

Kippax Hall Surgery

Quality Report

54 High Street

Kippax

Leeds

LS25 7AB

Tel: 0113 3854558

Website: www.kippaxhallsurgery.co.uk

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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 Kippax Hall Surgery on 8 December 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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 was in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.

- Patients were positive about access to the service. They said they found it easy to make an appointment, there was continuity of care and urgent appointments were available on the same day as requested.
- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- The practice sought patient views how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- There was a clear leadership structure and staff were supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw some areas of outstanding practice:

- The practice had a system of priority booking of appointments for carers and patients who were on the palliative care register.
- During the times staff acted in the capacity of a chaperone, they wore a tabard and badge citing 'chaperone' to enable patients to identify that member of staff was carrying out the role.

Summary of findings

- The practice had developed a visual 'jobs to do' board to ensure all tasks were completed in a timely manner and to avoid duplication of work. Morning, afternoon, weekly and monthly tasks were identified. The use of different coloured markers identified when the task had been completed.

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 a system in place for reporting and recording significant events.
- There was a nominated lead who looked at the reporting mechanisms, safety issues and where improvements could be made in patient safety and experience. Lessons were shared to ensure action was taken to improve safety in the practice.
- There was a nominated lead for safeguarding children and adults and systems, processes and practices were in place to keep patients and staff safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There were processes in place for safe medicines management, which included emergency medicines. A record was kept of what medicines were carried in individual GP's bags, however, there was no standardisation of those medicines.
- When staff acted in the capacity of a chaperone, they wore a tabard and badge to enable patients to identify that member of staff was carrying out the role.

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 at or above average compared to both local and national figures.
- 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 people's needs. For example, the district nursing and health visiting teams.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP patient survey showed that patients rated the practice higher than others for several aspects of care.

Summary of findings

- Patients we spoke with said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment.
- The practice had a system of priority booking of appointments for carers and patients who were on the palliative care register.
- Information for patients about the services available was easy to understand and accessible.

We saw staff treated patients with kindness, respect and maintained confidentiality

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds South and East Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients we spoke with said they found it easy to make an appointment.
- All urgent care patients were seen on the same day as requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.

Are services well-led?

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

Good



- It 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 provider was aware of and complied with the requirements of the Duty of Candour. (This is a legal duty on hospital, community and mental health trusts to inform and apologise

Summary of findings

to patients if there have been mistakes in their care that have led to significant harm.) The partners encouraged a culture of openness and honesty. The practice had systems in place for being aware of notifiable safety incidents.

- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group. For example, with regard to access to the practice by telephone.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice provided proactive, responsive and personalised care to meet the needs of the older people in its population. Home visits and urgent appointments were offered for those patients with enhanced needs.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care they needed.
- Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission.
- Health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

People with long term conditions

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

Good



- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The House of Care model was used with all patients who had diabetes and chronic obstructive pulmonary disease (a disease of the lungs) and coronary heart disease. This model approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. Individualised care plans for these patients were maintained, which included how to manage an exacerbation and any anticipatory medication which may be required.
- Early detection of chronic obstructive pulmonary disease was undertaken with all patients aged 35 and over who were known to be either a smoker or ex-smoker.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. All children who required an urgent appointment were seen on the same day as requested.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. For example, ante-natal, post-natal and child health surveillance clinics.
- Childhood immunisation and cervical screening uptake rates were comparable to other practices in the locality.

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 these patients had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Early morning appointments were offered on Tuesday, Wednesday and Thursday.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, cervical screening and health checks for patients between the ages of 16 and 75 who had not seen a GP in the last three years.
- Non-responders to the national bowel screening programme were proactively followed up by the practice.

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.
- Longer appointments were available for patients as needed.

Good



Summary of findings

- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. Information was provided on how to access various support groups and voluntary organisations. For example, patients could access support for domestic violence at a neighbouring practice.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. All external safeguarding meetings were tracked in the practice to ensure they received the minutes.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients and/or their carer were given information on how to access various support groups and voluntary organisations, such as Carers Leeds.
- Advance care planning was undertaken for patients with dementia. All patients who were diagnosed as having dementia had received a face to face review of their condition in the past 12 months. This was higher than the CCG average of 90% and the national average of 84%.
- Patients who were concerned regarding memory loss or any dementia-like symptoms were encouraged to make an appointment with a clinician.
- All patients who had a severe mental health problem received an annual review. There was a dedicated member of staff to ensure all patients were invited.
- There was 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 people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

