Whitburn Surgery

Quality Report

3 Bryers Street, Whitburn, Tyne and Wear, SR6 7EE
Tel: 0191 529 3039
Website: www.whitburnsurgery.nhs.uk

Date of inspection visit: 5 January 2017
Date of publication: 08/02/2017

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

On 18 May 2016 we carried out an announced comprehensive inspection at Whitburn Surgery. The overall rating for the practice was requires improvement, having being judged as requires improvement for Effective and Well Led and inadequate for Safe The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Whitburn Surgery on our website at www.cqc.org.uk.

Following the comprehensive inspection the practice wrote to us to say what they would do to meet the following legal requirements set out in the Health and Social Care Act (HSCA) 2008:

- Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.
- Regulation 15 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and equipment.
- Regulation 17 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.
- Regulation 18 Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

This announced comprehensive inspection was carried out on the 5 January 2017 in order to review the action by the practice to be compliant with the regulations. Overall the practice is now rated as good.

- Staff understood and fulfilled their responsibilities to raise concerns, and report incidents and near misses; improvements had been made to the significant event reporting process.
- Risks to patients were assessed and well managed.
- Outcomes for patients who use services were good.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

Summary of findings

- Staff were consistent and proactive in supporting patients to live healthier lives through a targeted approach to health promotion. Information was provided to patients to help them understand the care and treatment available.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had a system in place for handling complaints and concerns and responded quickly to any complaints.
- Patients we spoke with raised no concerns regarding making an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure in place and staff felt supported by management. The practice sought feedback from staff and patients, which they acted on.
- The practice was aware of and complied with the requirements of the Duty of Candour regulation.

The areas where the provider should make improvements are:

- Develop an effective system for clinical audit.

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. The practice had taken action to address the areas which required improvement during our previous inspection in May 2016.

Staff understood and fulfilled their responsibilities with regard to raising concerns, recording safety incidents and reporting them both internally and externally. Risks to patients were assessed and well managed.

Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and verbal or written apologies.

Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements.

The practice was clean and hygienic, and infection control arrangements were in place.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe.

Staff recruitment and induction policies were in operation and staff had received Disclosure and Barring Service (DBS) checks where appropriate. Chaperones were available if required and staff who acted as chaperones had undertaken appropriate training.

Are services effective?

Good

The practice is rated as good for providing effective services. The practice had taken action to address the areas which required improvement during our previous inspection in April 2016.

Patients' needs were assessed and care was planned and delivered in line with current legislation. There were systems in place to support multi-disciplinary working with other health and social care professionals in the local area. Staff had access to the information and equipment they needed to deliver effective care and treatment, and had received training appropriate to their roles.

Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above the local clinical commissioning group (CCG) and national averages. They had achieved 97% of the points available to them for 2015/16 (CCG average 96.3%, national average 95.3%). The data for 2015/16 showed that the practice had received maximum points for 14 of the 19 clinical domain indicator

Summary of findings

groups, which included which included asthma, heart failure and chronic obstructive pulmonary disease (COPD) indicators. However, the practice could not demonstrate they had an effective system for clinical audit.

Staff received annual appraisals. They were given the opportunity to undertake both mandatory and non-mandatory training.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Data was lower for some of the GP scores in the National GP Patient Survey, however, other scores were above local and national averages, for example, 96% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice had taken action to address the areas which required improvement during our previous inspection in April 2016.

The practice reviewed the needs of their local population and engaged with the clinical commissioning group (CCG) in an attempt to secure improvements to services where these were identified. The practice provided a good range of services for patients for example; minor surgery, family planning, phlebotomy and spirometry services and they could carry out electrocardiograms (ECG). Patients said they could make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. However there were no extended opening hours.

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

Are services well-led?

Good

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

The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures in place to govern activity.

Summary of findings

There was a 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 practice planned to develop a business plan.

The provider was aware of and complied with the requirements of the Duty of Candour regulation. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

The practice sought feedback from staff and patients, which it acted on. There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, patients at high risk of hospital admission and those in vulnerable circumstances had care plans in place. All patients over the age of 75 had an allocated named GP. The practice maintained a palliative care register and end of life care plans were in place for those patients it was appropriate for. They offered immunisations for pneumonia and shingles to older people and in their own home where necessary. The practice provided a phlebotomy, spirometry and could carry out electrocardiograms (ECG). Prescriptions could be sent to any local pharmacy electronically.

