McIlvride Medical Practice

Quality Report

5 Chester Road
Poynton
Stockport
Cheshire
SK12 1EU
Tel: 01625 872134
Website: www.mcilvride.co.uk

Date of inspection visit: 19 May 2016
Date of publication: 02/11/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at McIlvride Medical Practice on 19 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice an established part of the local community and had good links with care homes, the district nursing team and care coordinators.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had undergone a period of change in the previous 12 months, with the appointment of a new practice manager and two new GP partners. There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

Summary of findings

- There was a consistent focus on multidisciplinary working with multiple community and specialist teams. For example, patients had access to a physiotherapist without the need for a referral through a local practice partnership. Staff had spent a day in local pharmacies through a 'Walking in the shoes of' project. This helped staff in all roles to understand pharmacy processes and how to reduce medicine errors.
- The practice IT lead had piloted and implemented social media as a communication tool. This was used to communicate urgent messages such as a power failure to the practice as well as to direct patients at risk of social isolation to community social events such as a tea dance.
- A care coordinator provided dedicated support to patients with long term conditions and particularly those who had attended hospital as an inpatient. This meant patients had rapid access to community services including occupational health and counselling.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received 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.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified. This relationship also helped to establish links with other clinical services, such as a frailty team and a drugs liaison team.
- Processes were in place to meet the needs of patients with complex conditions, including older people with multiple co-morbidities.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it and had contributed to its inception.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a significant focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Good

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

- The practice had the highest number of patients over the age of 85 in North West England and staff had adapted aspects of the service to meet their needs. This included holistic needs assessments and care planning.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Each GP had a designated care home. This meant they provided consistent care to patients and got to know them well.
- Staff had established good working links with a frailty team, which helped to provide patients with appropriate specialist care.
- During the winter, weekend flu clinics were offered as part of a health promotion programme.

People with long term conditions

Good

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

- The practice had more patients than the national average with a long term condition; 61% compared with the national average of 54%.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A GP and nurse led a diabetes clinic that included treatment initiation, maintenance and an annual review.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a consistent focus on improving care and services for people in this group, including a pilot project to provide tailored care for patients with chronic obstructive pulmonary disease.

Summary of findings

- Staff attended and minuted multidisciplinary meetings to ensure patients with long term complex conditions received the most appropriate care.
- Patients had access to a care administrator who acted as a single point of contact for patients who needed extra support to manage a long-term condition.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 had established links with community mental health teams that provided care for young people.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice maintained a number of embargoed appointments outside of the Monday to Friday 9am to 5pm working week to help such patients get appointments without disrupting their work.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. This included secure e-mail and text messaging for follow-ups and online prescriptions ordering and appointment booking.

Summary of findings

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice was able to register homeless patients, travellers, migrant workers and sex workers? and staff had received appropriate training to support them.
- 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. This included a monthly multidisciplinary meeting with community nurses and matrons and collaboration with drug and alcohol teams.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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.
- There was a designated safeguarding lead in place for adults and for children.

People experiencing poor mental health (including people with dementia)

Good

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

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is worse than the national average. The practice was addressing this by working with care home staff to improve understanding of the signs of dementia and ensuring patients discharged from hospital were followed up and seen by a GP.
- 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.

Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had training in the Deprivation of Liberty Safeguards (DoLS) and the use of independent mental capacity advocates.
- An in-house cognitive behavioural therapist was available and patients could self-refer to talking therapies services.

Summary of findings

What people who use the service say

Results from the national GP patient survey published in January 2016 showed the practice was performing in line with local and national averages. 236 survey forms were distributed and 137 were returned. This represented 4% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Six patients highlighted that they appreciated the time GPs and nurses took in appointments without rushing them.

Outstanding practice

- There was a consistent focus on multidisciplinary working with multiple community and specialist teams. For example, patients had access to a physiotherapist without the need for a referral through a local practice partnership. Staff had spent a day in local pharmacies through a 'Walking in the shoes of' project. This helped staff in all roles to understand pharmacy processes and how to reduce medicine errors.
- The practice IT lead had piloted and implemented social media as a communication tool. This was used to communicate urgent messages such as a power failure to the practice as well as to direct patients at risk of social isolation to community social events such as a tea dance.
- A care coordinator provided dedicated support to patients with long term conditions and particularly those who had attended hospital as an inpatient. This meant patients had rapid access to community services including occupational health and counselling.

McIlvride Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and an Expert by Experience.

Background to McIlvride Medical Practice

The practice delivers commissioned services under the Personal Medical Services (PMS) contract. The clinical team is made up of three partner GPs, a salaried GP, an advanced nurse practitioner, a nurse clinician, two practice nurses and a healthcare assistant. A locum GP is also regularly available. A practice manager, assistant practice manager and a team of 16 administration and reception staff provide support. There is a mix of male and female GPs and each individual leads in a specialist clinical area, such as diabetes or reproductive health.

