Colne Road Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Colne Road Surgery on 09/09/2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, however were not fully recorded.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

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

Importantly the provider should;

- Ensure all risk assessments are fully documented.
- Ensure the Locum pack is available to all locums working at the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed however were not always fully recorded.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was equipped to treat patients and meet their needs.

Summary of findings

Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings. Appraisals were on-going throughout the year for all staff.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. One practice nurse had five hours per week identified in her contract for home visits to elderly and patients requiring on-going home care.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with Clinical Commissioning Group averages for all childhood immunisations. One practice nurse was trained to level 4 in child neglect to support the GP and other professionals when children were identified as neglected. 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives.

Working age people (including those recently retired and students)

Good

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

working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability. Last year 100% of these patients had received a follow-up and since April this year 33% had been completed. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. 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.

The practice worked closely with another professional group in the shared care of patients with drug misuse problems who were actively part of a recovery group.

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). 100% of people experiencing poor mental health had received an annual physical health check last year and 80% had an agreed care plan in their records. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 4th July 2015 showed the practice was performing in line with local and national averages. There were 119 responses and a response rate of 27.4%.

- 75.2% find it easy to get through to this surgery by phone compared with a CCG average of 71.1% and a national average of 74.4%.
- 88.6% find the receptionists at this surgery helpful compared with a CCG average of 84.6% and a national average of 86.9%.
- 63% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 59.4% and a national average of 60.5%.
- 83.3% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84.2% and a national average of 85.4%.
- 88.7% say the last appointment they got was convenient compared with a CCG average of 91.3% and a national average of 85.4%.
- 74.8% describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73.8%.
- 77.1% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 64.7% and a national average of 65.2%.
- 53.1% feel they don't normally have to wait too long to be seen compared with a CCG average of 58.5% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. Patients praised individual staff and GPs and told us they felt comfortable with their care. Some patients commented on recent changes in for example staff and stated these had enhanced their experience at the practice.

Areas for improvement

Action the service SHOULD take to improve

- Ensure all risk assessments are fully documented.
- Ensure the Locum pack is available to all locums working at the practice.

Colne Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Inspector. The team included a GP and a practice nurse specialist advisor and a further CQC inspector.

Background to Colne Road Surgery

Colne Road Surgery is situated in Burnley in East Lancashire. It is part of the NHS East Lancashire Clinical Commissioning Group (CCG.) Services are provided under a general medical service (GMS) contract with NHS England. There are 4592 registered patients. The practice is situated on a residential road with limited on street parking available nearby. Information published by Public Health England, rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Deprivation affecting children with in the practice is rated at 34% compared with CCG averages of 22.9%. Deprivation affecting older people is rated at 33% compared with CCG averages of 22.3%. These results are below the national averages of 21.8% for children and above for older people at 18.1% nationally.

The practice is currently in the process of removing one GP and becoming a single handed GP practice.The practice has a permanent male GP, a long standing locum female GP, an advanced nurse practitioner (ANP), two practice nurses, a new practice manager and an administration team to support the running of the practice.

The practice population includes a lower proprortion (25.7%) of people over the age of 65, and a higher proportion (41.1%) of people under the age of 18, in comparison with the national average of 26.9% and 31.9% respectively. The practice also has a lower percentage of patients who have caring responsibilities (16.7%) than both the national England average (18.4%) and the CCG average (20.7%). The practice has a high rate of patients with health-related problems in daily life (72%) compared with CCG and National averages of 53% and 48.7%.

The practice telephone lines open from 8.00 am to 6.30pm Monday to Friday. Appointments are available during these opening times with the GPs and appointments with the nurse are available daily until 6pm. The ANP and GP offer alternate late clinics every Thursday from 6.30 till 9pm. Following public holidays the surgery offer an extra clinic in the morning to assist patients requiring attention. They hold seasonal Flu vaccination clinics at certain times of the year. Patients requiring a GP outside of normal working hours are advised to contact an external out of hours at East Lancashire Medical Services. When closed the practice answering machine informs patients of this number.

The practice GP supported two Medical Students from a local university who were in the third year of their training.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to look at the overall quality of the service to provide a rating for the service under the Care Act 2014.

