Dr EA Bainbridge's Practice

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr EA Bainbridge's Practice on 20 October 2016. Overall the practice is rated as good.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
  - Systems were in place to deal with medical emergencies and all staff were trained in basic life support.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
  - Feedback from patients about their care was consistently positive.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
  - The appointments system was flexible to accommodate the needs of patients. Urgent appointments were available the same day and routine appointments could be booked in advance.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

Summary of findings

- The practice provided a range of enhanced services to meet the needs of the local population.

There were also areas of practice where the provider should make improvements. The provider should:

- Have a regular system of appraisals in order to support staff.
- Facilitate all staff meetings.

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 understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Staff learnt from significant events and this learning was shared across the practice. Staff were aware of their responsibilities to ensure patients received reasonable support, truthful information, and a written apology when things went wrong.

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded them from abuse. Risks were assessed and managed. For example, safety alerts were well managed and health and safety related checks were carried out on the premises and on equipment on a regular basis. Procedures were in place to ensure appropriate standards of hygiene were maintained and to prevent the spread of infection. We looked at a sample of staff recruitment records and found that appropriate pre-employment checks had been carried out to ensure staff suitability. Systems for managing medicines were effective overall. The practice was equipped with a supply of medicines to support people in a medical emergency.

Are services effective?

Good

The practice is rated as good for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. Data showed that the practice was performing highly when compared to practices nationally. For example, the practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients and the most recent published results were 100% of the total number of points available (CCG was 95% and the national was 94%).

The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. Audits of clinical practice were undertaken and widely discussed. The practice demonstrated how they ensured role-specific training and updating for relevant staff. The practice identified patients who may be in need of extra support and individualised care plans were in place. We found that patients were

Summary of findings

signposted to the relevant service. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had achieved high results for performance.

Are services caring?

Good

The practice is rated as good for providing caring services. We saw staff treated patients with kindness and respect. Patients spoken with and those who returned comment cards were extremely 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. Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. Patients felt involved in planning and making decisions about their care and treatment.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. 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. A range of appointments were available for patients.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.The practice proactively sought feedback from staff and patients, which it acted on. The practice did not have a patient participation group. 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

Good

The practice is rated as good for the care of older people. The practice offered proactive, personalised care and treatment to meet the needs of the older people in its population. The practice had a higher than average number of older people in its population. Up to date registers of patients with a range of health conditions (including conditions common in older people) were maintained and these were used to plan reviews of health care and to offer services such as vaccinations for flu. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were similar to or in some cases better than local and national averages. The practice provided an enhanced service to prevent high risk patients from unplanned hospital admissions. This included these patients having a care plan detailing the care and treatment they required. GPs and practice nurses carried out regular visits to local care homes to assess and review patients' needs and to prevent unplanned hospital admissions. Home visits and urgent appointments were provided for patients with enhanced needs. The practice used the 'Gold Standard Framework' (this is a systematic evidence based approach to improving the support and palliative care of patients nearing the end of their life) to ensure patients received appropriate care. Monthly multi-disciplinary meetings were held to discuss the care and treatment for patients with complex needs.

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. This included conditions such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. The information was used to target service provision, for example to ensure patients who required regular checks received these. Practice nurses held dedicated lead roles for chronic disease management. As part of this they provided regular, structured reviews of patients' health. The practice referred patients who were over 18 and with long term health conditions to a well-being co-coordinator for support with social issues that were having a detrimental impact upon their lives. Data from 2014 to 2015 showed that the practice was performing in comparison with other practices nationally for the care and treatment of people with chronic health conditions such as diabetes. The practice held regular multi-disciplinary meetings to discuss patients with complex needs

Summary of findings

and patients receiving end of life care. Regular clinical meetings were held to review the clinical care and treatment provided and ensured this was in line with best practice guidance. Longer appointments and home visits were available for patients with long term conditions when these were required. Patients with multiple long term conditions were offered a single appointment to avoid multiple visits to the surgery.

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 practice had a reminder system for parents who did not bring children and babies for immunisation, sending these letters out in their native language whenever possible. Appointments for young children were prioritised. The practice encouraged face to face meetings with the Health Visitor to review children under 5, which included vulnerable children and those newly registered at the practice. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. The practice provided a comprehensive and confidential sexual health and contraceptive service delivering the full range of contraceptive services.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice had an active website as well as noticeboards in reception advertising services to patients.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances in order to provide the services patients required. For example, a register of people who had a learning disability was maintained to ensure patients were provided with an annual health check and to ensure longer appointments were provided for patients who required these. The practice worked with relevant health and social care professionals in the case management of vulnerable people. The practice referred patients to local health and social care services for support, such as drug and alcohol services. Staff knew how to

Summary of findings

recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Information and advice was available about how patients could access a range of support groups and voluntary organisations.

