

Selston 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 Selston Surgery on 14 July 2015. The overall rating for the practice was good however the practice was rated as requires improvement for providing safe services. The full comprehensive report on the July 2015 inspection can be found by selecting the 'all reports' link for Selston Surgery on our website at www.cqc.org.uk.

This inspection was undertaken and was an announced comprehensive inspection on 23 February 2017. Overall the practice is now rated as good.

Our key findings were as follows:

- A system was in place for acting on patient safety alerts and we found significant events were reported, recorded and investigated.
- Lessons learnt were recorded as a result of incidents however these were only discussed with staff involved until the annual review.
- 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. However, the staff had not had an appraisal in the last 12 months. This had been identified by the practice and plans were in place for these to be booked.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- We observed staff members were courteous and very helpful to patients and treated them with dignity and respect.
- Patients could access telephone consultations and a 'drop in' service for minor issues, where an appointment was not required, between 8am and 9.30am Monday to Friday. They could also access a walk in service on a Wednesday evening from 6.30pm to 8.30pm, and Saturday mornings from 9am to 12.30pm at a nearby Health Centre, which was run by local GPs.
- Feedback from residential homes included that the reception staff were helpful, courteous and polite.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- The practice encouraged and valued feedback from patients, the public and staff.
- The practice had a patient participation group which was actively involved in patient education and improvement work in liaison with practice staff.

The areas where the provider should make improvement are:

- Consider adding governance agenda items to staff meetings such as significant events, safety alerts, NICE guidance and audit, to ensure that these are always shared with all staff.

- Consider reviewing the storage of policies and procedures to make them more accessible to staff.
- Safeguarding meetings should be formalised with minutes for information to those unable to attend, such as health visitors.
- Continue to book and carry out appraisals on an annual basis.

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?

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 however these were not always shared with the full team until the annual review.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of quality improvement including clinical audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had a system in place to monitor and ensure that staff had completed training when it would need updating.
- There was evidence of appraisals and personal development plans. However staff had not received an appraisal within the last 12 months. These were in the process of been booked and staff had been given their part of the appraisal to complete.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care however scores relating to GPs were lower than averages.
 - We spoke to the practice manager about this and was told that the practice had relied on locum support which was not always regular at the period this survey related to. One locum had left the practice due to complaints received and the practice felt that this would be reflected in the next survey. Previous scores from the 2015 survey showed that the patients responded positively to the same questions about the GP, with 97% having confidence and trust in the last GP they saw and 83% said that they had been given enough time.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 255 patients as carers (5.3% of the practice list).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- Patients had same day access for minor ailments. Patients could attend a five minute drop in clinic from 8am to 9.30am Monday to Friday and wait to see a doctor. This was not for patients for routine appointments or for medication requests.
- Patients could also access a walk in service on a Wednesday evening from 6.30pm to 8.30pm, and Saturday mornings from 9am to 12.30pm at a nearby Health Centre, which was run by local GPs.

Good



Are services well-led?

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.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management.
- Practice specific policies were implemented and were available to all staff either on the shared drive or hard copy in a folder. These were stored in a system that made it difficult for staff to find specific policies. We spoke to the practice manager who agreed that it was difficult and that they would look to change the filing system.
- The practice had clinical and practice meetings however the practice did not have governance agenda items such as NICE guidance, significant events, audits and safety alerts. Staff told us that these were discussed and that if they were unable to attend the meeting notifications were sent to keep them informed.
- 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 proactively sought feedback from staff and patients, which it acted on. 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

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The main care home was contacted weekly by the lead GP and the GP and HCA attended to review patients registered with the practice. Feedback from the care home said that at times the GP consulted over the telephone rather than attending.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Reviews were completed in patients home where required.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had nurse led chronic disease appointments for routine reviews
- Performance for diabetes related indicators was comparable to CCG and national averages. (89% compared to 85% CCG average and 90% national average).
- Longer appointments and home visits were available when needed.
- The practice worked with community specialist nurses for heart failure, complex diabetic patients and chronic obstructive pulmonary disease patients.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- The practice had an effective immunisation service and non-attenders were followed up.

Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average 84% and national average of 81%.
- We saw positive examples of joint working with midwives and health visitors although the face to face meetings with the health visitor had not happened since 2016 when a new health visitor had been assigned to the practice.

Working age people (including those recently retired and students)

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 and flexible.
- Patients could access a 'drop in' service for minor issues, where an appointment was not required, between 8am and 9.30am Monday to Friday. They could also access a walk in service on a Wednesday evening from 6.30pm to 8.30pm, and Saturday mornings from 9am to 12.30pm at a nearby Health Centre, which was run by local GPs.
- Telephone consultations were available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 74% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 87% and the national average of 84%. The practice were aware of this and had already completed 74% for this year. Outstanding patients were on a report ready to be called for review.
- 95% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was better than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above in some areas compared with local and national averages. 247 survey forms were distributed and 122 were returned. This represented 2.5% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG and the national average of 85%.

- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were positive about the standard of care received. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. One of the comments whilst positive about the care and staff at the practice mentioned that they had one bad experience but went on to say how they felt at ease at the practice and how the staff are so friendly and helpful. Comments mentioned how easy it was to get an appointment on the same day and that they felt the practice treated them like a large family.

Areas for improvement

Action the service **SHOULD** take to improve

- Consider adding governance agenda items to staff meetings such as significant events, safety alerts, NICE guidance and audit, to ensure that these are always shared with all staff.
- Consider reviewing the storage of policies and procedures to make them more accessible to staff.

- Safeguarding meetings should be formalised with minutes for information to those unable to attend, such as health visitors.
- Continue to book and carry out appraisals on an annual basis.

Selston Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Selston Surgery

Dr Shashi Bassi is a single handed male GP who manages Selston Surgery at 138, Nottingham Road, Selston, Nottinghamshire. He provides primary medical services to approximately 4,800 patients in the Selston area. The practice population includes 20% of patients aged 65 years and over.

- The staff team includes six administrative staff, an apprentice administrator, a practice manager, an assistant practice manager, two nurse practitioners, a practice nurse, two health care assistants and a male GP. Three male locum GPs also provide medical support to the practice.
- The arrangements for seeing a female clinician includes two female advanced nurse practitioners.
- The practice holds a Primary Medical Services (PMS) contract to deliver personal medical services.
- The practice is open between 8am and 6.30pm Monday, Tuesday and Friday. On Wednesday it is open from 8am until 1pm, and on Thursday it is open from 6.45am until 8pm to accommodate extended appointments and consultation times. Patients can also access telephone consultations and a 'drop in' service for minor issues, where an appointment is not required, between 8am and 9.30am Monday to Friday. They can also access a

walk in service on a Wednesday evening from 6.30pm to 8.30pm, and Saturday mornings from 9am to 12.30pm at a nearby Health Centre, which is run by local GPs. This enables patients to see a local GP outside of the practice's opening hours.

- The practice does not provide out-of-hours services to the patients registered there. During the evenings, at weekends and after 1pm on Wednesday an out-of-hours service is provided. Contact is via the NHS 111 telephone number.
- The practice lies within the NHS Mansfield and Ashfield Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.
- The practice was inspected in July 2015 and was rated good overall, however was found to be requires improvement for providing safe services. Breaches in regulation 12 safe care and treatment were identified and requirement notices were issued.

Why we carried out this inspection

We undertook a comprehensive inspection at Selston Surgery on 14 July 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The overall rating for the practice was good however the practice was rated as requires improvement for providing safe services.

We issued a requirement notice to the provider in respect of safe care and treatment.

Detailed findings

We undertook a further announced comprehensive inspection of Selston Surgery on 23 February 2017 to include checking that the improvements had been made.

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 23 February 2017.

During our visit we:

- Spoke with a range of staff (GPs, practice management, nursing staff and administrative staff).
- Spoke with two members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 14 July 2015, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment, training and checking of emergency equipment needed strengthening.