The practice was the nominated lead practice and provided care to approximately 20 patients in a local care home. The visiting was shared between the GPs.

People with long term conditions

Good

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

The practice had a register of patients with long term conditions which they monitored for recall appointment for health checks. The practice's electronic system was used to flag when patients were due for review and they had recently changed the way they recalled patients for review. Where appropriate patients with complex conditions were discussed amongst the clinicians at their regular multi-disciplinary team (MDT) meetings.

The practice nurses had received training in the management of asthma and diabetes. This allowed them to assess diagnose and initiate treatment of patients with these conditions and ensure they received a high standard of care.

Families, children and young people

Good

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. Immunisation rates were higher than clinical commissioning group (CCG) and national averages. For example, childhood immunisation rates for the vaccinations given to five year olds were at 97.8%, compared to CCG averages of 96% to 99%.

Summary of findings

There was also a baby and child immunisation clinic every Tuesday afternoon. Appointments were available outside of school hours and the premises were suitable for children and babies.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 81%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Family planning services were available at the practice.

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 which included appointment booking, test results and ordering repeat prescriptions. There was a full range of health promotion and screening that reflected the needs for this age group. Flexible appointments were available, including telephone consultations; however, there were no extended opening hours.

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 regularly worked with multi-disciplinary (MDT) teams in the case management of vulnerable people. They had told 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. Where appropriate, patients with complex conditions were discussed amongst the clinicians at their regular MDT meetings.

The practice's computer system alerted GPs if a patient was a carer. There were 83 coded on the practice system which was 1.6% of the practice population. The practice told us that providing support for carers was something they were looking to improve on.

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).

Summary of findings

The practice maintained a register of patients experiencing poor mental health and recalled them for regular reviews. Patients were advised how to access various support groups and voluntary organisations. Where appropriate patients with complex conditions were discussed amongst the clinicians at their regular MDT meetings.

Summary of findings

What people who use the service say

We spoke with one patient on the day of our inspection. They said they were satisfied with the care they received from the practice.

We reviewed 44 CQC comment cards completed by patients prior to the inspection. The cards completed were positive, there were six cards with negative comments, but there were no pattern to these. Common words used to describe the practice included, excellent, very good, pleasant and helpful staff.

The latest GP Patient Survey published in July 2016 showed that scores from patients were above average in most areas, however, some of the scores for GPs were below average when compared to national and local averages, these scores were similar at our previous inspection. The percentage of patients who described their overall experience as good was 88%, which was in line with the local clinical commisioning group (CCG) average of 89% and the national average of 85%. Other results from those who responded were as follows;

- The proportion of patients who would recommend their GP surgery – 81% (local CCG average 79%, national average 78%).
- 87% said the GP was good at listening to them compared to the local CCG average of 91% and national average of 89%.
- 84% said the GP gave them enough time compared to the local CCG average of 89% and national average of 87%.
- 95% said the nurse was good at listening to them compared to the local CCG average of 93% and national average of 91%.
- 96% said the nurse gave them enough time compared to the local CCG average of 94% and national average of 92%.
- 90% said they found it easy to get through to this surgery by phone compared to the local CCG average 78%, national average 73%.
- 84% described their experience of making an appointment as good compared to the local CCG average 77%, national average 73%.
- 92% said they find the receptionists at this surgery helpful compared to the local CCG average 89%, national average 87%.

These results were based on 107 surveys that were returned from a total of 230 sent out; a response rate of 46.5% and 2.1% of the overall practice population.

Areas for improvement

Action the service SHOULD take to improve

- Develop an effective system for clinical audit.

Whitburn Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector; the team included a GP specialist advisor.

Background to Whitburn Surgery

Whitburn Surgery provides Primary Medical Services to the village of Whitburn and the surrounding areas. The practice provides services from one location, 3 Bryers Street, Whitburn, Tyne and Wear, SR6 7EE. We visited this address as part of the inspection.

