

Dearne Valley Group Practice

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dearne Valley Group Practice on 14 March 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 the skills, knowledge and experience to deliver effective care and treatment.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it difficult to speak to a receptionist by telephone. The practice manager told us this was a long standing problem and the practice had tried to resolve this in several different ways,

such as introducing an automated appointment system. The practice was working with the owner of the building to improve telephone access and were looking into other ways of providing information to patients.

- Patients were able to make appointments on line and through the automated appointment system which gave them a choice of GP. There was a sit and wait system with one of the GPs most afternoons.
- Patients we spoke with told us there was access to urgent appointments available the same day and that there was continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The registered provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice:

The main site at the Thurnscoe Centre and this branch at the Goldthorpe Centre both had a palliative care co-ordinator. When patients with palliative care needs

Summary of findings

had been identified, they were allocated a palliative care co-ordinator depending on which of the sites they preferred. They were then given a letter with a photograph of their palliative care co-ordinator on it and a direct telephone number. This was to enable easy access to discuss any care needs, order prescriptions or for advice. This was set up following a complaint when documents could not be found quickly for a patient.

The practice had organised community events, such as a coffee morning at a local community centre to raise awareness of health and wellbeing, long term conditions and benefits advice. This had a good response and one patient told us how the advice they received that morning helped them to claim attendance allowance for an older relative. They had also organised a baby first aid event

with St John's Ambulance. Both of these events were open to the whole community. The staff held a baking sale to raise money for charity and there were further events being planned for the future.

The areas where the provider should make improvement are:

- To develop and implement an action plan to address the problems for patients with telephone access to the surgery so that they can be assured that patients are able to contact the surgery whenever necessary.
- To review the complaints policy to include documentation of responses where complaints have been responded to verbally.

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.

Good



- 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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were mostly comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice had organised community events, such as a coffee morning at a local community centre to raise awareness of health and wellbeing, long term conditions and benefits advice. This had a good response and one patient told us how the advice they received that morning helped them to claim attendance allowance for an older relative. The practice also organised a baby first aid event with St John's Ambulance. Both of these events were open to the whole community.

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 comparable to others for all aspects of care.
- Patients told us 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 observed staff treating patients with kindness and respect, and maintained patient and information confidentiality.
- Each of the two sites had a palliative care co-ordinator. When patients with palliative care needs had been identified, they were allocated a palliative care co-ordinator depending on which of the sites they preferred. They were then given a letter with a photograph of their palliative care co-ordinator on it and a direct telephone number. This was to enable easy access to discuss any care needs, order prescriptions or for advice.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients told us they found it difficult to get through to the practice and speak to a receptionist by telephone. The practice manager told us this had been an ongoing problem. They told us that the practice had tried to resolve in several different ways, such as by using an automated telephone appointment system that gave patients a choice of GPs. The practice was working with the owners of the main building to improve telephone access and were looking into other ways of providing information and access to patients.
- Appointments could be booked and cancelled on line.
- Sit and wait appointments were available with one of the GPs most afternoons.
- Patients told us there was access to with urgent appointments available the same day and that there was continuity of care.
- The practice had a dedicated telephone line for patients with palliative care needs to make access to clinical advice and prescriptions easier.
- 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. Evidence showed the practice responded quickly to issues raised, all complaints were logged, including verbal complaints although they did not always document verbal responses to complaints. We were told by the practice manager that they would review the complaints policy and include evidence of verbal responses.

Summary of findings

- Learning from complaints was shared with staff and other stakeholders.

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

Good



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.

- 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.

Good



People with long term conditions

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

- Nursing staff had lead roles in long term condition management, supported a named GP.
- Screening for atrial fibrillation (a heart condition) was carried out on site and anticoagulation commenced and monitored without the need for secondary care referral.
- 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 identified 2% of patients at risk of hospital admission and these were identified as a priority and given a dedicated telephone line.
- Performance for diabetes indicators at 76.7% were 7.4% below the CCG average and 12.5% below the national average. The practice was aware of this and was looking at ways to encourage patients to attend for reviews. Staff told us they would review patients opportunistically if they attended the practice for other reasons. For example, if a patient attended for a blood test and their long term condition review was due, where possible, this would be done at the same time.
- Practice staff held a coffee morning at a local community centre to try and raise awareness of how the practice can improve the health of those in the community and support people with long term conditions. This was open to the whole community and not limited to patients registered at the practice.
- Longer appointments and home visits were available when needed and appointments were available from 7.00am for working patients.

