Rushden Medical Centre

Quality Report

Adnitt Road
Rushden
Northamptonshire
NN10 9TR
Tel: 01933 412666
Website: http://www.rushdenmedicalcentre.com/

Date of inspection visit: 10 February 2016
Date of publication: 15/04/2016

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rushden Medical Centre on 10 February 2016. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was a clear leadership structure, good team work, and appropriate support arrangements for staff.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received role specific training.
- Information about services and how to complain was available and easy to understand.
- The practice was well equipped to treat patients and meet their needs.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Monitor the infection control floor and furniture replacement programme so these are delivered on time and according to the schedule and completed by March 2016.
- Risk assess security in relation to prescription pads, this relates to when clinical staff leave the consultation room
- Continue to monitor the measures implemented to improve access to a GP of the patent's choice

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

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

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice well for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

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

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice was working with the CCG to address a locality wide higher rate of falls among older people and the resulting outcomes.
- Patients said they found the open access to a GP every day of the week useful and this enabled continuity of care, with urgent appointments available the same day.
- The practice had appropriate facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were knowledgeable about the vision and their responsibilities in relation to this.
- There was a 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 a governance framework which supported the delivery of appropriate patient care and 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- 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 to meet the needs of the older people in its population. It offered reviews for the older person based on detailed analysis of need and risk.
- The practice offered personalised care to patients in a care home as well as in a specialist centre in Rushden, which provided temporary stays and respite care for older people.
- The practice used electronic medication charts for patients receiving palliative care, and electronic forms to record patient choices in relation to resuscitation.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice monitored its performance of patients with long term conditions and acted on it accordingly. For example, the practice performance for diabetes related indicators was comparable to the CCG and national average of 89%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs including those with end of life and palliative needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

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 A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- The practice monitored and acted on the needs of families, children and young people.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake of 80% for the cervical screening programme for women aged 25-64 was comparable to other practices in the CCG area.
- Appointments were available outside of school hours and the facilities at the practice were suitable for children and babies.

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 offered open access appointments in the morning, pre-bookable appointments, and on the day urgent appointments between 08.00 and 18.30.
- The practice offered a wide range of contraceptive services including intrauterine device (IUD or coil) and implants, cervical and chlamydia screening.
- 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.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 85% of patients diagnosed with dementia have had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice employed its own practice counsellor in addition to the Changing Minds services provided by the local mental health trust.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published January 2016 showed the practice was performing in line with local and national averages. 277 survey forms were distributed and 121 were returned. This represented 44% a return rate.

- 86% found it easy to get through to the surgery by phone compared to a CCG average of 71% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86, national average of 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 74% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards all of which 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.

We spoke with four patients who said the practice offered an excellent service. Staff had been helpful, caring and had treated them with dignity and respect.

Areas for improvement

Action the service SHOULD take to improve

- Monitor the infection control floor and furniture replacement programme so these are delivered on time and according to the schedule and completed by March 2016.
- Risk assess security in relation to prescription pads, this relates to when clinical staff leave the consultation room.
- Continue to monitor the measures implemented to improve access to a GP of the patent's choice.

Rushden Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Rushden Medical Centre

Rushden Medical Centre situated in Adnitt Road, Rushden, Northamptonshire, provides primary medical care for approximately 10900 patients living in Rushden and Higham Ferrers and surrounding areas. The practice also provides a GP service to Spinneyfields Specialist Centre in Rushden, which provides temporary accommodation and respite care for older people while they await appropriate permanent accommodation or to provide a break for their carers.

Rushden Medical Centre provides services under a General Medical Services (GMS) contract agreed nationally. The practice population is made up of predominantly white British but the practice also serves a small ethnic population mostly of Asian and Afro-Caribbean origin.

The practice has four GPs partners (three males and one female). In addition there are two salaried GPs (one male and one female) and a locum GP who is male. There are four practice nurses who undertake a variety of clinical duties. There is a practice manager who is supported by a team of administrative and reception staff. A health visitor, a midwife, a wellbeing team member, a proactive care nurse and a primary care liaison worker from local NHS trusts support patients at this practice. The surgery also self-funded a counsellor.

The practice operates from premises situated at ground level. There is free car parking outside the surgery with adequate disabled parking available.

The practice is open between 8am and 6.30pm Monday to Friday. Open access appointments (without an appointment) are available between 8.30 and 11.30am Monday to Friday but these are restricted to patients who have a single issue to discuss with the GP. The practice is open on alternate Saturdays during which time patients can pre-book routine appointments.

When the practice is closed services are provided via the 111 service.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as 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 inspecting, 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 inspection on 10 February 2016.

Detailed findings

During our inspection we:

Spoke with a range of staff including the GPs, nursing staff, administration and reception staff and spoke with patients who used the service and members of the patient participation group. A patient participation group is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Observed how patients were being assisted.

