Fisher Medical Centre

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
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 of Fisher Medical Centre on 7th December 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice provided on the day appointments to all patients via telephone consultations with a duty GP who triaged calls to decide if patients needed to attend in person at the practice. Priority was given to urgent appointments and vulnerable patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw several areas of outstanding practice including:

- The practice had a health co-ordinator to support weight management, alcohol reduction and smoking cessation and could demonstrate this had a positive impact for patients using this service.
- The practice also supported and promoted Patient Health Champions volunteers to help patients towards a healthier lifestyle.
- Support and opportunities have been provided for socially isolated patients to engage in events and programmes organised by the Health Promotion Officer with support from the Health Champions.

Summary of findings

- The practice provided support to 15 local nursing and care homes for those with a high need for medical care. The impact has reduced unplanned hospital admissions by 60% and allowed for more effective use of GP hours. Care Homes Team based at the surgery provided additional health education to staff at Care Homes
- The Clinical Prescribing Pharmacist role had been developed to support patients with queries about their medication and prescribing also provided flexibility to the appointment system
- Active involvement with the PPG who were working with the practice and improve the overall experience for patients. The group had a good representation from the community including patients under 18 years.
- The practice had been innovative in its efforts to meet the needs of patients. It has been a leader in the employment of Physician Associate (PA) who provide a broad range of health care services under the supervision of a GP. This and this has enabled the practice to offer a flexible appointment system. There is also an effective mentorship programme that supports these additional roles within the practice.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Further review the current appointment system with a critical analysis of the patient's experience.

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 are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people 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 showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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 multi-disciplinary teams (MDT) to understand and meet the range and complexity of people's needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Summary of findings

Are services responsive to people's needs?

Outstanding 

The practice is rated as outstanding for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and that 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.

  Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- There are innovative approaches to providing integrated person-centred care.
- We also saw the practice had employed a prescribing pharmacist to provide consistent support to patients and improve the availability of appointments with a GP.
- It was responsive to the needs of older people, and offered home visits and urgent appointments and for those with enhanced needs.
- The practice provided end of life care, using regular reviews and multidisciplinary working, to the Gold Standard Framework
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.

Are services well-led?

Good 

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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 was responsive to the needs of older people, and offered home visits and urgent appointments and for those with enhanced needs.
- The practice provided additional support to 15 local nursing and care homes for those with a high need for medical care. Care home teams based at the practice provided additional health education to staff at the homes.
- The practice delivered Gold Standard end of life care, using regular reviews and multidisciplinary working.

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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- 'Poly clinics' were in place to ensure patients had a just one visit to the practice when they had multiple long term conditions.
- The practice promoted and ran the 'X-PERT' six week educational programme for newly diagnosed diabetics. This aimed to provide patients with the knowledge and skills to understand their condition, develop self-management skills and promote a healthy life style.

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 relatively high for all standard childhood immunisations.
- Immunisation rates ranged from 88-98% for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives and health visitors.
- Women aged 25 to 64 who had a cervical screening test recorded in the preceding five years was 81%, which was 4.3% above the national average.

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.
- Sexual health clinics were available and self-testing kits for chlamydia publically available at the practice.

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 and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- 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).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It 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 people with mental health needs and dementia.

A counselling service and memory clinic was based at the practice.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing in line with local and national averages. Of 256 surveys distributed (The patient list size was 14137) there were 107 returns representing a response rate of 42% and representing 0.75% of the practice patient list.Of the responses:

- 72% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 95% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 76% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 80% feel they don't normally have to wait too long to be seen compared with a CCG average of 63% and a national average of 58%.

These results showed the practice compared well with other practices regarding patients' satisfaction with their contact with practice once they got an appointment. However, the practice compared less well with respect to accessing the practice for an appointment.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were in the main positive about the standard of care received, with one comment concerned about the difficulties in getting through on the telephone.

We spoke with four patients during the inspection. All four patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. However patients had experienced some difficulties obtaining appointments with the new system.

Fisher Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector, a GP specialist adviser (SPA), Nurse SPA, a Practice Manager SPA and an 'expert by experience', who has experience of being a patient in NHS services.

Background to Fisher Medical Centre

Fisher Medical Centre is located in the centre of the town of Skipton. They have 14,137 registered patients. They have a higher than national average population of patients aged over 45 -85+ years. It is part of NHS Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG). The practice covers a large rural population. The main practice is based in the centre of Skipton with a branch surgery based in Gargrave.