Good



Summary of findings

- The practice employed a pharmacist to conduct medication reviews for patients with long term conditions such as diabetes along with an additional health care assistant and a phlebotomist.

Families, children and young people

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 or 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.
- In the last 12 months 63% of patients diagnosed with asthma had a review of their care (CCG average 70%, national average 74%).
- Patients told us children and young people were treated in an age appropriate way and were recognised as individuals, and we saw evidence on the day of the inspection to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw positive examples of joint working with midwives and health visitors.

Good



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, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that 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 homeless people, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multidisciplinary teams in the case management of patients whose circumstances could make them vulnerable.
- Patients whose circumstances could make them vulnerable were advised how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- In the last 12 months 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting (CCG average 81%, national average 84%).
- Performance in the mental health indicators was comparable with national averages.
- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- Patients experiencing poor mental health had been advised how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia. The practice were taking part in a project called Improving Well-being and Health for People With Dementia (WHELD). The practice had identified three patients in a local care home, living with dementia. These patients were visited fortnightly by a GP and a rummage box made for them by practice staff, that included items to trigger memories of their life and initiate conversation. This was done in an attempt to reduce medication and improve wellbeing. Audits were planned to assess impact.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing significantly lower than local and national averages. Out of the 408 survey forms distributed, 107 were returned. This represented 1.6% of the practice's patient list.

- 31% found it easy to get through to this surgery by phone (CCG average of 64%, national average 73%). The practice manager told us they had long standing problems with the telephone system and their own feedback was showing improvements since last year. They were in discussion with the owners of the building to resolve this.
- 62% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 65% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).

- 51% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

Patients we spoke with told us that telephone access was a problem but once they had managed to speak with a member of staff they were treated with compassion and were able to make an appointment to see a GP or nurse as they felt they needed.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 CQC comment cards, most of which were positive about the standard of care received. Ten respondents did comment on the difficulty getting through on the telephone to make an appointment.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They also commented on the difficulty with telephone access but told us the on line appointment system was simple to use.

Dearne Valley Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dearne Valley Group Practice

Dearne Valley Group Practice is a purpose built practice in the village of Goldthorpe on the outskirts of Rotherham, Doncaster and Barnsley. The building has a large car park and disabled access. All patient areas are on the ground floor.

This is a branch practice with the main site being two miles away at The Thurnscoe Centre, Thurnscoe, Rotherham S63 0LT. On the day of the inspection we visited both the main practice and the branch. Patients can access both sites and staff work at both sites.

Together the two sites provide care for 6539 patients in the NHS Barnsley Clinical Commissioning Group (CCG) area.

The practice catchment area has been identified as one of the first most deprived areas in England.

There are five GPs, one male and four female (one is a partner), together with two long-term locum GPs. There is also a practice nurse, a locum advanced nurse practitioner, two health care assistants and a phlebotomist.

These are supported by a practice manager who is also a partner, an assistant practice manager and a team of administration and reception staff. They are a training and teaching practice for medical and nursing students and trainee GPs.

The practice is open over both sites between 8.00am and 6.00pm daily.

Appointments with GPs and nurses are available between 8:00am and 6:00pm daily and there is a sit and wait service most afternoons.

The practice provides extended hours from 7.00am to 8.00am on Tuesday, Wednesday and Thursday mornings at the Thurnscoe site.

Longer appointments are available for those who need them and home visits and telephone consultations are available as required.

Out of hours services are accessed by calling the practice telephone number or NHS 111.

The practice is registered to provide the following regulated activities; maternity and midwifery services; surgical procedures, family planning, diagnostic and screening procedures and treatment of disease, disorder or injury from The Thurnscoe Centre, Thurnscoe, Rotherham S63 0LT and The Goldthorpe Centre, Goldthorpe Green, Goldthorpe, Rotherham S63 9EH.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

part of our regulatory functions. The inspection was planned to check whether the registered 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 7 March 2016. During our visit we:

- Spoke with a range of staff including two GPs, one trainee GP, the practice manager, assistant practice manager, practice nurse, two health care assistants and senior receptionist. We also spoke with patients who used the service.
- Observed interactions between patients and staff 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 living 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

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and complete a recording form available on the computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following a significant event, access to prescriptions for patients with palliative care needs was made more streamlined.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding children level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS

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

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. Annual IPC 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 vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable one of the Health Care Assistants to administer certain vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed three recruitment 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.
- 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.