Results from the NHS England GP patient survey published July 2015, showed the practice was performing in line with local and national averages. There were 271 survey forms distributed and 114 were returned. This was a response rate of 42.1%, which represents 2.49% of the practice population. Kippax Hall Surgery's performance was above average, compared to other practices located within Leeds South and East Clinical Commissioning Group (CCG) and nationally:

- 98% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 74%.
- 91% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.
- 89% feel they didn't have to wait too long to be seen compared to the CCG average of 60% and the national average of 58%
- 94% found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%
- 70% said they usually get to see or speak with their preferred GP compared to the CCG average of 56% and the national average of 60%
- 94% said the last appointment they got was convenient compared to the CCG average of 91% and the national average of 92%
- 90% said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%
- 85% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.

The results of the most recent NHS Friend and Family Test (July 2015) showed that 98% of respondents said they would be extremely likely or likely to recommend Kippax Hall Surgery to friends and family if they needed care or treatment.

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received 14 comment cards, all of which were positive, many using the word 'excellent' to describe the service and care they had received.

During the inspection we spoke with seven patients, all of whom were positive about the practice. We also spoke with members of the patient participation group who informed us how the practice engaged with them.

Outstanding practice

We saw some areas of outstanding practice:

- The practice had a system of priority booking of appointments for carers and patients who were on the palliative care register.
- During the times staff acted in the capacity of a chaperone, they wore a tabard and badge citing 'chaperone' to enable patients to identify that member of staff was carrying out the role.
- The practice had developed a visual 'jobs to do' board to ensure all tasks were completed in a timely manner and to avoid duplication of work. Morning, afternoon, weekly and monthly tasks were identified. The use of different coloured markers identified when the task had been completed.

Kippax Hall Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Kippax Hall Surgery

Kippax Hall Surgery is situated in Kippax on the eastern outskirts of Leeds and is part of the Leeds South and East CCG. The practice is located in purpose built single story premises with parking and disabled access. There are toilet facilities and a low rise reception counter for disabled access. The reception is provided with a hearing loop and the call system is both visual and audio.

The practice is located in one of the lesser deprived areas of Leeds. It has a patient list size of 4,571 with a slightly higher than national average percentage of patients who are aged between 40 and 65 years. They have a higher than average percentage of patients who have a caring responsibility (25% compared to 15% nationally).

The practice have good working relationships with local health, social and third sector services to support provision of care for its patients. (The third sector includes a very diverse range of organisations including voluntary, community, tenants and residents groups.)

The practice is open between 8am to 6pm Monday to Friday, with extended hours from 7.30am on Tuesday,

Wednesday and Thursday. When the practice is closed, out-of-hours services are provided by Local Care Direct, which can be accessed via the surgery telephone number or by calling the NHS 111 service.

There are three GPs, two male and one female. The practice is also staffed by two practice nurses and a health care assistants (HCA) all of whom are female. The clinical team is supported by a practice manager, administrator, a secretary and a range of reception and administrative staff. The practice supports the training of first and second year medical students by providing general medical experience.

General Medical Services (GMS) are provided under a contract with NHS England. Kippax Hall Surgery is registered to provide the following regulated activities; maternity and midwifery services, surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services such as extended hours, minor surgery, influenza, pneumococcal and childhood immunisations.

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. This 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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds South and East CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2015). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection on the 8 December 2015. During our visit we:

- Spoke with a range of staff, which included two GPs, the practice manager, an administrator, a practice nurse and two reception/administration staff.
- Spoke with patients who were all positive about the practice.
- Reviewed comment cards where patients and members of the public shared their views. All comments received were positive about the staff and the service they received.
- Observed in the reception area how patients/carers/familymembers were being treated and communicated with.

- Spoke with members of the patient participation group, who informed us how well the practice engaged with them.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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

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

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

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

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 there was also a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events. There was a nominated lead who looked at the reporting mechanisms, safety issues and where improvements could be made in patient safety and experience.
- We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs acted in the capacity of safeguarding lead and had been trained to the appropriate level 3. They attended the three monthly regional safeguarding meeting and fed back to the practice accordingly. All external safeguarding meetings were tracked in the practice to ensure they received the minutes. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with

children or adults who may be vulnerable.) It was recorded in the patient's records when a chaperone had been in attendance. During the times staff acted in the capacity of a chaperone, they wore a tabard and badge citing 'chaperone' to enable patients to identify that member of staff was carrying out the role.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. A practice nurse was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. We saw evidence that an IPC audit had taken place and action was taken to address any improvements identified as a result.
- There were arrangements in place for managing medicines, including emergency drugs and vaccinations, to keep patients safe. These included obtaining, prescribing, recording, handling, storage and security. A record was kept of what medicines were carried in individual GP's bags, however, there was no standardisation of those medicines. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. 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. Patient Group Directions, in line with legislation, had been adopted by the practice to allow nurses to administer medicines. The practice also had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken, for example proof of identification, qualifications, references and DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. 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

Are services safe?

to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.