The practice provides General Medical Services (GMS) under a contract with NHS England. The practice is also contracted to provide a number of enhanced services, which aim to provide patients with greater access to care and treatment on site. They offer enhanced services in; childhood vaccinations and minor surgery.

There are seven GPs, three male and four female (six are GP partners with one salaried GP), specialist nurse practioner, five practice nurses, three healthcare assistants and a practice based clinical pharmacist. These are supported by a practice manager and an experienced team of reception/ administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. The practice is closed for training one afternoon a month for training. When the practice is closed, out-of-hours services are provided by Local Care Direct (LCD).

The practice is also an advanced training practice for physician associates as well as medical students, doctors, GPs and nurses. They have also provided training under the apprentice scheme for reception/ secretarial staff.

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 visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed policies, procedures and other relevant

Detailed findings

information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and national GP patient survey.

We carried out an announced inspection on the 7 December 2015. During our visit we spoke with two GPs, pharmacist, specialist nurse, practice nurse, health care assistant, the practice manager and four reception/ secretarial staff. We also spoke with four patients and three representatives from the patient participation group (PPG). We reviewed 15 CQC comment cards where patients shared their views and experiences of the practice.

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

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

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

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

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

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 of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, where a potential reaction to a vaccine was not coded on the system the practice reviewed the incident and looked at how this could be avoided in future.

When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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 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 infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed four personnel files and found that 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. There was a health and safety policy available with a poster in the reception office. 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

also 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.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on each floor of the premises and oxygen with emergency medicines also easily accessible to staff. All the medicines we checked were in date and fit for use.
- 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 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 relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

- The practice used the information collected for the Quality 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 99% of the total number of points available, 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 better than to the CCG and national average. For example 84% of patients with diabetes had cholesterol check compared to the national average of 78%
- Performance for dementia related indicators was better than the CCG and national average. For example 94.4% of patients with dementia had their care reviewed face to face in the preceding 12 months compared to a national average of 84%.
- Emergency hospital admissions were comparable with national figures with emergency admissions for care sensitive conditions per 1000 population at 13.85% compared to a national average of 14.4 per 1000 population.

  Clinical audits demonstrated quality improvement.

- There had been several clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. The practice also had monthly training sessions where staff had protected learning time.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Additional members of staff had been recruited such as clinical prescribing pharmacist and health care assistant to provide increased flexibility to appointments and services provided.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Good

Are services effective?

(for example, treatment is effective)

- The practice worked with other service providers to meet patients' needs and manage those patients who had complex needs. It received blood test results, X-ray results, letters and discharge summaries from other services, such as hospitals and out-of-hours services, both electronically and by post. All staff we spoke with understood their roles and responsibilities when processing the information. There were systems in place for these to be reviewed and acted upon where necessary by clinical staff.
- The practice held monthly multidisciplinary team (MDT) meetings to discuss the needs of patients with complex needs. For example, those with multiple long term conditions, mental health problems, end of life care needs or patients who were vulnerable or at risk. These meetings were attended by a range of health and social care staff, such as health visitors, palliative care nurses and members of the district nursing team.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.
- The practice used on line systems and SMS texting to mobile phones to keep patients informed about their test results. Patients could also use on line systems to make an appointment and order prescriptions.

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, 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.

Health promotion and prevention

- Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and socially isolated .
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81% comparable with both the CCG average and national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- The practice promoted and ran the 'X-PERT' six week educational programme for newly diagnosed diabetics. This aimed to provide patients with the knowledge and skills to understand their condition, develop self-management skills and promote a healthy life style.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- Services were provided at the practice for patients to measure their own blood pressure and BMI to promote self-care and health promotion. In addition to this The practice provided health education sessions supported by the health coordinator.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. The 15 patient CQC comment cards we received were positive about the staff.

The majority of patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 95% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 97% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and national average of 97%

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. We noted that a separate room was provided for patients away from the reception area if they wished to discuss anything in private with staff.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line 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 88%.

Staff told us that translation services were available for patients who did not have English as a first language. The signing in screen and web site were available in other languages. Where patients had hearing difficulties signers for the deaf were booked to assist with communication. The reception area had lowered desks for wheelchair users and level access with lift facilities to the 1st floor.

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 including advocacy and carers support groups.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register for all people who had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

The practice provided Gold Standard Framework end of life care with district nurses and McMillan staff. They held monthly meetings to discuss all those patients who received additional care and support. This work has been shared with local care homes and other practices.