The surgery is located in purpose built premises. There is step free access at the front of the building and all facilities are on the ground floor. There is car parking to the front of the surgery for patients and also street parking outside of the surgery grounds. There are no dedicated disabled bays in the car park.

The practice has three GP partners, all male. Two of the GPs work part-time and the whole time equivalent (WTE) of GPs is 2.1. There are two practice nurses and one healthcare assistant, all of who are part-time (nursing WTE 0.96 and healthcare assistant WTE 0.32). There is a practice manager and five reception and administration staff.

The practice provides services to approximately 5,065 patients of all ages. The practice is commissioned to provide services within a General Medical Services (GMS) contract with NHS England and is part of NHS South Tyneside clinical commissioning group (CCG).

The practice is open from 8.30am until 6pm Monday to Friday and closes for lunch from 12.30pm until 1pm. There are no extended opening hours.

Consulting times with the GPs are as follows;

Monday – 9-11.30am and 3-5.40pm

Tuesday – 8.40-11.20am and 3-5.40pm

Wednesday – 9-11.05am and 3-5.10pm

Thursday – 8.40–11.20 and 3-5.40pm

Friday – 9-11.30 and 2.30-5.20pm

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Vocare, known locally as Northern Doctors Urgent Care Limited.

Why we carried out this inspection

We undertook a comprehensive inspection of Whitburn Surgery 18 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services, requires improvement for providing effective and well-led services and good for providing caring and responsive services. We asked the practice to provide us with an action plan confirm how they were going to meet legal requirements. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Whitburn Surgery on our website at www.cqc.org.uk.

We undertook a follow up comprehensive inspection on 5 January 2017 to check that action had been taken to comply with legal requirements.

Detailed findings

How we carried out this inspection

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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. This included the local clinical commissioning group (CCG) and NHS England.

The inspection team:

- Reviewed information available to us from other organisations, for example, NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 5 January 2017.
- Spoke with staff and patients.
- Looked at documents and information about how the practice was managed.
- Reviewed patient survey information, including the NHS GP Patient Survey.

Reviewed a sample of the practice's policies and procedures.

Good

Are services safe?

Our findings

At our previous inspection on 18 May 2016, we rated the practice as inadequate for this domain. The practice could not assure us that the arrangements in respect of health and safety, the security of the building and the recording of significant events and patient safety alerts were adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 5 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

At our previous inspection we said that the practice could improve the way they recorded and carried forward actions in relation to significant events. At this inspection we saw that systems had been improved. The practice manager was the point of contact for staff when they needed to report significant events. There was a specific form for staff to complete and the practice manager kept a record of them and actions taken. The events were then added to the local clinical commissioning group (CCG)'s Safeguard Incident & Risk Management System (SIRMS), where incidents and events met the threshold criteria. We saw minutes of the practice multidisciplinary team meeting where significant events were discussed. There had been seven significant events in the last year. The practice planned to have an annual review of these at the end of March 2017.

Staff we spoke with were aware of the significant event process and actions they needed to take if they were involved in an incident. We saw that a presentation to raise awareness of significant events had been given to staff in June 2016, which gave examples of them and how to report them. The practice's ethos complied 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).

At our previous inspection there was no comprehensive system in place to manage patient safety alerts. We saw at this inspection that a comprehensive log system was in place where the practice manager ensured that each alert was managed and given to the appropriate member of staff to be actioned.

Overview of safety systems and processes

At our previous inspection we saw that the practice had some systems, processes and practices in place to keep people safe, at this follow up inspection we saw that improvements had been made:

- Staff were aware of who to speak to in the practice if there were safeguarding issues. One of the GP partners was the safeguarding children and adult lead. Patient records were tagged with alerts for staff if there were any safeguarding issues they needed to be aware of. Safeguarding issues were discussed in the monthly multidisciplinary meetings which the health visitor attended where possible. We saw copies of minutes of these meetings. Staff demonstrated they understood their responsibilities.
- At our previous inspection we could not verify safeguarding training for all staff. We saw at this inspection that staff had received safeguarding children training relevant to their role and safeguarding adults training. The safeguarding lead had received level three safeguarding children training. Previously we saw there were no practice specific safeguarding policies. We saw at this inspection that the safeguarding policy was practice specific and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare
- There was a notice displayed in the waiting area, advising patients that they could request a chaperone, if required. The practice nurses, health care assistant and two receptionists carried out this role. They had all 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). We confirmed they had received chaperone training.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control lead. There were infection control policies in place. Regular infection control and hand hygiene audits had been carried out and where actions were raised these had been addressed. There were spillage kits available. Medical equipment, including those used in minor surgery, was sterilised off-site at the local NHS hospital.