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

Are services safe?

health and safety policy available 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 that 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

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.

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 peoples' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 91.4% of the total number of points available, with 8.2% exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators at 77% was 7% below the CCG average and 12% below the national average. The practice was aware of this and had put measures in place to improve these figures.
- The percentage of patients with hypertension having regular blood pressure tests at 78% was comparable to the CCG and national average.
- Performance for mental health related indicators at 92% was comparable to the CCG and national average.

Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, one of these was a two cycle audit looking at antibiotic prescribing where a reduction in prescribing was demonstrated.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

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. It 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one to one meetings, appraisals and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff had received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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

Are services effective?

(for example, treatment is effective)

and their intranet system. Each desktop had the same set of icons on, allowing rapid access to useful websites, such as the practice intranet, NICE guidance, safeguarding and immunisation advice.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services 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. We saw evidence that multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice had purchased equipment to enable them to send patient information through the post securely on an encrypted disk. This was to protect confidential patient data in the post when requested by other agencies, such as insurance companies.

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.
- 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 records audits.

Supporting patients to live healthier lives

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

- These included patients with palliative care needs, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 75%, which was below the national average of 82%. The practice was aware of this and was looking at ways to encourage attendance for screening. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how it encouraged uptake of the screening programme and it ensured a female sample taker was available. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

The practice had organised community events, such as a coffee morning at a local community centre to raise awareness of health and wellbeing, long term conditions and benefits advice. This had a good response and one patient told us how the advice they received that morning helped them to claim attendance allowance for an older relative. They also organised a baby first aid event with St John's Ambulance. Both of these events were open to the whole community. The staff held a baking sale to raise money for charity and there were further events being planned for the future.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 95% to 100%.

Flu vaccination rates for the over 65s were 72%, and at risk groups 62%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. 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 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 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was rated as lower than others for some of its satisfaction scores on consultations with GPs and nurses. For example:

- 87% said the GP was good at listening to them (CCG average 88%, national average 89%).
- 84% said the GP gave them enough time (CCG average 87%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 73% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 84% said the last GP they saw was good at explaining tests and treatments (CCG average 86%, national average 86%).
- 78% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Each of the two sites had a palliative care co-ordinator. When patients with palliative care needs had been identified, they were allocated a palliative care co-ordinator depending on which of the sites they preferred. They were then given a letter with a photograph of their palliative care co-ordinator on it and a direct telephone number. This was to enable easy access to discuss any care needs, order prescriptions or for advice.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them and 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 by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these and found it difficult to access the service.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and interpreter services available.

Access to the service

The practice was open, with appointments available, between 8.00am and 6pm Monday to Friday. Extended surgery hours were offered between 7.00am and 8.00am on Mondays, Tuesdays and Wednesdays. In addition to pre bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. There was a sit and wait system with one of the GPs most afternoons.

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.

- 68% of patients were satisfied with the practice's opening hours (CCG average 76%, national average 75%).
- 31% patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).

- 39% of patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 59%).

Patients told us they found it difficult to get through to the practice and speak to a receptionist by telephone. The practice manager told us this had been an ongoing problem. They told us that the practice had tried to resolve in several different ways, such as by using an automated telephone appointment system that gave patients a choice of GPs. The practice was working with the owners of the main building to improve telephone access and were looking into other ways of providing information and access to patients. Patients we spoke with on the day reflected this, however they told us they could get an appointment when they needed one.

Listening and learning from concerns and complaints

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

- The 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, there were leaflets near the reception area and a poster displayed in each waiting room.

We looked at 15 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Verbal complaints were documented; however verbal responses were not always documented. The practice manager told us they would review the complaints policy to include this. Following a complaint where a death certificated could not be located easily when a relative came to collect it; both sites were given a palliative care co-ordinator.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

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

The registered provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

- Staff told us the practice held monthly team meetings. Staff had bi-monthly one to one meetings to discuss any concerns or training needs and annual appraisals.
- 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 in doing so and felt supported if they did.
- 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.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active virtual PPG who communicated regularly using a social media website and they carried out patient surveys.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Two members of staff were studying for a qualification in Cognitive Behavioural Therapy. The waiting list for this type of support was long so the practice hoped to offer this

Are services well-led?

Good 

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

service to their patients in the future in a timely way. Many of the staff members had developed their skills to offer more services to their patients, such as reception staff learning phlebotomy or management skills.