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. These patients were mostly known by reception staff and we saw they would call patients to remind them an appointment had been booked for them. Patients experiencing poor mental health were offered an annual review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as psychiatry and counselling services. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression.

Summary of findings

What people who use the service say

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that the practice was performing in line with local and national averages. The practice distributed 256 forms, 108 were returned which represents approximately 1% of the total practice patient population. Results showed that;

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 72%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 75%.
- 97% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. They said that all staff were helpful and caring and they were happy with the services the practice provided.

Areas for improvement

Action the service SHOULD take to improve

- Have a regular system of appraisals in order to support staff.
- Facilitate all staff meetings.

Dr EA Bainbridge's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr EA Bainbridge's Practice

Dr EA Bainbridge's Practice is responsible for providing primary care services to approximately 4266 patients. The practice has a General Medical Services (GMS) contract and offers a range of enhanced services such as flu and shingles vaccinations, unplanned admissions and timely diagnosis of dementia. The number of patients with a long standing health condition is about average when compared to other practices locally and nationally. The practice has three GP partners, one salaried GP, one locum GP, a number of trainee doctors and two practice nurses.

The practice is open from 8am to 6.30pm Monday to Friday. Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services. Home visits and telephone consultations are available for patients who require them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

The practice is part of the Liverpool Clinical Commissioning Group and part of the West Derby neighbourhood. The area is the eight most deprived in the city. In addition it is estimated that the average household income is significantly lower than both the Liverpool and national averages. Unemployment is significantly higher than the city rate and 7% of the population are long term sick or disabled. People living in more deprived areas tend to have greater need for health services.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 October 2016.

During our visit we:

- Spoke with a range of staff.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system which was completed by staff. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out an annual analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We tracked some of the systems to check that actions had been taken when safety alerts had been sent to the practice, we found that all required actions had been completed. We saw that for significant events reporting the lessons were shared and action was taken to improve safety in the practice. These included when patients had reported a complaint to the practice. We found other examples where the significant event process had been followed and events had been investigated with appropriate actions taken to reduce the same incidents occurring again. All staff were engaged in this process.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Safeguarding audits had been undertaken by the clinical lead. We found that GPs were not able to hold regular meetings with the local health visiting services despite their efforts however, reports were provided to other agencies when necessary. Staff we spoke with demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. Patient alerts were reported on the practice computer system and this included children who were identified as having a lower level of concern by the practice. The practice routinely following up children who did not attend for their practice appointment. We saw that staff took action when safe guarding concerns had been raised. All clinical staff had been trained to child protection or child safeguarding level 3 and administration staff to level 2.
- A notice was in place in each consultation room advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check, (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual external infection control audits were undertaken but no report was available for this inspection. We did however see that action had been taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Regular meetings were held also with the team to ensure safe and effective prescribing,as a result of this the practice had achieved all the prescribing targets and had maintained a consistent prescribing budget underspend for over a number of years.Blank prescription forms and pads were stored safely. Prescriptions stocks were checked and recorded on delivery and they were stored in a locked room. We found that Patient Group Directions had been adopted by the practice to allow

nurses to administer medicines in line with legislation. We found that minimum, maximum and actual temperatures of the medicines fridge were recorded daily.

- We reviewed four personnel files and found satisfactory information relating to, for example, qualifications and registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Personal folders of all the staff contains copies of the passport as well driving license which was verified at the time of inspection. The practice had recently introduced a new recruitment policy.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. At the time of the inspection the practice had administration roles that were vacant. We saw that there was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the reception area. We advised that regular monitoring of this equipment should be undertaken and the practice agreed and implemented this at the time of inspection.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident books were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Daily and regular clinical meetings kept all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. During our inspection we tracked a number of recent NICE guidelines and patient safety alerts to ensure appropriate actions had been taken and we found that the required changes to patient care and experience for example prescribing had been changed.

