Northgate Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Northgate Medical Centre on 7th January 2016.

Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- There were systems in place to reduce risks to patient safety, for example, infection control procedures and the management of staffing levels. However, improvements were needed to the record keeping relating to significant events and staff recruitment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff told us they had received training appropriate to their roles. Records of all staff training needed to be improved to assist in monitoring and planning for the training needs of staff.
- Patients were very positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful.
- Services were planned and delivered to take into account the needs of different patient groups.
  - Access to the service was monitored to ensure it met the needs of patients. Patients reported satisfaction with opening hours and said they were able to get an appointment when one was needed.
- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

The areas where the provider should make improvements are:

Summary of findings

- Maintain a log of significant events to assist in identifying patterns and trends. Document reviews of significant events to demonstrate that actions identified have been implemented.
- Establish a system to ensure complete documentation is held on staff recruitment files.
- Review the system of identifying staff training needed and undertaken to assist in monitoring and planning for the training needs of staff.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff were aware of procedures for safeguarding patients from risk of abuse. There were appropriate systems in place to protect patients from the risks associated with staffing levels and staff skill mix and infection control. Safety events were reported, investigated and action taken to reduce a re-occurrence. Improvements should be made to the records of staff recruitment, systems in place for risk assessing and managing risks presented by the premises and the systems in place to log and review actions taken following a safety event.

Are services effective?

Good

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff told us they had received training appropriate to their roles. We noted that the records of all staff training needed to be improved to assist in monitoring and planning for the training needs of staff.

Are services caring?

Good

The practice is rated as good for caring. Patients were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Staff we spoke with were aware of the importance of providing patients with privacy.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients.The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint.

Are services well-led?

Good

The practice is rated good for being well-led. It had a clear vision and strategy. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve

Summary of findings

quality and identify risk. The practice sought feedback from staff and patients and had plans in place to further improve this. The practice was innovative in the services it had implemented and was planning to implement to improve patient care.

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 was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice worked with the Clinical Commissioning Group (CCG) and local practices to enhance patient care. For example, the local practices had developed a role for and employed a nurse practitioner to work with elderly patients. The aim of this role being to take practice nursing services, such as chronic disease management out to housebound patients and to prevent hospital admissions where possible. Care plans were being developed for older people with the aim of ensuring all necessary support was provided and reducing hospital admissions. Annual health checks for patients over 75 years of age were carried out.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. GPs and practice nurses were responsible for different long term conditions and kept up to date in their specialist areas. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding children. The safeguarding lead GP

liaised with and met regularly with the health visiting service to discuss any concerns about children and their families and how they could be best supported. Family planning and sexual health services were provided.

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 practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could book appointments on-line or via the telephone and repeat prescriptions could be ordered on-line which provided flexibility to working patients and those in full time education. The practice was open from 08:00 to 18:30 Monday to Friday. allowing early morning and late evening appointments to be offered to this group of patients. There was also a plan to re-introduce lunch time appointments to further improve assess. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. The practice had identified that it needed to make its services more responsive to the needs of its student patient population and had plans in place to further develop the services offered.

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. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. The practice nurses visited vulnerable housebound patients to administer flu vaccinations. There was a recall system to ensure patients with a learning disability received an annual health check. Staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and they had access to the practice's policy and procedures. All staff had received training in this and refresher training was planned for staff who were due for an update.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. Patients who did not keep appointments were followed up to ensure the practice was monitoring their health needs appropriately. The practice regularly worked with multi-disciplinary teams in the case management of people

Summary of findings

experiencing poor mental health, including those with dementia. The practice carried out assessments of patients at risk of dementia to encourage early diagnosis and access to support. The majority of staff had recently attended training in dementia to highlight the issues patients living with dementia may face. Patients were referred to services to support them with their mental health such as counselling and psychiatry services.	

Summary of findings

What people who use the service say

Data from the National GP Patient Survey July 2015 (data collected from January-March 2015 and July-September 2014) showed that patients responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were either about or above average when compared to local and national averages. Three hundred and ten survey forms were distributed, 105 were returned which represents 1.6% of the practice population.

- 93% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 93% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 97% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 87% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

The national GP patient survey results showed that patient's satisfaction with access to care and treatment was above local and national averages. For example:

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 82% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 77% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.

We received eight comment cards and spoke to four patients. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns. Patients considered their privacy and dignity were promoted and they were treated with care and compassion. Patients said that they were able to get an appointment when one was needed and that they were happy with the opening hours.

Areas for improvement

Action the service SHOULD take to improve

- Maintain a log of significant events to assist in identifying patterns and trends. Document reviews of significant events to demonstrate that actions identified have been implemented.
- Establish a system to ensure complete documentation is held on staff recruitment files.
- Review the system of identifying staff training needed and undertaken to assist in monitoring and planning for the training needs of staff.