Detailed findings

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

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 the practice, we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice manager provided before the inspection. We carried out an announced inspection on 9th September 2015.

We spoke with a range of staff including GPs, an Advanced Nurse Practitioner, two practice nurses, one patient participation group member, the practice manager, reception staff and a professional from a service which worked in collaboration with the surgery to care for some of their patients. We sought views from patients looked at 44 patient comment cards, and reviewed survey information.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, following an event which had resulted in a patient death medication and follow up processes had been changed to reflect updated guidance from National Institute for Health and Care Excellence (NICE).

Safety was monitored using information from a range of sources, including NICE guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. One practice nurse was trained to level four in child neglect to assist the practice to support children identified as at risk of neglect
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy which was currently being reviewed. The practice had up to date fire risk assessments and a fire drill was planned for the near future. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. These had been carried out and were discussed with the inspection team but had not been fully recorded so staff could not refer to these assessments to support their job role. The practice manager assured us these would now be fully recorded.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One practice nurse was the infection control clinical lead and was awaiting training to keep up to date with best practice. There was an infection control protocol in place and staff had received training which was due to be updated in the near future after the lead had completed her training. An infection control audit had been undertaken in November 2014 and we saw evidence that action was taken to address any improvements identified as a result. The practice manager informed us they were currently considering a new audit tool to use within the surgery.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of

the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the six files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The locum advanced nurse practitioner worked within a neighbouring practice and her file required updating the practice manager assured us this would be done.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty staff were flexible and could cover absence at short notice.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the reception area and treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.

The practice manager who was new to the surgery had reviewed and amended the existing business continuity plan which is place for major incidents such as power failure or building damage and this was currently awaiting agreement by the GP. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98.5% of the total number of points available, Data suggested exception reporting was high compared to other CCG averages and the practice had discussed this with the CCG. This exception reporting was shown to be reduced on 2015 data shared with us by the surgery but this data had not been ratified by the CCG. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes prevalence in over 17 year olds related indicators were worse(8.2%)than the CCG and national average. (6.6% and 6.2% respectively)
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average at 78.3% with CCG and National averages at 78.8% and 79.2% respectively.
- Performance for mental health related and hypertension indicators was similar to the CCG and national average (83.5% & 82.9% respectively) at 80.3%
- The dementia diagnosis rate was slightly below the CCG (79.3%) and national average (77.9%) at 76.3%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care, treatment and people's outcomes. There had been six clinical audits completed in the last two years. Although none of these were completed audit cycles, we saw evidence improvements had been made and were implemented and monitored. The GP told us he had plans to complete the audit cycles in coming months to demonstrate his changes had had a positive effect on the care his patient received especially in female patients undergoing Hormone Replacement therapy and in hypothyroid patients where they require annual thyroid function testing. The practice participated in applicable local audits and national benchmarking. Findings were used by the practice to improve services. For example, a recent CCG medicines management audit showed the practice had managed to reduce their use of antibacterial medication in line with CCG averages.

Information about patient's outcomes was used to make improvements in care and treatment. One example shared with us was following a significant event the management of new patients being prescribed anti depressive medication had been changed to reflect a more structured follow-up approach. This ensured these patients were more closely monitored during their time on the medication for adverse side effects.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had either completed their appraisals or could show us they had dates planned in their diaries for these to take place. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the previous 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Good

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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

The practice attended CCG locality MDT meetings where they were part of a new system using senior nurses to assist staff in nursing homes to care for their patients. These senior nurses were carrying out weekly visits to care homes and introducing care plans for routine problems where the home would usually contact the GP and request a visit. These included looking in detail at patients with urinary tract problems and reviewing the patient intake and output before deciding the patient had a urine infection. These senior staff had access to the patients electronic record at the surgery to update their care plans to ensure all staff were aware of the latest interventions that patient had had. This did not replace the GP attending the care home if required but was aimed at educating staff to manage patients in a more holistic manner. The senior nurses could contact the GP and request the GP to visit the patient if they felt it appropriate.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