Management, monitoring and improving outcomes for people

Patients care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation and this was closely monitored by the GPs. This included during assessment, diagnosis, when people were referred to other services and when managing chronic or long-term conditions, including for people in the last 12 months of their life. Patients had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing. The expected outcomes were identified and care and treatment was regularly reviewed and updated. Information about patient care and treatment, and their outcomes, was routinely collected and monitored.

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 100% of the total number of points available (CCG was 95% and the national was 94%).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to or higher than the local and national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 96% compared to 92% across the CCG and 88% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 89% compared to 80% across the CCG and 78% nationally.
- Performance for mental health related indicators was above or comparable to the national and local averages. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015), compared to the CCG average of 88% and national average of 88%. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 97% compared to 85% across the CCG and 84% nationally.

Information about outcomes for patients was used to make improvements. We looked at the processes in place for clinical audit. Clinical audit is a way to find out if the care and treatment being provided is in line with best practice and it enables providers to know if the service is doing well and where they could make improvements. The aim is to promote improvements to the quality of outcomes for patients. There were many audits that had been carried out. Amongst them were audits to review the waiting times for patients referred to hospital, medicines prescribing audits, audits for patients with diabetes and high blood pressure, including their medicines and diagnosis and an audit of patient deaths within the practice.

Accurate and up-to-date information about effectiveness was used and was understood by staff. It was used to improve care and treatment and people's outcomes and this improvement was checked and monitored.

Effective staffing

- The practice demonstrated how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and diabetes care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Good

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice nurse meetings.

- The learning needs of staff were identified although a formal system for appraisals and regular staff meetings had not taken place for some time. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house face to face training.

Coordinating patient care and information sharing

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. All paper and electronic records relating to people's care was well managed. Staff could easily access the information they needed to assess, plan and deliver care to patients in a timely way. This included information being shared between day time general practice and GP out-of-hours services. When different care records systems were in place for different teams and services, these were coordinated as much as possible.

Monthly meetings were encouraged with other healthcare professionals to discuss the on-going needs of patients with long term conditions and those at risk of hospital admissions. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information such as NHS patient information leaflets was 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 and the out of hours services.

Consent to care and treatment

Patients' consent to care and treatment was always 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. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw that patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 95%, which was higher than the CCG average of 79% and the national average of 71%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test also. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had achieved high results for performance. For example, females, 50-70, screened for breast cancer in last 36 months was higher when compared to other practices across the CCG (practice was 73%, CCG was 58%, national was 72%).

Childhood immunisation rates for the vaccinations given were higher than the national averages. For example, the practice had achieved the ranges 95% to 100% for the vaccinations given to under two year olds and five year olds were from 87% to 100%. There was a system to ensure that any missed immunisations were followed up with parents or the health visitor.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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 to promote privacy. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Staff we spoke with recognised the diversity, values and human rights of patients that attended the practice and good examples were shared with us for how they had shown caring and compassionate care to patients and their families.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They also told us they were extremely happy with how caring the practice had been and how their dignity and privacy had always been respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. Results were higher than local and national averages, for example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 88%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 86%.

Care planning and involvement in decisions about care and treatment

We looked at a number of patient care plans that had been developed to avoid hospital admissions for patient who were vulnerable and at risk. Other care plans were reviewed also for patients with long term conditions. We considered these to be thorough and effective and each were being closely monitored by the GPs at the practice.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were higher than local and national averages and these aligned with the comments made in our cards. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, there were translation and interpreting services available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. This information was used to support carers and direct them to appropriate resources. Written

Good

Are services caring?

information was available to direct carers to the various avenues of support available to them. We found that clinical staff referred patients on to counselling services for emotional support, for example, following bereavement. The practice told us that cards and letters were often written to families when bereavement had been experienced.

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 Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example**,** the practice offered a range of enhanced services such as flu and shingles vaccinations, and the timely diagnosis of dementia. Throughout the year the practice undertook a number of searches to target individual patient groups with a view to addressing specific needs. For example they ran a programme of reviews for patients aged 75 years and older, as a result of this 98% of this patient group had a medication review.

The practice was responsive in terms of seeking and acting upon patients views. We saw in reception there were publicised comments forms and a box for patients and public to contribute views. The practice had completed an action plan for the less positive results for the National GP Survey completed in July 2016. Actions they had agreed to improve the results were to continue to monitor appointment demand and availability and to stagger availability of appointments as needed, continue to offer a same day triage system, continue to promote access to online services and electronic prescriptions and they have agreed to have additional staff available to answer incoming calls during peak demand times.