Northgate Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to Northgate Medical Centre

Northgate Medical Centre is responsible for providing primary care services to approximately 6636 patients. The practice is based in an area with average levels of economic deprivation when compared to other practices nationally. The number of patients with a long standing health condition, health related problems in daily life and with caring responsibilities is about average when compared to other practices nationally. The practice had a high proportion of patients between the ages of 20-29.

The staff team includes four partner GPs, a nurse practitioner, two practice nurses, a health care assistant, practice manager, administration manager, office/ reception manager, medicines manager and ten administration and reception staff. The practice is a training practice and at the time of our visit had two GP registrars working for them as part of their training and development in general practice.

The practice is open 08:00 to 18.30 Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. The practice shares a building with other GP practices and a number of community services such as community nursing, podiatry and sexual health services.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including spirometry, near patient testing, flu and shingles vaccinations and learning disability health checks.

Why we carried out this inspection

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions

Detailed findings

• Families, children and young people

• Working age people (including those recently retired and students)

• People whose circumstances may make them vulnerable

• People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 7th January 2016. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

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 a system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process. The practice held staff meetings at which significant events were discussed in order to cascade any learning points. We looked at a sample of significant events and found that action had been taken to improve safety in the practice where necessary. A recent significant event had been discussed with the staff team however some of the staff we spoke with were not clear about the action that needed to be taken. A protocol was in the process of being drawn up that would address this. A log of significant events was not maintained which would assist in identifying patterns and trends. A review of the action taken following significant events was not being documented to demonstrate that actions identified had been implemented.

Overview of safety systems and processes

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and procedures were accessible to all staff. The procedures 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 practice had systems in place to monitor and respond to requests for attendance/reports at safeguarding meetings. We spoke with clinical staff who had attended safeguarding conferences in order to ensure that all relevant information was shared. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Records showed that some staff needed refresher training in safeguarding adults from abuse. A plan was in place to address this. Any concerns about the welfare of younger children were discussed with the health visiting service for the area. Alerts were placed on patient records to identify if there were any safety concerns.
- A notice was displayed in the waiting room and in treatment rooms, advising patients that a chaperone was available if required. All staff who acted as chaperones had received a Disclosure and Barring Service check (DBS). T
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The building in which the practice was based had a facilities manager who was responsible for building safety. We looked at a sample of the records maintained to demonstrate the safety of the building such as fire safety and legionella checks. Records showed that all clinical and electrical equipment was checked to ensure it was working properly. We noted that a risk assessment of the premises occupied by the practice had not been recorded.
- Appropriate standards of cleanliness and hygiene were followed. For example, cleaning schedules were in place, there was access to protective clothing and equipment and there was a system for the safe disposal of waste. There was an infection control protocol and staff had received training. There was a lead for infection control who liaised with the local infection prevention team to keep up to date with best practice. An audit had been carried out by the local Infection Prevention and Control Team in September 2015. This identified that good standards were being maintained and made some recommendations for improvements. The infection control lead reported that the shortfalls identified had been addressed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and managed. Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. Medications stored in GP bags were in date and a central record was kept of these medications to assist with monitoring if they were in date and readily available.

Good

Are services safe?

- We looked at the recruitment records for four members of staff and found that in The files should be reviewed to ensure they contain all relevant documentation. We saw that a recent check of the Performers List and General Medical Council (GMC) had been undertaken for all GPs at the practice and a system for reviewing these checks had been recently introduced. We saw that up to date checks had been carried out of the nurses' registration with the Nursing and Midwifery Council. A system for ensuring this registration was in place had been recently introduced following a lapse in registration and highlights the importance of undertaking these checks regularly. Evidence that all the GPs had a DBS check was not available at the time of our visit however we were provided with evidence to show these checks had been requested.
- Staffing levels were reviewed to ensure patients were kept safe and their needs were met. In the event of unplanned absences staff covered from within the service. Duty rotas took into account planned absence such as holidays. GPs and the practice manager told us that patient demand was monitored through the appointment system and staff and patient feedback to ensure that sufficient staffing levels were in place.

Arrangements to deal with 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. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

We spoke with clinical staff about patients' consent to care and treatment and found this was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Consent forms for surgical procedures were used and scanned in to medical records.

Protecting and improving patient health

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services. New patients registering with the practice completed a health questionnaire. A GP or nurse appointment was provided to new patients with complex health needs, those taking multiple medications or with long term conditions.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF) and other sources to identify where improvements were needed and to take action. QOF is a system intended to improve the quality of general practice and reward good practice. Quality and Outcomes Framework (QOF) information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally. Childhood immunisation rates for vaccinations given for the period of April 2014 to March 2015 were generally comparable to the CCG averages (where this comparative data was available).