Good

Are services safe?

The practice was able to demonstrate their process for decontamination. We confirmed staff had received infection control training for staff. General medical equipment was calibrated and serviced.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording and handling.). Prescription pads were securely stored and there were systems in place to monitor their use. Vaccines were suitably stored and monitored. Daily temperature checks of the vaccine refrigerators were carried out and appropriate records were maintained. Patient Group Directions (PGD) had been adopted by the practice, to enable nurses to administer medicines in line with legislation.These were up-to-date and had been signed. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacist.
- We saw the practice had a recruitment policy which was updated regularly. Recruitment checks were carried out. We sampled recruitment checks for both staff and GPs, including locums, and saw that checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We saw that the clinical staff had medical indemnity insurance.

Monitoring risks to patients

At our previous inspection we saw that risks to patients were not always assessed or well managed, at this follow up inspection we saw that improvements had been made:

- Previously we found that the health and safety policy was not comprehensive and did not set out how specific risks would be monitored. The practice had employed a health and safety contractor following our inspection in May 2016 and a new policy and risk assessments were in place. Staff had received health and safety training. The practice had a legionella risk assessment carried out in December 2016, some risks had been identified, and the practice manager had devised an action plan to address the issues and discussed this with us.
- At the previous inspection we saw that there had been actions from a previous fire risk assessment, it was unclear if these had been carried out. We saw that these had been addressed and staff had received fire training. There had been a recent documented fire evacuation drill. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Previously there were security risks identified at the practice, this included patient paper records being held in unlocked cabinets close to public areas in the practice and most of the clinical room doors did not lock. We saw that the practice had replaced the locks on the doors of all of the internal rooms which needed to lock and all of the filing cabinets were now lockable.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice rarely used locum cover.

Arrangements to deal with emergencies and major incidents

Staff had received basic life support training and there were emergency medicines available in the practice. The practice had a defibrillator available on the premises and oxygen, however, this had almost run out, the practice were able to confirm another cylinder was on order. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a business continuity plan in place for major incidents such as building damage. The plan included emergency contact numbers for staff and was updated on a regular basis.

Good

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 18 May 2016, we rated the practice as requires improvement for providing effective services as not all staff had received required training or appraisals.

These arrangements had improved when we undertook a follow up inspection on 5 January 2017. The practice is now rated as good for providing effective services.

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The staff kept themselves up to date via clinical and educational meetings. This information was used to develop how care and treatment was delivered to meet patient needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2015/16 showed the practice had achieved 97% of the total number of points available to them. The QOF score achieved by the practice in 2015/16 was above the England average of 95.3% and the local clinical commissioning group (CCG) average of 96.3%. We saw that compared to our previous inspection the practice had improved its QOF score, the previous data from 2014/15 showed the practice had achieved 88.2% of the total number of points available to them.

The QOF clinical exception rate was 10.2%, which was above the England average of 9.8% and the CCG average of 10.1%. 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. We looked at the exception reporting, due to it being above average figures and saw that it was appropriately audited.

The data for 2015/16 showed that the practice had received maximum points for 14 of the 19 clinical domain indicator groups, which included asthma, heart failure and chronic obstructive pulmonary disease (COPD) indicators. The areas where they were below the national and local averages were;

- Performance for hypertension related indicators was 80.3% compared to 97.3% nationally.
- Performance for mental health related indicators was 75.3% compared to 92.8% nationally.

The practice could not demonstrate they had an effective system for clinical audit. We were provided with one two cycle audit which was small in terms of the number of patients it audited. The other audit provided was not a two cycle audit. The practice did not have systematic way of determining their audit topics.

