

St Johns Group Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Johns Group Practice on 7 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

- The lead GP for safeguarding established good links with the school nurse team and a representative from the team attended the practice monthly safeguarding multidisciplinary meeting. The GP arranged for this to happen at other practices in the local area. School nurses performed asthma checks on children and shared the results with the practice.
- To provide continuity of care, all patients with a learning disability had a named GP who performed their annual review. Staff described how patients liked this service as they were familiar with the GP and more likely to attend screening sessions. The GP developed a protocol to share with other practices.

Summary of findings

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was 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 things went wrong patients received reasonable support, truthful information, and a 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. The practice established good communication links with the school nurses and also attended multidisciplinary practice meetings.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed 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.

Summary of findings

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

Are services responsive to people's needs?

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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. A new telephone system had been introduced earlier this year to improve telephone access to the practice.
- 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 the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- To provide continuity of care, all patients with a learning disability had a named GP who performed their annual review. Staff described how patients liked this service as they were familiar with the GP and more likely to attend screening sessions. The GP developed a protocol to share with other practices.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The 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

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

- All had a named GP.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

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

- Nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 4% below the CCG average and 3% above the national average.
- 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, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The lead GP for safeguarding established good links with the school nurse team and a representative from the team attended the practice monthly multidisciplinary team meeting. The GP supported other practices to establish the same arrangements. School nurses performed asthma checks on children and shared the results with the practice.

Good



Summary of findings

- 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 for the cervical screening programme was 77%, which was below the CCG average of 82% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- To provide continuity of care, all patients with a learning disability had a named GP who performed their annual review. Staff described how patients liked this service as they were familiar with the GP and more likely to attend screening sessions. The GP developed a protocol to share with other practices.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 77% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%.
- Of those experiencing poor mental health 62% had an agreed care plan in place which was lower than the national average of 88%. GPs were in the process of identifying those patients who did not routinely attend for long term condition reviews to contact them and establish the reasons why and encourage them to attend.
- The practice regularly worked with multidisciplinary teams in the case management of patients 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 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was mostly performing above local and national averages apart from telephone access to the practice. A new telephone system had recently been introduced at the time of this survey. 254 survey forms were distributed and 111 were returned. This represented 1% of the practice's patient list.

- 48% found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).

- 82% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, 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 17 comment cards which were positive about the standard of care received. Comments included 'very caring staff', 'very happy with the service' and 'excellent service doctors and staff always ready to listen'.

We spoke with two patients during the inspection. Feedback from patients about their care was positive. All patients said they were happy with the care they received and thought staff were friendly, helpful and caring.

St Johns Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector and a GP specialist adviser.

Background to St Johns Group Practice

St Johns Group Practice is located on the outskirts of Doncaster town centre. The practice provide services for 9,124 patients under the terms of the NHS General Medical Services contract. The practice catchment area is classed as within the group of the third more deprived areas in England. The age profile of the practice population is similar to other GP practices in the Doncaster Clinical Commissioning Group (CCG) area.

The practice has three GP partners, two male and one female. They are supported by a salaried GP, a senior nurse, a nurse prescriber, three practice nurses, two healthcare assistants, an apprentice healthcare assistant, a practice manager and a team of reception and administrative staff.

The practice is open between 8am to 6pm Monday to Friday. Appointments with all staff were available during the practice opening hours. A phlebotomy service with the healthcare assistant was available daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

When the practice is closed calls were answered by the out-of-hours service which is accessed via the surgery telephone number or by calling the NHS 111 service.

The practice is located in a purpose built building with a lift to the first floor. Parking spaces are available to the front of the practice.

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 November 2016. During our visit we:

- Spoke with a range of staff (GP, practice nurses, practice manager, administrative and reception staff) and spoke with patients who used the service.
- Observed how staff interacted with patients and talked with patients, carers and/or family members.
- 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:

Detailed findings

- 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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. We noted referral to the hospital trust was included on the form. Staff told us this rarely happened and they would use this section to capture sharing incidents with other agencies. The practice manager told us the incident recording form would be reviewed to capture the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident relating to the storage of vaccinations the practice reviewed the cold chain procedure. The reviewed procedure was shared with staff and included specific guidance on receiving vaccinations into the practice and data logger temperature recording equipment was purchased to monitor vaccine fridge temperatures. The revised procedure was also shared with other practices in the area to prevent the same incident happening elsewhere.

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 adults from abuse. These arrangements reflected

relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 on safeguarding children and adults relevant to their role. GPs were trained to child safeguarding level three.

- The lead GP for safeguarding established good links with the school nurse team and a representative from the team attended the practice monthly multidisciplinary team meeting. School nurses performed asthma checks on children and shared the results with the practice. The GP arranged for this to happen at other practices in the local area.
- A notice in the waiting room 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 (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). Staff did not document in the patient records when patients refused a chaperone. The practice manager told us this would be reviewed and added to procedure.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning schedules and instructions were available in both English and the native language of the cleaning staff.
- The practice nurse was the infection prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection prevention and control protocol in place. Further update training had been arranged for staff. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted one of the chairs used by staff in a consultation room was made from material which was not easily cleaned and the arms of the chair were heavily worn. The practice manager told us this was included in the programme of refurbishment to be replaced.

Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We noted the specific directions were valid for five years for vitamin B injections. A GP partner told us that the procedure would be updated and be included as part of the patients' annual medication review.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five 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. There was a health and safety policy available. The last fire risk assessment of November 2014 did not detail some areas of risk. For example it documented the practice held

stocks of medical gases and location but did not detail the type of medical gas and whether storage facilities were adequate. The practice manager told us this would be reviewed during the next fire risk assessment of the premises scheduled for November 2016.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection prevention and control. A legionella risk assessment had been completed in October 2016. (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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms and a separate staff alarm system 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 the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice did not keep a log of actions taken as a result of guidelines. The practice manager told us this would be reviewed and a system implemented.

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 94.9% of the total number of points available with 7.6% 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).

Data from showed 2015/16:

- Performance for diabetes related indicators was 4% below the CCG average and 3% above the national average.
- Performance for mental health related indicators was 18% below the CCG and 14% below the national average.
- 77% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%.
- Of those experiencing poor mental health 62% had an agreed care plan in place which was lower than the national average of 88%.

The practice had recently moved from one electronic patient record to another. Not all of the codes used in the old system could be transferred to the new system and needed to be reviewed. A partner explained this was why

not all of the achievements had been met. Staff did not except patients with long term conditions who did not attend. GPs were in the process of identifying those patients who did not routinely attend for long term condition reviews to contact them and establish the reasons why and encourage them to attend.

There was evidence of quality improvement including clinical audit. There had been five clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result included review of pregnant women to ensure they were taking the correct dose of folic acid. The practice participated in local audits, national benchmarking, accreditation and peer review.

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. This 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could 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 and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was a placement area for medical students.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. School nurses attended these meetings.

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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A counsellor held a weekly clinic offering talking therapies to patients. Staff told us the service was popular with patients particularly to assist them to make healthy life choices.
- Staff also referred patients to the social prescribing project in Doncaster. They had the option to prescribe non-medical support to patients. This included support for loneliness and social isolation, to provide information regarding housing issues or advice on debt.

The practice's uptake for the cervical screening programme was 77%, which was below the CCG average of 82% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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 93% to 96% and five year olds from 86% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 17 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.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG and the national average of 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 also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 above local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and available in different languages.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 54 patients as carers (0.5% of the practice list). Written information was

available to direct carers to the various avenues of support available to them. Staff were in the process of updating the carers list as they were aware of carers who were not included.

Staff told us that if families experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call provided advice on how to find a support service.

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. The practice funded a joint initiative with a neighbouring practice to fund a practice nurse to review those who could not get to the practice. This post was currently vacant.

- There were longer appointments available for those who needed them.
- To provide continuity of care, all patients with a learning disability had a named GP who performed their annual review. Staff described how patients liked this service as they were familiar with the GP and more likely to attend screening sessions. The GP developed a protocol to share with other practices.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and referred to other clinics for vaccines available privately.
- The practice was accessible, had a hearing loop and interpretation services were available over the telephone and face to face interpreters could be booked in advance.
- Staff asked patients with asthma to complete an asthma review form available on the practice website prior to attending their review appointment. Staff explained this enabled the patient to contribute to the review and identify any areas they wanted to discuss in advance so they remembered at their appointment.

Access to the service

The practice was open between 8am to 6pm Monday to Friday. Appointments were available with staff during these times. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 48% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. Following feedback from patients and the patient participation group, a new telephone system had been installed earlier this year. The new system informed callers the position of their call to be answered if there was a queue. Patients reported recent improvement in the system. The national GP patient survey results were collected prior to the installment of the new telephone system.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- 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

We looked at ten complaints received in the last 12 months and found lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken to as a result to improve the quality of care. For example, following feedback where there was confusion over an appointment, the procedure to book appointments

Are services responsive to people's needs? (for example, to feedback?)

was reviewed. The updated procedure was circulated to staff and included informing patients of the date and time of their appointment along with which staff member they were booked to see.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the practice and staff knew and understood the values.
- 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 was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice 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 the practice held regular team meetings.
- 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 and supported in doing so.
- 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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group identified the need to improve confidentiality in the reception area. A sign was installed to ask people to stand behind a line to allow privacy for the person at the reception window. Calls to the practice were now answered by reception staff behind a partition wall rather than at the desk and a more private area was used if the person wanted to speak in confidence.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they

Are services well-led?

Good 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management . Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a 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. The practice jointly funded with a neighbouring practice a nurse whose role was to review those patients who found it difficult to attend the practice in their own homes. Staff had also developed good links with local health visitors to ensure they liaised with the practice and attend multidisciplinary team meetings.