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services.

Management, monitoring and improving outcomes for people

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. Current results were 98.2% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed that outcomes were comparable to other practices nationally:

- Performance for diabetes assessment and care was generally similar to or slightly above or below the national average. For example blood pressure readings for patients with diabetes was 79% compared to the national average of 78%. The percentage of patients on the diabetes register, with a record of a foot examination within the preceding 12 months was 74% compared to the national average of 88%. The percentage of patients with diabetes, on the register, who have had influenza immunisation was 85% compared to the national average of 94%.
- Performance for mental health assessment and care was similar to or slightly above the national averages.
- Performance for cervical screening of eligible women (aged 25-64) in the preceding five years was similar to the national average.

Good

Are services effective?

(for example, treatment is effective)

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 91% compared to the national average of 90%.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 71% compared to the national average of 75%.

There was a lead GP for the QOF who reviewed the performance of the practice and alongside colleagues identified measures to improve performance where shortfalls were identified. For example, clinical staff told us about the steps they had taken to improve performance in relation to diabetes care.

We saw that audits of clinical practice were undertaken. Examples of audits included an audit of patients taking anti-epileptic medications and vitamin D deficiency. This clearly identified actions to be taken to improve patient outcomes. A follow up audit showed that some improvements had been made to patients' outcomes and further action needed. We saw an audit of minor surgery that had been completed in September 2015 and needed a second data collection and an audit of inadequate cytology testing. Both demonstrated how improvements to practice could be made to enhance the quality of patient care. We noted that the cytology audit did not clearly set out the objectives of the audit and the standards of patient care to be achieved. The GPs told us that they shared the outcome of audits with other GPs at the practice to contribute to continuous learning and improvement of patient outcomes.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included the management of long term conditions, palliative care, cancer, alcohol and drug misuse, dementia, safeguarding and promoting the health care needs of patients with a learning disability and those with poor mental health. The clinical staff we spoke with told us they kept their training up to date in their specialist areas. This meant that they were able to focus on specific conditions and provide patients with regular support based on up to date information.

Staff worked with other health and social care services to meet patients' needs. For example, the practice had monthly multi-disciplinary meetings to discuss the needs of patients with complex needs, quarterly palliative care meetings and bi-monthly meetings with the health visiting service to discuss the needs of younger children. Clinical staff spoken with told us that frequent liaison occurred outside these meetings with health and social care professionals in accordance with the needs of patients.

Effective staffing

Staff told us that they had the skills, knowledge and experience to deliver effective care and treatment. Improvements were needed to the records of staff training. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality. We spoke to a new member of staff who confirmed they had been supported during their induction and were provided with the information they needed.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring and facilitation and support for the revalidation of doctors. A system was in place to ensure all staff had an annual appraisal.
- All staff received training that included: safeguarding, fire procedures, basic life support, infection control, health and safety and information governance awareness. Role specific training was also provided to clinical and non-clinical staff dependent on their roles. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies. The records of staff training did not fully reflect the training staff told us they had undertaken. We noted that a complete record of all staff training needed and undertaken was not available which would assist in monitoring and planning for the training needs of staff. We identified some staff needed their safeguarding adults and infection control training to be updated. A plan was in place to address this.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

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. Written information was available for carers to ensure they understood the various avenues of support available to them.

We received eight comment cards and spoke to four patients. Patients indicated that their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

Data from the National GP Patient Survey July 2015 (data collected from January-March 2015 and July-September 2014) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about or above average when compared to local and national averages for example:

- 93% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 93% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 94% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 97% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.
- 87% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

Records showed that the practice manager and partners reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt health issues were discussed with them, they felt listened to and involved in decision making about the care and treatment they received.

Data from the National GP Patient Survey July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally in line with or above local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 91% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 89% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.
- 91% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example**,** the practice offered a range of enhanced services such as spirometry, near patient testing, flu and shingles vaccinations dementia assessments and annual health checks for patients with a learning disability. The practice had also worked with other local practices to enhance patient care. For example, the local practices had developed a role for and employed a nurse practitioner to work with elderly patients. The aim of this role being to take practice nursing services, such as chronic disease management out to housebound patients and to prevent hospital admissions where possible.

A physiotherapist was based on site as part of a pilot project introduced by the CCG. The physiotherapist was able to carry out initial assessments rather than these being undertaken by the GPs which resulted in quicker access for patients and better use of GP time.

The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients and patients with complex needs.