Effective staffing

At our previous inspection we saw that staff did not always have the skills, knowledge and experience to deliver effective care and treatment. At this inspection we saw that arrangements for training and appraisals had been improved.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics relating to the responsibilities of their job role.
- The learning needs of non-clinical staff were identified through a system of appraisals and informal meetings. Staff had access to appropriate training to meet those learning needs and to cover the scope of their work. All staff had received an appraisal within the last twelve months. We saw examples of these. Staff told us they felt supported in carrying out their duties.
- All GPs in the practice had received their revalidation (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list.)
- The practice had purchased an on-line training computer package which they said they staff found easy to use. They had received training that included: fire and health and safety, equality and diversity, basic life

Good

Are services effective?

(for example, treatment is effective)

support, safeguarding children and adults, infection control and information governance awareness. Clinicians and practice nurses had completed training relevant to their role.

Coordinating patient care and information sharing

The practice had systems in place to plan and deliver care and information on 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. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services some of whom were based in the same building. Multi-disciplinary team (MDT) meetings took place monthly; the district nurse, health visitor and social worker attended where possible. At these meetings data and knowledge of patients was used to identify high risk patients who may have needed follow-up contact or a care plan put in place. The practice had a palliative care register which was discussed at the monthly MDT meeting in order to manage the care, treatment and support of these patients. The GPs reviewed all hospital discharge letters and results of blood tests; these were actioned within 48 hours.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

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 those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a cervical screening programme. The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 81%.The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to five year olds were at 97.8%, compared to CCG averages of 96% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients with the practice nurse or the GP if appropriate. Follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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 they were treated with dignity and respect.

- 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.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

We reviewed 44 CQC comment cards completed by patients prior to the inspection. The cards completed were positive, there were six cards with negative comments, there were no pattern to these. Common words used to describe the practice included, excellent, very good, pleasant and helpful staff. We spoke with one patient on the day of our inspection. They said they were satisfied with the care they received from the practice.

Results from the National GP Patient Survey in July 2016 showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was above or in line with the average for its satisfaction scores on consultations with doctors and nurses. For example, of those who responded:

- 94% said they had confidence and trust in the last GP they saw compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 92% said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey showed scores for GPs were lower than local and national averages in relation to involvement in planning and making decisions about their care and treatment but higher for the nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 91% and the national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 95% said the last nurse they spoke to was good listening to them compared to the CCG average of 93% and the national average of 91%.
- 96% said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.

Staff told us that translation services were available for patients who did not have English as a first language.

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. This included information regarding smoking cessation, cancer awareness and support for long term illness.

The practice's computer system alerted GPs if a patient was a carer. Carers were coded on the practice computer system. (Clinical codingis the translation ofclinicalterminology as written by a clinician into statistical code which can then be searched upon at a later date). There were 83 coded on the practice system which was 1.6% of the practice population. There was written information available for carers to help them understand the various avenues of support available to them in the practice waiting room. The local carers association had

Good

Are services caring?

provided an awareness session for staff. GPs would opportunistically offer health checks to carers. The practice told us that providing support for carers was something they were looking to develop further.

Staff told us that if families had suffered bereavement, depending upon the families wishes the GP would telephone or visit to offer support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

The practice provided a good range of services which were planned and delivered to take into account the needs of different patient groups and to help to provide flexibility, choice and continuity of care. For example;

- The practice was open from 8.30am until 6pm Monday to Friday and closed for lunch from 12.30pm until 1pm.
- Telephone consultations were available if required
- Booking appointments with GPs and requesting repeat prescriptions was available online.
- Home visits were available for housebound patients or those who could not come to the surgery.
- The practice had all male GPs. The practice said this had not been raised as an issue for any patients so far. There were arrangements with another local GP practice for patients to see a female GP if necessary.
- The practice had a dedicated telephone line for other health care professionals to use in emergencies such as the local ambulance service or other local surgeries.
- The practice carried out minor surgery and provided a family planning, phlebotomy and spirometry services and could carry out ECG).
- There were disabled facilities and translation services available. However, the front doors were quite heavy; there was no notice to highlight to patients that they could ask for assistance if required. The practice manager told us they were looking into the possibility of electronic doors.
- All patient services were accessible to patients with physical disabilities.
- There was an ante-natal clinic provided at a local health centre and baby and child immunisation clinic every Tuesday afternoon or patients could book an appointment if more convenient.

