

Eaves Lane 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Eaves Lane Surgery on 12 August 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 report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs where needed 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.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG). The practice proactively sought feedback from staff and patients, which it acted on.
- Information about how to complain was available and easy to understand.
- The practice employed a patient liaison officer to assist patients to give feedback and discuss any issues they may have at the time they were in the surgery.
- The practice had a clear vision which had quality and safety as its top priority. High standards were promoted and owned by all practice staff with evidence of cohesive team working across all roles.

Summary of findings

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

We saw areas of outstanding practice including:

- The practice had engaged with the local community and the practice nurse attended the local community centre on a specific day, in an attempt to reach hard to reach groups and people who are reluctant to visit their GP. If any underlying health issues were identified the patients (if they belonged to the practice) were offered an appointment at the practice and patients from other practices were advised to attend their own GP.
- The practice had a robust safety system in place to safeguard patients prescribed disease-modifying anti-rheumatic drugs (DMARDs) for example Methotrexate.

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

Action the provider SHOULD take to improve:

- The practice should deepen the scope of learning and improvement that can come from their audit programme.
- The practice should ensure the documentation used to record audit and significant events analysis is supported by evidence of reflection, investigation, changes made and the learning from this analysis.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely with all staff to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



Are services effective?

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 and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included 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, reviews and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from NHS England GP patient survey (July 2015) 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.

Good



Are services responsive to people's needs?

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 the GP and that there was continuity of care, with urgent appointments available the same day. The practice although based in a residential house had good facilities and was well equipped to treat patients

Good



Summary of findings

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

Are services well-led?

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 and held regular governance meetings. 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 and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. 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. It was responsive to the needs of older people, and offered home visits to both the patients home and care homes and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in 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.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

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

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 those with a learning disability. The practice had carried out annual health checks for people with a learning disability and all these patients had received a follow-up. It offered longer appointments for people with a learning disability or those with multiple health needs..

The practice regularly worked with multi-disciplinary teams including the local women's refuge, in the case management of vulnerable people. The practice 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.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). We found 92% of patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia, alcohol and drug related dependency.

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. Staff had received basic training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in some areas below local and national averages. There were 80 responses and a response rate of 18.3%

- 70.2% find it easy to get through to this surgery by phone compared with a CCG average of 67.6% and a national average of 74.4%.
- 80.6% find the receptionists at this surgery helpful compared with a CCG average of 86.7% and a national average of 86.9%.
- 71.7% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85.8% and a national average of 85.4%.

- 92% say the last appointment they got was convenient compared with a CCG average of 93.5% and a national average of 91.8%.
- 66.9% describe their experience of making an appointment as good compared with a CCG average of 73.7% and a national average of 73.8%.
- 69.1% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 67.7% and a national average of 65.2%.
- 51.7% feel they don't normally have to wait too long to be seen compared with a CCG average of 60.9% 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 one comment card which was positive about the standard of care received

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should deepen the scope of learning and improvement that can come from their audit programme.
- The practice should ensure the documentation used to record audit and significant events analysis is supported by evidence of reflection, investigation, changes made and the learning from this analysis.

Outstanding practice

- The practice had engaged with the local community and the nurse attended the local community centre on a specific day, in an attempt to reach 'hard to reach' groups and people who are reluctant to visit their GP to promote better health. If any underlying health issues were identified the patients (if they belonged to the practice) were offered an appointment at the practice and patients from other practices were advised to attend their own GP.
- The practice had a robust safety system in place to safeguard patients prescribed disease-modifying anti-rheumatic drugs (DMARDs) for example Methotrexate.

Eaves Lane 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

Background to Eaves Lane Surgery

Eaves lane Surgery is situated in Chorley Lancashire. It is part of the NHS Chorley and South Ribble Clinical Commissioning Group (CCG.) Services are provided under a personal medical service (PMS) contract with NHS England. There are 2000 registered patients. The practice is situated on a busy main road with on-street parking available. Information published by Public Health England, rates the level of deprivation within the practice population group as three on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Deprivation affecting children within the practice is rated at 22% compared with CCG averages of 13.2%, deprivation affecting older people is rated at 28% compared with CCG averages of 17%. Both these results are higher than the National averages of 21.8% and 18.1% respectively.