We were told that patient experience feedback was discussed at staff meetings and appropriate actions taken. Other examples of how the practice responded to meeting patients' needs were as follows:

- There were longer appointments available for patients who needed them, for example, for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Translation services were available for patients.
- The practice nurse worked with the diabetes specialist nurse on a monthly basis to review the needs of the more complex diabetic patients.
- The practice provided support and information to patients to encourage them to manage their long term conditions and provided care plans to patients to assist with this.
- The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. The practice had a mix of male and female clinicians the majority of whom hadbeen there many years, enabling them to build relationships of trust with their patients.

The appointment system was well managed and sufficiently flexible to respond to peoples' needs. People told us on the day that they were able to get appointments when they needed them. Patients told us the triage system worked well for them and resulted in a timely and appropriate response that suited their individual needs.

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

- 86% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 93% of patients said they could get through easily to the practice by phone compared to the national average of 72%.
- 96% of patients said the last appointment they got was convenient compared to the CCG average of 92% and the national average of 91%
- 56 % feel they don't normally have to wait too long to be seen compared to the CCG average of 59% and the national average of 57%

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. These assessments were done by a telephone triage system. In cases where the urgency of need was so great that it would be inappropriate for the

Good

Are services responsive to people's needs?

(for example, to feedback?)

patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. A complaints policy and procedures was in place. We saw that information was available to help patients understand the complaints procedure and how they could expect their complaint to be dealt with. The information on the practice's website informed patients of their right to make a complaint directly to NHS England if the so wished and that the second stage of a complaint managed locally was to refer to the Parliamentary and Health Services Ombudsman.

There was a designated member of staff who handled all complaints in the practice. We looked at complaints received in the last 12 months and found that these had been logged, investigated and responded to in a timely manner and patients had been provided with a thorough explanation and an apology when this was appropriate.

Complaints were discussed as regular practice meetings and an annual review of complaints was carried out. We found that lessons had been learnt from the sample of complaints we looked at and action had been taken to improve the quality of care and patients' experience of the service.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice did not have a formal mission statement but all staff shared the same ethos to provide patient centred care to all patients across their community.

The GP partners had knowledge of and incorporated local and national objectives. They worked alongside commissioners and partner agencies to improve and develop the primary care provided to patients in the locality.

Governance arrangements

The practice had appropriate systems in place for gathering, recording and evaluating accurate information about the quality and safety of care, treatment and support they provided and the outcomes. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were clear systems to enable staff to report any issues and concerns.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- The GPs used evidence based guidance in their clinical work with patients. The GPs had a clear understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The QOF data showed that the practice achieved results comparable to other practices locally and nationally for the indicators measured.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The GPs had been supported to meet their professional development needs for revalidation (GPs are appraised annually and every five years they undergo a process called revalidation whereby their licence to practice is renewed. This allows them to continue to practise and remain on the National Performers List held by NHS England).

Information was gathered about the safety and quality of their services from a number of sources as follows:

- Feedback from patients
- Adverse incident monitoring
- Comments and complaints made by patients and members of the public
- Use of information from national and local clinical sources

Leadership and culture

Meetings took place to share information, to 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. Clinical staff had meetings to review their roles and keep up to date with any changes, however we noted that regular monthly meetings for non-clinical staff had lapsed in recent months. Clinical meetings showed GPs and nurses met to discuss clinical issues such as new protocols or to review complex patient needs. This included discussions about significant events and how they had been managed. 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 said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The practice had policies in place to ensure there was a confidential way for staff to raise concerns about risks to patients, poor service and adverse incidents. A Whistle Blowing policy was in place and staff said they would use this without fear of recrimination.

Are services well-led?

Good

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice did not have a Patient Participation Group (PPG) at the time of inspection but plans were in place for the development of this across the neighbourhood.

The practice had a support structure in place for supervision which included informal one to one sessions with staff. The development of staff was supported however it was noted that annual appraisals had not been undertaken for non-clinical staff for some time. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management Staff told us they felt involved and engaged to improve how the practice was run. We found that mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. This included the practice providing training for GPs and being involved in local schemes to improve outcomes for patients. A business development plan was in place which covered the future aims and objectives of the practice in relation to patient services, clinical care, the premises, staffing and finances. The plan detailed future aspirations and how they intended to achieve these.