Access to the service

The practice was open from 8.30am until 6pm Monday to Friday and closed for lunch from 12.30pm until 1pm. Consulting times with the GPs were as follows;

Monday – 9-11.30am and 3-5.40pm

Tuesday – 8.40-11.20am and 3-5.40pm

Wednesday – 9-11.05am and 3-5.10pm

Thursday – 8.40–11.20 and 3-5.40pm

Friday – 9-11.30 and 2.30-5.20pm

Patients we spoke with said they did not have difficulty obtaining an appointment to see a GP and patients who completed CQC comment cards said they could get an appointment when they needed one.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. For example;

- 81% of patients were satisfied with the practice's opening hours compared to the local CCG average of 81% and national average of 76%.
- 90% patients said they could get through easily to the surgery by phone compared to the local CCG average of 78% and national average of 73%.
- 84% patients described their experience of making an appointment as good compared to the local CCG average of 77% and national average of 73 %.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system. This included leaflets in the patient waiting area. Staff we spoke with were aware of the practice's policy and knew how to respond in the event of a patient raising a complaint or concern with them directly.

We saw the practice had received three formal complaints in the last 12 months and these had been investigated in

Good

Are services responsive to people's needs?

(for example, to feedback?)

line with their complaints procedure. Where mistakes had been made, it was noted the practice had apologised formally to patients and taken action to ensure they were not repeated.

Are services well-led?

Good

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

Our findings

At our previous inspection on 18 May 2016, we rated the practice as requires improvement for being well-led as there was no business development plan, there were only some governance arrangements in place and the practice had not actively sought feedback from patients to improve services.

These arrangements had significantly improved when we undertook a follow up inspection on 5 January 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice mission statement was to provide modern family medicine in a caring and safe environment for all of the patients.

The practice was to work on a business plan in the coming months. Staff explained that they had recently focused on the CQC issues raised and had worked to address them. Now they were hoping to focus on other areas which needed improvement. For example, the patient participation group (PPG) had raised the issue of there being no marked disabled bay in the car park and the practice was to address this.

There were monthly business information meetings which the GP partners and practice manager attended. The staff we spoke with, including clinical and non-clinical staff, all knew the provision of high quality care for patients was the practice's main priority.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Improvements had been made since our previous inspection.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities; the GPs were involved in the day to day running of the practice.
- There were leads for areas such as safeguarding and long term conditions.
- Practice specific policies were implemented and were available to all staff.
- The staff including the GPs and practice manager had an understanding of the performance of the practice. The scores from the Quality and Outcomes Framework (QOF) had improved since our previous inspection. However, the programme of clinical audit could be more effective.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The recording of significant events had improved.

Leadership and culture

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

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.

There were multi-disciplinary meetings held every month and clinical meetings held after these. We saw copies of minutes of these meetings. There was a business meeting every month. There were staff administration meetings on the first Tuesday of every month.

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

At our previous inspection the practice did not have a patient participation group (PPG). The practice now had one in place and had held their first meeting in December 2016. There were 10 members in the group with more patients interested in joining. The group had discussed the purpose of the meetings and they had raised any concerns they had with the practice. The next meeting was to be held in February 2017 and the terms of reference of the group were to be discussed.

The practice had also gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Opportunities for individual training were identified at appraisal.

Are services well-led?

Good

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

Continuous improvement

The practice had focused on the areas in the last inspection where we said they needed to improve and we saw arrangements had significantly improved at this inspection.

- The practice had set up the PPG.
- The QOF scores had improved significantly.
- The practice had implemented an on-line training package for staff.
- The practice were looking to improve the support they provided to carers.

One of the GP partners was involved in the setting up of a clinical commissioning group (CCG) initiative for Healthcare pathways. This is a project aimed at providing improved care to patients by sharing knowledge.