The practice has been fully refurbished with input from the patient participation group. There is level access from the car park into the building and disabled toilet facilities.

Appointments are from 8am to 6.30pm Monday to Friday with some appointments also available from 7.30am to 8am and from 6.30pm to 7pm. Saturday flu clinics run in the winter.

The practice serves a list of 6244 patients in an area of low deprivation.

Fifty nine per cent of patients are of working age, compared to the England average of 67%. The practice has a higher number of patients with a long-standing health conditiont (61%) compared with a national average (54%).

We had not previously carried out an inspection at this practice.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 May 2016. During our visit we:

- Spoke with a range of staff in different roles and spoke with patients who used the service.
- 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?

Detailed findings

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. The practice reported five significant events in the 12 months prior to our inspection.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported 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.
- The practice carried out a thorough analysis of significant events. Staff told us the practice had a 'no blame' culture that gave them confidence they could report concerns and mistakes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a clinical member of staff returned from holiday to find blood results had been e-mailed to them while they were away. This meant there was a delay in some patients receiving their results. In response to this, whenever a member of staff was away from work, a new system was put in place whereby a named colleague would receive and act on any patients test results received.

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 for adults and for children.
- Clinical staff attended multi-agency safeguarding meetings with community nurses, social workers and health visitors. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Staff had a detailed understanding of the cause and impact of specific safeguarding concerns such as child neglect, older person abuse and suicide attempt. Staff followed the NHS England mandatory reporting duty where they suspected a patient had undergone female genital mutilation.
- Each patient with a safeguarding risk had this categorised by the potential severity, into a 'red, amber, green' system. Staff used this to anticipate problems and to protect people. For example, where a patient's behaviour had given them cause for concern, they looked at the person's records and found a relative had a safeguarding alert. This helped staff to provide individualised care and support and react to the safeguarding risk.
- Staff audited child patients for safeguarding concerns. For example, a monthly report of all children who did not attend a scheduled appointment or who had attended hospital unexpectedly was used to identify any individuals who might be at risk.
- Clinical staff were trained to child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse clinician 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.

Good

Are services safe?

- Bi-monthly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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 team, 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.
- The advanced nurse practitioner had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice manager was responsible for managing patient safety alerts regarding medicines. These were communicated to GPs and prescribing nurses and an audit was undertaken after each alert to ensure all affected patients were reviewed.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty

Arrangements to deal with emergencies and major incidents

The practice had 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 in the treatment room. An anaphylaxis kit was available and there were regular documented checks for this. GPs had received anaphylaxis training and an appropriate algorithm was in use. Emergency oxygen and a defribrillator were readily accessible and had documented maintenance checks. Staff had received up to date training in the use of this equipment.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This policy was accessible by each partner remotely.
- Senior staff had acted on a fire service risk assessment and had made improvements. This included providing simulated evacuations for staff, evacuation training for housekeeping staff and training two staff in a fire marshall role.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had taken part in a pilot study of how to better meet the needs of patients with chronic obstructive pulmonary disease as part of their GP partnership work. This included a text message system to alert patients when the outside temperature dropped and the provision of a medicine rescue pack. The results of the study were being analysed to find areas of success and areas for improvement.

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.

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, between April 2014 and March 2015, 84% of patients with diabetes had a foot examination and risk classification, compared to the England average of 88%.
- Performance for mental health related indicators was similar to or better than the national average. For example, between April 2014 and March 2015, 100% of patients with schizophrenia, bipolar affective disorder or other pyshcoses had a comprehensive care plan compared with the England average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last year, which were completed audits where the improvements made were implemented and monitored. An additional six audits had been completed with the medicines management team.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of the long-term prescribing of non-steroidal anti-inflammatory drugs (NSAIDS). In addition, audits of antibiotics prescribing had resulted in a 2% reduction between April 2015 and February 2016.
- Staff monitored patients who had been admitted to hospital on a weekly basis and identified where they needed help from a care coordinator. Where a patient had attended accident and emergency (A&E) unnecessarily, their GP wrote to them to discuss how they could better manage any health problems. The advanced nurse practitioner (ANP) reviewed communication prior to the hospital admission between the practice and each patient to identify any areas of need in their social circumstances and if there had been an opportunity to prevent their hospital attendance.

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, healthcare assistants had training in ear syringing and wound care.
- 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.