Staff told us that if families had suffered bereavement, their usual GP contacted them or made a home visit to meet the family's needs as well as by giving them advice on how to find a support service.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example providing additional support to house bound patients, with the provision of nursing and phlebotomy services for patients at the practice.

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

- The practice had a health trainer to support weight management, alcohol reduction and smoking cessation and could demonstrate this had a positive impact for patients using this service.
- The practice supported and promoted Patient Health Champions volunteers to help patients towards a healthier lifestyle. Several self-care educational sessions were held including, yoga, pilates a walking and a gardening group. The practice identified individuals who may be socially isolated and worked with them to encourage participation in social events and workshops.
- The practice had been a leader in the employment of Physician Assistants and this enables the practice to offer an appointment system that is flexible to the health needs of patients. A trainee Physician's Assistant (PA) is presently in place. There is also an effective mentorship programme that supports these additional roles within the practice.
- The practice supported staff with further clinical development. For example they were supporting their specialist nurse to further develop their clinical skills to be a nurse prescribing practioner. This was an extension of their existing role and would offer further flexibility and greater appointment access for patients.
- The practice is the lead in providing a local cross-practice care homes quality Improvement and support service to 15 local nursing and residential care homes The impact has reduced unplanned hospital admissions by 60% and allowed for more effective use of GP hours.
- The prescribing pharmacist role at practice provided support to patients who have queries about their medication and daily support and flexibility to the appointment system where patients had a prescribing or medication query
- There were longer appointments available for vulnerable people with mental health needs or a learning disability.
- Home visits were available for older patients and patients with long term conditions.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice had a counselling service and memory clinic based at the practice.

Access to the service

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 For example:

- 95% of patients said the last appointment they got was compared to the CCG average of 91% and national average of 91%.
- 72% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 76% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

Appointments were from 8.00am to 6.00pm Monday to Friday. However the practice had recently introduced an innovative system which operated an appointment system based on telephone consultation service. This had been in response to the patient survey and difficulties with access. Information about the new system had been provided to patients about the change on telephone, web site and information in the waiting room.

Patients were asked to ring the practice and speak with reception who would arrange a call back from the duty GP who would decide the action to be taken. The patient would either have telephone consultation or be asked to attend the surgery for a face to face appointment with a GP. This was guaranteed to be within the same day or at the patients convenience. Where required a GP could book an on-going appointment for a patient into the system. The

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

practice had a duty GP and a minimum of two other GPs available throughout the day. Patients could not therefore book an appointment. We discussed this with the practice who told us that this had freed up 30% of appointments in the system and patients were guaranteed to be dealt with the same day.

We spoke with patients during the inspection. All were happy with the care they received and thought that staff were approachable, committed and caring. However, patients had experienced some difficulties in understanding the changes and getting through on the telephone. They did confirm however that they had all contacted the practice earlier in the day and had a telephone call from the GP who asked them to attend at the practice. We asked the practice how they monitored the success of the new system. Their monitoring system looked at the efficiency of the system but did not explore overall patient satisfaction. It was discussed that further review of the appointment systems from the patients' satisfaction would be beneficial.

Listening and learning from concerns and complaints

The practice had a 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 for instance information was available on the web site and in the practice leaflet which explained the complaints process. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the compliant. These had all been dealt with in line with the practice policy, identifying action taken and any lessons learned. We were informed shared learning from these was discussed with staff at practice meetings

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had introduced a new telephone system and an online appointment system in response to patient concerns about not being able to access appointments easily.

Are services well-led?

Good

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

Our findings

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements

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

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.
- Staff told us that regular weekly clinical team meetings were held on a Friday. Other staff teams met monthly, for instance the secretarial and reception teams. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at their team meetings and were confident in doing so and felt supported if they did. They did however comment that they did not have the opportunity to meet with all other staff. We discussed with the practice manager and Registered Manager GP that there was no opportunity during the year for a full staff meeting. They told us that this would now be reviewed with a quarterly meeting to be put in place.

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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met every six weeks, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice worked with the PPG in decisions around patient's access to appointments.
- The practice had also gathered feedback from staff through individual appraisals and staff meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with

Are services well-led?

Good

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

colleagues and management. The practice held regular staff meetings and said they were encouraged to raise items on the agenda. Staff confirmed they felt involved and engaged to improve how the practice was run.

- The practice had also gathered feedback from staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.