These arrangements had significantly improved when we undertook a follow up inspection on 23 February 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

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

- Staff told us they would complete the incident reporting form with the practice manager which would then be reviewed by the relevant staff.
- We were told that these were discussed at practice meetings however this was not evidenced in the minutes we viewed. We did see minutes of an annual review which had been completed with all staff.
- The incident recording forms that had been completed showed the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed incident reports and minutes of an annual review meeting where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. Changes to process and reiteration of processes to staff had been completed following significant events reported and reviewed. Patient safety alerts were managed in the practice, staff were aware of recent alerts and we saw a log that showed the practice disseminated and actioned these as necessary. These alerts were accompanied by an action sheet which

showed if applicable the action taken and searches ran. We were told that patient safety alerts were discussed but more informally and these were not a standing agenda item on the clinical meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to level 2. We saw examples of safeguarding concerns raised and multi-disciplinary meetings that were held to discuss individual cases. The practice had monthly safeguarding meetings which the health visitor attended however the health visitor had changed at the end of 2016. The practice said that the new health visitor was contactable and that the practice manager and GP had regular discussions in relation to safeguarding but as they were without the health visitor currently they had not minuted these meetings. The practice said that they would do this going forward.
- A notice in the waiting room and on the doors of all treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control

Are services safe?

audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had an annual infection control audit that was completed by a representative from the CCG and following this had completed an action plan. The practice since January 2017 had completed monthly infection control audits. We saw cleaning schedules on the door of each room which showed cleaning tasks that was completed and these were signed to show when they had been done.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed new procedures in place since the previous inspection. There had been no new employees since then. The recruitment procedures that the practice had adopted included obtaining references, retaining interview records, qualification checks and photo ID. The procedures included checking of registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had secured a new locum GP and we were shown evidence of training, DBS, and indemnity following the inspection.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk

assessments and policy. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- At the previous inspection the defibrillator had not been checked to ensure it was working. We saw at this inspection that the defibrillator was checked along with the emergency medicines. The oxygen on the day of the inspection was a quarter full, this was not included on the checks that the nurse made on the emergency medicines. The practice said that they would order a new supply and include on the checks in future.
- Emergency equipment and medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff, evacuation procedures and contact numbers of suppliers and contractors, such as gas and water companies. The practice had a buddy practice that they could use if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- Templates were updated as necessary to reflect guidelines.
- We were told that NICE was discussed at clinical meetings however this was not documented in the minutes of the meetings we reviewed.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. Exception reporting for the practice was 4.2% which was below national and CCG averages. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to CCG and national averages. (89% compared to 85% CCG average and 90% national average).

- Performance for mental health related indicators comparable to CCG and national averages. (100% compared with 89% CCG average and 93% national average).

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed.
- We looked at two completed, two cycle audits where the improvements made were implemented and monitored. One in relation to osteoporosis and one in relation to prescribing.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, new protocols implemented.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice had a training file for each staff member and the practice manager had a matrix to show all the staff and the training that they had with dates. This was colour coded to show what training was up to date and what training needed to be updated. This would enable the practice to have a full understanding of all training and when training was due for review. The practice also used an on line elearning training package which enabled reports to be produced showing who had completed training topics and who needed to update.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff had not received an annual appraisal since 2015 but we were shown that the process for appraisal had started for staff this year.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, infection control and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average 84% and national average of 81%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. The practice had an effective process for ensuring patients attended for the cervical screening and letters were sent or telephone calls were made by the practice to those that did not attend. Alerts were added to the patient electronic record system to show those still outstanding. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 and over 75's. The practice also offered health checks to those patients identified as carers. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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.
- The waiting area was situated away from consulting rooms and music was playing to assist with confidentiality in the reception area.
- 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.

We received 13 comment cards which were positive about the standard of care received. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. One of the comments whilst positive about the care and staff at the practice mentioned that they had one bad experience but went on to say how they felt at ease at the practice and how the staff are so friendly and helpful. Comments mentioned how easy it was to get an appointment on the same day and that they felt the practice treated them like a large family.

We spoke with two members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.