Good

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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Eighty seven percent of staff had received an appraisal within the last 12 months.
- Staff received mandatory training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice team were 82% compliant with mandatory training.
- Staff took part in shared learning events within a peer group of four other GP practices. The events were used to share best practice and to learn from complex cases and incidents.
- Staff had taken part in a multidisciplinary event called 'Walking in their shoes' with local pharmacies. This involved staff spending a day in a pharmacy to consider medicines management processes and to share best practice ideas. This contributed to better understanding of prescribing and avoiding medicines errors.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Practice staff contributed to monthly meetings with a multidisciplinary care team, including district nurses and a community matron to discuss the care plans for vulnerable patients.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- GPs supported staff in their designated care home to develop skills in caring for people with dementia. This enabled GPs to focus on medical care during their visits and meant patients received care from staff who understood their mental health needs.
- The practice liaised with a team of 14 district nurses, including two community matrons. This included in an education role, such as the provision of training in wound care for practice nurses. The practice secured additional care for patients with dementia and those who lacked mental capacity through this relationship.
- Staff had developed relationships with other local services to meet the needs of young people, including mental health and sexual health. For example, patients could be tested for HIV in the practice and then be given a choice for where they received follow-up care.

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 and when they left community services. For example, where a patient who had mental health needs stopped attending a community support group, staff practice staff investigated the reasons for this and worked with a care coordinator to find an alternative support group for them.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- The practice supported patients who received end of life care and their carers as well as those at risk of developing a long-term condition. Patients requiring

Good

Are services effective?

(for example, treatment is effective)

advice on their diet, smoking and alcohol cessation were also supported. Patients were signposted to services such as occupational therapy, a stroke organisation and an Alzheimer's organisation.

- A dietician was available on the premises and smoking cessation advice was available from a local support group.
- The advanced nurse practitioner (ANP) reviewed the advice given to patients from other healthcare providers to make sure it met their needs. For example, where patients who took warfarin had been referred back to the GP from a specialist clinic, the ANP looked in detail at their medical needs to make sure this was appropriate.
- A monthly audit of all patients who did not attend a booked appointment was used by staff to identify who would benefit from extra support to manage their health.

The practice's uptake for the cervical screening programme was 80%, which was better than the CCG average of 77% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 95% to 98%.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. The practice had received a number of written compliments and recommendations, including from the managers of care homes where GPs provided services.

We spoke with the chairperson of the patient participation group (PPG). They also told us they were 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. We looked at the minutes of quarterly PPG meetings. They were well-attended with PPG members and staff and there was evidence of good teamwork in improving the practice, including a refurbishment of the building and a reorganisation of the waiting room.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 84% 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 practice manager acted on feedback from patient survey data to improve the service given to patients, including customer service training for reception staff.

Care planning and involvement in decisions about care and treatment

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%

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

Good

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The lead member of staff for IT used social media to direct patients to community support services and social events that might help them. This had included town hall events at Easter and a community tea dance for patients with Parkinson's disease. Helping patients and their family to make decisions about extended support such as this helped to reduce the risk of social isolation.

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. Written information was available to direct carers to the various avenues of support available to them. This included guidance on how to book community transport and information for young carers.

Staff worked with the district nurse team to support patients who needed palliative care to die in their place of choice.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered early and late appointments on a weekly basis, between 7.30am and 8am and between 6.30pm and 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop, large-print practice information packs and translation services available.
- Staff had implemented a protocol for late visits to care homes in response to their concenrs about the care of older people in the evening.
- The practice had a commitment to improving how they responded to the needs of patients with specific needs at certain times of the year. For example, a pilot project had taken place during the winter months with patients with lung problems. This included giving them a rescue pack of medicine and text messages about how to manage their condition when the outside temperature dropped.
- The practice's partnership with other surgeries had increased the number of services available in-house to patients. For example, patients could now have physiotherapy in a partner practice rather than waiting for a lengthy specialist referral.
- Printed information signposting patients to sexual health and domestic violence support services were posted in discreet areas, such as toilets. One GP had specialist training in domestic violence awareness.
- Staff worked with the district nurse team to provide patients with palliative care, including syringe drivers, in their preferred place. A monthly audit of patient deaths was undertaken to identify where each person died and if this was their place of choice.
- A care coordinator worked with the practice as part of a GP partnership service. This member of staff acted as a single point of contact for patients and their relatives or carers to help them access community services such as occupational therapy, community matrons and specialist non-profit organisations.

Access to the service

The practice was open between 8am and 7pm Monday to Friday. Appointments were from 8am to 6.30pm daily. Extended hours appointments were offered between 7.30am and 8am and between 6.30pm and 7pm on some weekdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

- Whether a home visit was clinically necessary.
- The urgency of the need for medical attention.
- The length of appointment most appropriate for patient need. For instance, patients with multiple conditions were offered appointments of up to 30 minutes.
- The best use of appointment slots each week, through the use of a weekly audit.