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

- Staff told us they would inform the practice manager or the duty GP of any incidents. There was a reporting form and a recording system available on the practice's computer system.
- The lead GP and the practice manager reviewed all significant events weekly as a minimum or sooner and then listed these for discussion at the weekly clinical meeting which GPs and nurses attend and we saw minutes that confirmed this.
- The practice carried out analysis of the significant events and fed back as appropriate. The lead GP told us that they intended to strengthen this process by formalising feedback through a feedback form.

We reviewed safety records, incident reports, nationally cascaded safety alerts and minutes of meetings where these were discussed. Lessons were shared to ensure action was taken to improve patient safety. For example, we saw that the practice had worked with partner organisations such as the local authority and the CCG to arrange a new care package for a patient following identification of concerns through a reported incident.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and we saw that the lead GP had attended two multi-disciplinary meetings attended by the health visitor, midwife and school nurse to review ongoing concerns. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- Notices advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice manager told us that the practice had a floor and furniture replacement programme. We were shown confirmed contracts for the replacement of the vinyl flooring in the treatment room other patient care rooms as well as the patient toilets. The practice also confirmed that this programme included the replacement of all fabric covered chairs in the practice with wipe clean vinyl ones. The current replacement schedule was expected to be completed by March 2016.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular review of prescribing data, and attended locality prescribing meetings organised by the CCG to ensure prescribing was in line with best practice guidelines for safe prescribing and for sharing best practice. For example the practice had developed protocols for best practice which it shared with the locality. These included one for monitoring the effects of a medicine prescribed to control high blood pressure, and another for the monitoring of prostate specific antigen (PSA) which is a method of detecting localised prostatic cancer for patients prescribed testosterone.
- Prescription pads were securely stored and there were systems in place to monitor their use. Consultation rooms with printers were locked thereby ensuring the

safety of computer prescription sheets in printers. However we noted that there was a small security risk if the GP left the consultation room during a consultation. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However the authorisation process for these were unclear as the GP told us that many have recently been under review by the CCG.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice used a computer aided package for risk assessments and we saw that the practice had undertaken relevant risk assessments. For example those related to asbestos risks, clinical wastes and control of substances hazardous to health (COSHH). 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 their electrical system, the maintenance of drains 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. The practice used an online system to plan for planned absence as well as staff holidays. Administration staff used a system to reassign tasks such as test results and other urgent communication to a duty GP or nurse in the event a GP or a nurse is unable to review these or absent.

Arrangements to deal with emergencies and major incidents

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

- All consulting rooms have a panic alarm which alerted staff to any emergency.
- There was also an instant messaging system on the computers in the practice which staff activated to alert other staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult masks. The practice did not have child masks but had risk assessed the lack of these and had clear instructions for staff to dial 999 in the event this was required.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had arrangements with a neighbouring practice to share their premises should the practice require evacuation as a result of an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff accessed NICE and other best practice guidelines through the CCG using a system called Pathfinder, and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits. Results were discussed during weekly clinical meetings which GPs and nurses attended.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 8% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was comparable to the CCG and national average of 89%
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the CCG and national average of 84%
- Performance for mental health related indicators was comparable to the CCG and national average of 93%
- 85% of patients diagnosed with dementia have had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.

Clinical audits demonstrated quality improvement.

- We reviewed two clinical audits completed in 2015 one related to antibiotic prescribing, and another related to determining the effects of a medicine prescribed to control high blood pressure on a patient's kidney function. In all instances we found that the practice had taken appropriate actions to make improvements as a result of the audit findings.
- The practice also participated in local CCG commissioned audits and national benchmarking as appropriate. For example three GPs had recently attended training in how to manage a heart condition that causes an irregular and often abnormally fast heart rate. As a result the practice had begun a review of all such patients with a view to ensuring their medicine management was in line with best practice guidance.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings, reviews of practice development needs and at induction. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The practice had a staff training policy which encouraged role specific training and updates. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. The practice manager and a GP appraised non clinical and qualified nurses respectively.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training including safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that regular multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated.

For example:

- The practice used electronic medication charts for patients receiving palliative care, and electronic forms to record patient choices about resuscitation. This made sure all concerned professionals were aware of the plans for particular patients.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- We saw that consent was obtained when undertaking minor surgical procedures (sometimes implied, for example for knee injections) and documented on a template in the patient's records.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition such as diabetes and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake of 80% for the cervical screening programme for women aged 25-64 was comparable to other practices in the CCG area and against a national average of 82%. The practice offered a wide range of contraceptive services including intrauterine device (IUD or coil) and implants, cervical and chlamydia screening. The practice encouraged its patients to attend national screening programmes such as those for bowel and breast cancer screening and abdominal aortic aneurysm (AAA) screening which is a way of detecting a dangerous swelling of the aorta in older men. Data showed that 79% of eligible women had attended for breast screening in the preceding three years. Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 99% and five year olds from 95% to 98%.

