staff had their own individual incident reporting log which they completed as necessary and ensured that lessons learned were disseminated at regular staff meetings.