This was achieved through the training of call handling staff to understand when a patient needed to be called back by a GP or nurse. In addition, a nurse or GP was based in reception for the first two hours of every day. This member of staff spoke with patients as needed and provided

Good

Are services responsive to people's needs?

(for example, to feedback?)

signposting and advice. This helped to ensure patients were seen in the practice appropriately and staff told us the service had significantly reduced patient anxiety when they were worried about an ailment or symptom. Staff could arrange urgent home visits and immediate referrals to emergency care when needed.

Staff had undertaken an audit of GP clinics and appointment times. This resulted in a new system of releasing advance appointments, providing allocated prescription time for GPs and providing evening appointments for emergencies. Staff told us this had reduced the do not attend rate significantly.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including information in the waiting room, on the website and in the practice information leaflet.
- Between March 2015 and April 2016, there had been 18 formal complaints received. Seventeen of these were resolved at practice level and there was evidence each complaint was investigated and learning identified where appropriate. For example, staff had implemented a new protocol for communicating with patients when they could not be reached by telephone for test results.

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.

- A vision and strategy was in place that focused on the sustainability of the service and developing its collaborative partnership with other practices in the area. This included developing the healthcare assistant role to provide support to patients who were housebound and developing in-house sexual health services.
- The practice had a mission statement areas and staff knew and understood the values in relation to their specific areas of responsibility. Staff understood that patients appreciated the family-run nature and history of the practice in the local community and focused on retaining this relationship whilst integrating modern medical practices.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Senior staff had led a strategic planning meeting in which they had involved the whole team. As a result, the senior team implemented an 'open door' policy for staff and a working environment based on team work rather than a hierarchy.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care through a process of empowering staff to excel. 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. Each member of staff had an individual learning portfolio that the governance policy included as good practice. Non-clinical staff were offered training appropriate to their role.
- Practice specific policies were implemented and were available to all staff. For example, an information governance policy and confidentiality policy ensured staff procted patient data.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Senior staff led a weekly clinical governance meeting and a weekly partnership meeting. This structure helped to ensure the service monitored clinical performance, patient outcomes and leadership effectiveness. Meetings were used to discuss incidents, accident and emergency attendances, safeguarding concerns, medicine alerts, complaints and inpatient admissions. This meant staff were able to consider governance holistically, from a clinical and an operational point of view.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice had undergone a period of change in the previous 12 months, with the appointment of a new

Are services well-led?

Good

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

practice manager and two new GP partners. Staff said they felt supported during this period and they didn't feel that patient care or staff wellbeing had been affected.

- The practice held regular team meetings that were attended by staff at all levels. The leadership structure allowed staff to challenge practice and make suggestions with the protection of a bullying and harassment policy and an equality and diversity policy.
- 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 partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Protected coffee and lunch breaks were in place to ensure staff could work effectively.
- A whistleblowing policy was in place, which was included as part of the induction programme for staff.

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 submitted proposals for improvements to the practice management team. For example, the PPG lead met with GPs quarterly to discuss the results of patient engagement and published a newsletter to communicate news, changes and feedback to patients.

- The practice had gathered feedback from staff through a survey that asked about morale and wellbeing. This showed the senior team there was room for improvement in how staff were supported to work. To address this, protected breaks and GP support in the reception area each morning ws provided. Staff were also provided with a quarterly social event and a healthy-eating initiative was implemented, including the provision of fresh fruit instead of sugary snacks. Staff told us this improved morale and made them feel supported. In April 2016, the results of the survey showed that 90% of staff felt they were trusted to do their job and could make suggestions.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice manager had asked each member of staff how they wanted to be recognised for their work during their appraisal. Staff said they would like to be acknowledged for their efforts more often, which they said had been put in place.
- The practice manager held a 'glee file' that contained plaudits and letters of thanks from patients and their relatives and responded to each letter concerned. Where a named member of staff received a compliment, this was shared with the individual.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice leadership team was forward thinking and placed high value on developing staff. For example, both healthcare assistants were enrolled to begin a national certification course to ensure their skills were up to date and reflected best practice.

A GP was the designated lead for staffing in the practice. This was a dedicated role to maintain positive and effective working relationships between all staff and to enable consistent communication.

Senior staff demonstrated a commitment to sustainability planning for the practice. For example, they had met with local authority staff to discuss the impact of planned housing developments in the local area. This was used to consider ways the practice could expand to meet growth in the future.

The assistant practice manager was the IT lead and proactively led the use of technology to improve patient experience and working practices. This had recently included the piloting of social media for communicating news to patients and a trial recall system based on patient date of birth.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.