The practice did not have an established Patient Participation Group (PPG). Attempts to set up a PPG had been made and the practice manager and registered manager told us about future plans to encourage patients to join a formal group that met with staff, reviewed the operation of the practice and provided suggestions for improvements. The practice had moved to new premises within the last 12 months and we were told that meetings were held with patients and surveys undertaken to establish their views about the move and the new premises.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice was open from 08:00 to 18:30 Monday to Friday allowing early morning and evening appointments to be offered to working patients. There was also a plan to re-introduce lunch time appointments to further improve assess.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were longer appointments available for patients who needed them, such as patients with a learning disability, poor mental health or who had long term conditions.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- There were disabled facilities, baby changing, baby feeding and translation services available.
- Two self-test blood pressure monitoring machines were available for patient to use in a private area. Guidance on how to complete the test and how the results would be reviewed was available for patients to refer to.
- The practice opened at least two Saturday mornings a year to ensure all eligible patients received vaccination for influenza.
- The majority of staff had received training in dementia awareness to assist them in identifying patients who may need extra support.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for
- Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.
- The practice staff had attended training on promoting the equality and diversity of patients.

The practice had identified that it needed to make its services more responsive to the needs of its student patient population and had plans in place to further develop the services offered.

Access to the service

Appointments could be booked in advance and booked on the day. Telephone consultations were also offered. Patients could book appointments in person, on-line or via the telephone. Repeat prescriptions could be ordered on-line or by attending the practice. The practice used a text messaging service for appointment reminders, cancelling or changing appointments, health campaigns and for routine test results.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Results from the National GP Patient Survey from July 2015 (data collected from January-March 2015 and July-September 2014) showed that patient's satisfaction with access to care and treatment was above local and national averages. For example:

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 82% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 77% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.

We received eight comment cards and spoke to four patients. Patients said that they were able to get an appointment when one was needed and that they were happy with the opening hours.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available for patients to refer to in the waiting room, in the patient information booklet and on the practice website. Patients were directed to ask at reception for details of the full complaint procedure that outlined a time framework for when the complaint would be acknowledged and responded to and details of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of written complaints. We reviewed two complaints received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. We noted that a log of complaints was not held which would allow for patterns and trends to be easily identified. The complaints records demonstrated that the provider was aware of and complied with the requirements of the Duty of Candour.

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 statement of purpose which outlined its aims and objectives. These were to provide excellent medical treatment to patients, to refer patients to other services where appropriate and to offer a range of clinical appointments each day including GP and nurse appointments. The aims and objectives of the practice were not publicised on the practice website or in the waiting areas. The staff we spoke with knew and understood the aims and objectives of the practice and their responsibilities in relation to these.

Governance arrangements, leadership and culture

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. GPs and the nurse practitioner met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. The nurses had not met on a regular basis in the preceding 12 months and a plan had been put in place to address this. The reception and administrative staff met to discuss their roles and responsibilities and share information. Partners and the practice manager met to look at the overall operation of the service.

There were clear lines of accountability at the practice. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. 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. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff told us they felt the practice was well managed.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. We looked at a sample of policies and procedures and found that the policies and procedures required were generally available and up to date. We noted that a policy about Duty of Candour and promoting the equality and diversity of patients was not available.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. We noted that the documentation of one of the audits did not clearly show the objectives of the audit and standards to be achieved.

The practice had systems in place for identifying, recording and managing risks. We looked at examples of significant incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made to the practice as a result of reviewing significant events. A log of significant events to assist in identifying patterns and trends should be maintained and reviews of significant events should be documented to demonstrate that actions identified have been implemented.

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

The practice did not have an established Patient Participation Group (PPG). Further attempts to engage patients were planned. A patient survey had not been carried out in the last 18 months and this was also planned. Patient views had been sought during the GP appraisal process. The practice had sought feedback from patients about the move to alternative premises. Patients could leave comments and suggestions about the service via the practice website. Feedback from patients from the national patient survey was reviewed and if necessary action taken to address issues identified. The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT)is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Results for the last three months showed that a high number of patients would recommend the practice to family and friends. In October 100% of patients (out of 59 responses) in November 96% (out of 25 responses) and in December 94% (out of 33 responses) said they would recommend the practice.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they felt able 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.

Are services well-led?

Good

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

Continuous improvement

There was a clear focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the local cluster of practices had developed a role for and employed a nurse practitioner to work with elderly patients. The aim of this role being to take practice nursing services, such as chronic disease management out to housebound patients and to prevent hospital admissions where possible. The practice was planning to pilot "e health" which focuses on providing consultations in specific circumstances via electronic means such as email. The aim of this being to improve access to GP services and reduce unnecessary appointments.

The practice was aware of future challenges. For example, the practice had identified that it needed to make its services more responsive to the needs of its student patient population and had plans in place to further develop the services offered.