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 to ensure there was enough staff on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents. We saw:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- A training matrix showed all staff were up to date with basic life support training.
- There was emergency equipment available, such as a defibrillator and oxygen, which had pads and masks suitable for both children and adults. Emergency medicines were stored in a secure area which was easily accessible for staff. All the medicines and equipment we checked were in date and fit for use.
- 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 NICE guidelines and used this information to deliver care and treatment that met patients' needs. This was monitored through the use of risk assessments, audits and patient reviews.

Management, monitoring and improving outcomes for people

All patients who had severe mental health issues received an annual review. There was a dedicated member of staff to ensure all patients were invited and that a care plan was in place.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results were 95.7% of the total number of points available, with 9.8% exception reporting. (Exception reporting allows for patients to be excluded from the figures collected for QOF, for example those who do not attend for reviews or where certain medicines cannot be prescribed due to a side effect.) The latest QOF data showed:

- The percentage of patients with diabetes who had a HbA1c result which was within normal parameters was 76%, compared to 73% locally and 78% nationally. (HbA1c is a blood test which can help to measure diabetes management.)
- The percentage of patients with diabetes who had received a foot examination and a risk classification for potential problems was 95%, compared to 88% locally and nationally.
- The percentage of patients with hypertension who had a blood pressure reading which was within normal parameters was 88%, compared to 84% locally and 83% nationally.

- The percentage of patients with dementia who had received a face to face review of their care was 85%, compared to 88% locally and 84% nationally.

Clinical audits demonstrated quality improvement. We looked at one recently completed clinical audit and saw where improvements had been implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation and peer review.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Individual training and development needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to in house and external training and e-learning. All staff had received an appraisal in the previous 12 months.
- Staff told us they were supported by the practice to undertake any training and development.
- All GPs were up to date with their revalidation and appraisals.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records, investigation and test results. Information such as NHS patient information leaflets were also available.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Are services effective?

(for example, treatment is effective)

The practice could evidence how they followed up patients who had attended accident and emergency (A&E), or who had an unplanned hospital admission. Care plans were in place for those patients who were considered to have a high risk of an unplanned hospital admission.

Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. (This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.)

Health promotion and prevention

The practice identified patients who may be in need of extra support and signposted them to relevant services. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who acted in the capacity of a carer and may have required additional support

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Cervical screening was offered by the practice and their uptake was 88%, which was higher than the national average of 82%. The practice actively reminded patients who did not attend for their cervical screening test.

The practice carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged 24 months and under ranged from 93% to 100% and for five year olds they ranged from 83% to 93%.

The practice offered seasonal flu vaccinations for eligible patients. The uptake rate for patients aged 65 and over was 80%. Uptake for those patients who were in a defined clinical risk group was 59%. These were both higher than the 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 16 to 75. Where abnormalities or risk factors were identified, appropriate follow-ups were undertaken. In addition, health checks were offered for all patients over the age of 75 who had not seen a clinician in the previous 12 months.

Patients who were concerned regarding memory loss or any dementia-like symptoms were encouraged to make an appointment with a clinician. A recognised dementia identification tool was used with the patient's consent to assess any areas of concern.

Early detection of chronic obstructive pulmonary disease was undertaken with all patients aged 35 and over who were known to be either a smoker or ex-smoker.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and that we could not hear any conversations that may have been taking place.
- There was a private room should patients in the reception area want to discuss sensitive issues or appeared distressed.

Data from the July 2015 national GP patient survey showed respondents rated the practice higher than the local CCG and national average to the majority of questions regarding how they were treated. For example:

- 91% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 94% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

During the inspection we spoke with seven patients, of mixed age and gender. All the patients we spoke with told us they were satisfied with the care they received and they were treated with dignity and respect.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed respondents rated the practice above the local CCG and national averages to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% 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 80% and national average of 81%.