- 72% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and the national average of 95%
- 68% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The scores for questions that related to a GP were mainly lower than the CCG and national average. We spoke to the practice manager about this and was told that the practice had relied on locum support which was not always regular at the period this survey related to. One locum had left the practice due to complaints received and the practice felt that this would be reflected in the next survey. Previous scores from the 2015 survey showed that the patients responded positively to the same questions about the GP, with 97% having confidence and trust in the last GP they saw and 83% said that they had been given enough time.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards said patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and that staff put them at ease. We saw that care plans were personalised.

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

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

Are services caring?

- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice had a hearing loop for those that required it.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 255 patients as carers (5.3% of the practice list). The practice had a form to complete for patients that were identified as carers and the patient registration included this. Carers that were identified were highlighted as such and were offered support and signposting to external organisations. Carers were also offered a flu vaccination.

Staff told us that if families had suffered bereavement a condolence card was sent offering the family support if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Patients could book and cancel appointment on line, by phone and in person.
- Patients had same day access for minor ailments. Patients could attend a five minute drop in clinic from 8am to 9.30am Monday to Friday and wait to see a doctor. This was not for patients for routine appointments or for medication requests.
- Appointments could be pre-booked with a GP, advanced nurse practitioner or practice nurse and the lead GP would be accessible to all if required to assist or advise for a patient.
- There were longer appointments available for patients with a learning disability or any patient that felt they required it.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The main care home was contacted weekly by the lead GP and the GP and HCA attended to review patients registered with the practice. Feedback from the care home said that at times the GP consulted over the telephone rather than attending.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

- The practice was open between 8am and 6.30pm Monday, Tuesday and Friday. On Wednesday it opened from 8am until 1pm, and on Thursday it opened from 6.45am until 8pm to accommodate extended appointments and consultation times. Patients could also access telephone consultations and a 'drop in'

service for minor issues, where an appointment was not required, between 8am and 9.30am Monday to Friday. They could also access a walk in service on a Wednesday evening from 6.30pm to 8.30pm, and Saturday mornings from 9am to 12.30pm at a nearby Health Centre, which was run by local GPs. This enabled patients to see a local GP outside of the practice's opening hours. GP appointments were available on the day and pre-bookable appointments could be booked four weeks in advance. Telephone consultations were available.

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

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

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 for example a complaints poster in reception.

We looked at two complaints the practice had received in the last 12 months and found this was handled accordingly in line with the practice policy and dealt with in a timely way. Apologies were given where appropriate.

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 identified challenges and had a forward view for development and were looking at ways to overcome these by working with other practices and other stakeholders.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff either on the shared drive or hard copy in a folder. These were stored in a system that made it difficult for staff to find specific policies. We spoke to the practice manager who agreed that it was difficult and that they would look to change the filing system.
- A comprehensive understanding of the performance of the practice was maintained
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However these were not always shared with all staff until the annual review meeting.
- The practice had clinical and practice meetings however the practice did not have governance agenda items such as NICE guidance, significant events, audits and safety alerts. Staff told us that these were discussed and that if they were unable to attend the meeting notifications were sent to keep them informed.

Leadership and culture

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the

practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings of which minutes were available.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the management in the practice.
- Staff said that they enjoyed working at the practice and that they had strong support from their colleagues.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and were involved with proposals for improvements to the practice.
- On the day of the inspection the PPG were in the practice for the week conducting this year's patient survey. The questions had been set alongside the practice at a previous meeting.

Are services well-led?

Good 

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

- The PPG produced a newsletter for the patients to keep the informed of changes and updates to the practice. The PPG had been involved with the promotion of what happens when a patient does not attend in a drive to reduce this in practice. Letters were to be sent to patients that did not attend and the letters had been written in conjunction with the PPG members.
- The practice had gathered feedback from staff through staff meetings and annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice had made changes following feedback from staff and patients. For example, the website had been updated and improved.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking.

- The practice were part of a local federation that was looking at ways to improve the service for its patients.
- The practice had been unable to recruit GPs and had used resource differently by employing an advanced nurse practitioner and a part time pharmacist jointly funded by the practice and the CCG.