Flu vaccination rates for the over 65s were 66%, and at risk groups 50%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. For example, 75% of patients diagnosed with asthma on the register had received an asthma review in the last 12 months.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 20 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.

During this inspection we spoke with four patients who all said the practice offered an excellent service. Staff had been helpful, caring and had treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They were very positive about the care provided by the practice and said their dignity and privacy was respected. They told us about their involvement in helping improve patient experience through one to one surveys with patients.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses and receptionists were as follows:

- 93% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 85%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG and national average 95%)
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG and national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. This included access to an online translation service. We saw notices in the reception areas informing patients this service was available. The practice had reorganised the reception area so it provided more privacy from the main waiting room.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had a carer's information pack

Good

Are services caring?

which contained supportive information. A carer's information board was available in the patient waiting area which signposted carers to useful support groups and organisations. Written information was made available to carers through leaflets and through the practice website.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice was working with the CCG to address a locality wide higher rate of falls among older people and the resulting outcomes.

- The practice offered open access appointments (without an appointment) between 8.30 and 11.30am Monday to Friday restricted to patients who have a single issue to discuss with the GP.
- There were longer appointments available for patients who needed these dependent on clinical need, for example patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities and a translation services available.
- The practice had a search and recall system to identify patients with long term conditions such as hypertension, ischaemic heart disease, diabetes, hypothyroidism, asthma and COPD and regularly offered a review for such patients based on available test results.

Access to the service

The practice is open between 8am and 6.30pm Monday to Friday. Open access appointments (without an appointment) are available between 8.30 and 11.30am Monday to Friday but these are restricted to patients who have a single issue to discuss with the GP. The practice is open on alternate Saturdays during which time patients can pre-book routine appointments. In addition pre-bookable appointments were available up to 21 days in advance for GP appointments and 28 days for nurse appointments. Urgent appointments were also available for people that needed them. Patients could also book a telephone consultation with a GP whereby a GP would call the patient on the telephone number designated by them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages except on seeing or speaking to a GP of their choice.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 86% patients said they could get through easily to the surgery by phone (CGC average 71%, national average 73%).
- 43% patients said they always or almost always see or speak to the GP they prefer (CGC average 54%, national average 59%).

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

The practice manager told us that the practice was aware of the difficulties in patients seeing or speaking to a GP of their choice had implemented measures to address this. For example wherever possible to allocate the GP of choice during the open access appointments. The practice was monitoring this arrangement with a view to making further improvements.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website, practice booklet and in notices in the patient waiting area. Patients we spoke with said they were aware of the process to follow if they wanted to complain, although all patients told us they had not needed to do so.

We looked at 15 complaints received in the last 12 months We saw that the practice had replied to these in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a

Good

Are services responsive to people's needs?

(for example, to feedback?)

result to improve the quality of care. For example the practice had made changes to the way patients were monitored for their blood thinning medication as a result of a complaint investigation.

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 provide high quality, safe, professional care, in accordance with good medical practice which satisfied the needs and expectations of their patients and staff.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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. For example there were designated leads for information governance, prescribing and safeguarding.
- Practice specific policies were implemented and were available to all staff. For example, during our inspection we looked at a number of policies including those related to safeguarding, health and safety and complaints management and found that these were relevant and up to date.
- A comprehensive understanding of the performance of the practice was maintained.

  The practice used the Quality and Outcomes Framework (QOF), clinical audit outcomes and other monitoring information to measure its performance. QOF is a national performance measurement tool. A GP led on QOF performance supported by all clinical staff.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GPs prioritised safe, high quality and compassionate care. The GPs and practice manger were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The practice encouraged a culture of openness and honesty and told us that they could approach any of the GPs or the practice manager at any time to discuss any issues.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff meetings were informal usually held as part of protected learning time (PLT) every month.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. We noted team protected learning time (PLT) occurred every month.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had re-established its patient participation group (PPG) which was now active. The PPG met every other month and was now beginning to engage with the patients and the practice in seeking out improvements to the practice. For example, the practice had been active in canvassing opinions for the open access appointments that had been introduced.

Are services well-led?

Good

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

- Staff told us there was an open door policy and that the partners, the manager and colleagues were approachable and would not hesitate to give feedback and discuss any concerns or issues. Staff feedback was also gathered through appraisals and PLT meetings.
- The practice also regularly took note and acted on reviews through the national GP patient survey, and those posted on the NHS Choices website. For example the practice had implemented measures to improve access to a GP of the patent's choice following the national GP patient survey findings.

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 pilot schemes to improve outcomes for patients in the area. For example:

- The practice had pioneered a system called Pathfinder which was now used across the CCG to access NICE and other best practice guidelines.
- The practice was the first in the locality to adopt peer review of referrals to ensure these were appropriate.
- Self-funded a three month trial of a clinical pharmacist to work within the practice to review prescribing policies.