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 and those patients with a dependency on drugs or alcohol. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 71.7% which was comparable to the CCG average of 77.1% and the national average of 76.9%. However in data available for 2013/14 it showed an exception reporting rate of 23.7% which was high compared to the CCG average of 6.3% and the national average of 6%. We discussed this with the practice nurse who told us they historically had just sent letters to recall patients but had now also started telephone reminders for patients who did not attend for their cervical screening. They also explained the high number of eligible patients who had religious or cultural reasons for non-attendance resulted in the higher than average exception reporting. Educational leaflets which identified the benefits and the process were given to all eligible patients to encourage uptake of the screening. 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 comparable in the five years and over range to CCG/national averages. For example, childhood immunisation rates for the five year olds range from 83.6% to 97.6%. Flu vaccination rates for the over 65s were 76.1%, and at risk groups 52.2%. These were comparable to CCG and national averages.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. 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 when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 44 patient CQC 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 also spoke with one members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us the practice went over and above their expectations to care for the patients; this was reinforced in the comment cards. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 84.3% said the GP was good at listening to them compared to the CCG average of 88.3% and national average of 88.6%.
- 91.5% said the GP gave them enough time compared to the CCG average of 93.4% and national average of 91.9%.
- 95.1% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.5% and national average of 95.3%
- 81.8% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.7% and national average of 85.1%.
- 92.3% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.2% and national average of 90.4%.
- 88.5% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84.6% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 80.4% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.9% and national average of 86.3%.
- 75.5% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81.9% and national average of 81.5%

Staff told us that translation 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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 16.7% of the practice list had been identified as carers and were being supported, for example,

Good

Are services caring?

by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. After all public holidays the practice offered an extra morning surgery to accommodate patients who may need support and not be able to access appointments.

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

- The practice offered a late clinic on a Thursday evening with the advanced nurse practitioner or GP until 9pm for working patients and any patient who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

The practice worked closely via a service level agreement with a local Inspire scheme to manage a shared care clinic on a weekly basis for drug dependant patients that aimed to assist patients to recover from their addiction rather than work through a maintenance programme to allow them to manage their addiction. The practice had shared care for these patients, with the Inspire worker adding records directly into the surgery's electronic patient record. Over the last two years the shared care programme had successfully assisted six patients to fully detoxify and these six patients had not re-presented to the service in this time for additional support. The practice along with Inspire was piloting a scheme aimed at supporting families affected by others misuse of drugs, the family did not need to have a family member enrolled on the detox programme just to be affected by drugs in some way.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8am to 12.30 and 2pm until 6.30pm daily. Extended hours surgeries were offered on Thursday evenings between 6.30pm and 9pm with the advanced nurse practitioner. In addition to pre-bookable appointments that could be booked up to four weeks in advance, 12 urgent appointments in the morning and 12 in the afternoon 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 local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 76.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.5% and national average of 75.7%.
- 74.8% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73.8%.
- 77.1% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64.7% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints process and posters were displayed throughout the surgery. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at five complaints received in the last 12 months and found they had been satisfactorily handled, dealt with in a timely way and with openness and transparency. The GP had made use of the medical defence union to check the content of his replies to patients to ensure they were appropriate.

Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice had installed an extra telephone line which was manned by a designated member of staff to assist patients to access the surgery during busy periods.

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 waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values. The practice had made a successful bid for funds to improve the interior of the practice with them supporting a portion of the costs. All staff we spoke with were aware of the plans and had been asked to contribute to the discussion.

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. The surgery had implemented a 'policy of the week' system where each policy was reviewed by all staff and then signed as accepted by all staff once suggested changes had been made.
- A comprehensive understanding of the performance of the practice
- A programme of clinical and internal audit which is used to monitor quality and to make improvements, however the GP did acknowledge there were as yet no completed audit cycles.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. These were not fully recorded at the time of the inspection but assurance was given this would be priority for the new practice manager.

Leadership, openness and transparency

The practice was in the process of removing a partner and becoming a single handed GP practice.The GP in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The GP was visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through comments and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, adding an extra phone line to assist patient access to the practice.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they knew if they raised something it would be acted upon and were supported to do this for both positive and negative feedback. Staff told us they felt involved and engaged to improve how the practice was run, they told us they were well informed of any changes or any proposals that the management were considering and were asked to comment.