All the patients we spoke with told us they felt listened to and had sufficient time during a consultation to make an informed decision about the choices available to them.

The House of Care model was used with all patients who had diabetes, chronic obstructive pulmonary disease (a disease of the lungs) or coronary heart disease. This model approach enabled patients to have a more active part in determining their own care and support needs in partnership with clinicians. Individualised care plans for these patients were maintained, which included how to manage an exacerbation and any anticipatory medication which may be required.

Patient and carer support to cope emotionally with care and treatment

We saw there were a number of notices in the patient waiting areas informing patients and carers how to access further support through several groups and organisations. A local care association attended the practice on a bi-weekly basis, where patients could be signposted to.

The practice had a carers' register in place. Patients who acted in a capacity of a carer had an alert on their electronic record to notify clinicians. There was a system of priority booking of appointments for carers and patients who were on the palliative care register.

We were informed that if a patient had experienced a recent bereavement, a 'bereavement pack' was sent which contained a message of condolence and information how to access supportive services. Additional support was offered by the GP as needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours from 7.30am to 8am on Tuesday, Wednesday and Thursday for patients who could not attend during normal opening hours, for example the working age population.
- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children or those patients with a serious medical condition.
- There were disabled facilities and a hearing loop in place.
- Interpreter services were available for patients who did not have English as a first language.

Access to the service

The practice was open from 8am to 6pm Monday and Friday and 7.30am to 6pm Tuesday, Wednesday and Thursday. Appointments could be pre-booked up three months in advance and urgent appointments were available the same day as requested. At the time of our inspection the next available appointment was for 3pm that afternoon.

The practice participated in the Winter Resilience Service, working together with two other local practices, to provide appointments on Saturdays between 8.30am and 12 midday. This service was running from November 2015 to March 2016.

Results from the national GP patient survey showed that respondents' satisfaction with how they could access care and treatment was above the CCG and national averages. For example:

- 85% were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 92% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 74%.
- 85% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 91% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was information displayed in the waiting area to help patients understand the complaints system.
- There was a designated responsible person who handled all complaints in the practice.
- All complaints and concerns were discussed at the three weekly practice meeting.
- The practice kept a register for all written complaints.

There had been six complaints received in the last 12 months. We found they had been satisfactorily handled and identified any actions. Lessons were learnt and action was taken to improve quality of care as a result.

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. There was a mission statement in place which identified the practice values. All the staff we spoke with knew and understood the practice vision and values. There was a robust strategy and supporting business plans in place which were regularly monitored.

The practice showed us the plans for an extension to the building which would provide space for more services to be delivered to support patient care. There was a positive ethos about the future development of the practice.

Governance arrangements

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

- A clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and available to all staff
- A comprehensive understanding of practice performance
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements
- Robust arrangements for identifying, recording and managing risks
- Priority in providing high quality care

Leadership, openness and transparency

The partners and management team had the experience, capacity and capability to run the practice. The delivery of safe, high quality and compassionate care was a priority. We were informed there was an open and honest culture within the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. (Duty of Candour means health care professionals must be open and honest

with patients when something goes wrong with their treatment or care which causes, or has the potential to cause harm.) There were systems in place for being aware of notifiable safety incidents and acting on these.

There was a clear leadership structure in place. Staff told us all partners and members of the management team were visible, approachable and took the time to listen. Systems were in place to encourage and support staff to raise concerns and a 'no blame' culture was evident.

Regular meetings were held where staff had the opportunity to raise any issues, felt confident in doing so and were supported if they did. Staff said they felt respected, valued and appreciated.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients through the patient participation group (PPG), patient surveys, the NHS Friend and Family Test, complaints and compliments received.

The PPG had regular face to face meetings. They were engaged with the practice and made recommendations, which were acted upon. For example, changes had been made to the practice patient survey, as a result of suggestions from the PPG.

The practice also gathered feedback from staff through meetings, discussion and the appraisal process. Staff told us they felt involved and engaged in the practice to improve service delivery and outcomes for patients.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local and national schemes to improve outcomes for patients in the area. For example, working with other practices to provide additional services during the winter season.

The practice had developed a visual 'jobs to do' board to ensure all tasks were completed in a timely manner and to avoid duplication of work. Morning, afternoon, weekly and monthly tasks were identified. The use of different coloured

Are services well-led?

Good 

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

markers identified when the task had been completed or was still pending. This had been idea that had resulted from a staff training event. All the staff we spoke with told us the board worked well.