The practice population includes a lower number (16.2%) of people over the age of 65, and a higher number (40.4%) 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 (12.3%) than both the national

England average (18.4%) and the CCG average (21.6%). The practice has a high rate of patients with health-related problems in daily life (61%) compared with CCG and National averages of 50.3% and 48.7%.

The practice telephone lines open from 8.00 am to 6.30pm Monday to Fridays except Thursday when they close at 1pm. Late appointments with the nurse are available until 8pm on Wednesday evening. 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 Chorley Medics based Euxton Lancashire.

The practice is part of a large organisation SSP Health Ltd and at the Eaves Lane Surgery site there is one GP, a part time vacancy for a GP, one nurse, a patient liaison officer, a practice manager, an office manager and a reception team.

On-line services include appointment booking and ordering repeat prescriptions and access to medical records.

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.

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.

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 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 12th August 2015.

We spoke with a range of staff including a GP, a practice nurse, one patient participation group member, the practice manager reception staff and the office manager. We sought views from patients looked at comment cards, and reviewed survey information.

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 and analysing them (SEA). People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. We saw records to support this process had taken place following a recent event. 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. We saw the practice policy on SEA, however we found there was no in depth records of the analysis or investigation available. Staff told us the events were all discussed at meetings and could outline the analysis that had been discussed and any actions that had been agreed but records did not fully reflect these. We saw incidents were discussed at staff meetings and were kept on the agenda for at least three months to ensure staff fully embedded the changes into practice. All complaints received by the practice were entered onto the system and automatically treated as a significant event. Discussions with the GP highlighted more information than was evidenced in the written records which assured us the SEA process was being carried out. The practice should ensure their completed SEA documentation reflects all the investigation and actions taken following the analysis of the incident.

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.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (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 GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- 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 available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead at the time of the inspection as the practice nurse had only been in post for a few weeks and would eventually take on the role with the practice manager. The practice manager currently liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy and SSP Health Ltd team 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 five 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.
- 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. Regular Locum GPs were used to cover vacant sessions whilst recruitment of a part time GP was underway.

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 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 had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Verbal feedback was given to the GP after his records had been sampled to assist him in future entries made into patients records. We spoke with the medical director who was new in post and was currently working on a new process to ensure this feedback was given to GPs in written format.

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 99.7% of the total number of points available, with 1% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from July 2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. (Practice 86.3% national 77.2 %)
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. (Practice value was 92.67% with national average at 81.88%)
- The practice had achieved a significant improvement in its rate of hypnotic drug prescribing. Starting from a high of 0.46 in April 2013 the practice had steadily reduced this rate over 2 years to a level of 0.09 in June 2015. The

area average is 0.08. This result has been achieved through the combined work of the practice team, the medicines management team and the doctors working at the surgery.

There was evidence of some clinical audit. However this audit range was very limited in both patient numbers and analysis undertaken. Hence learning from audit was not fully demonstrated. There had been five clinical audits, four medicine audits, audits on GP consultations and a variety of other audits across all areas of the practice completed in the last two years. Audit documentation presented to the inspection team was not thorough in nature and only recorded basic information without any depth of investigation into the audit topic. For example; the practice presented an audit following a National Patient Safety Alert (NPSA) in February 2015 on the use of thickening powders used to thicken fluids for patients experiencing problems with swallowing. The audit undertaken out in May 2015 simply consisted of a search for those patients on a certain thickener and to amend the administration instructions. The practice had searched their electronic system for patients on this current preparation and had amended the instructions on the prescription for these patients to ensure the fluids were adequately thickened to avoid accidental choking. No further actions had been taken to check if the patients using these preparations still needed to use them or if they had a recent swallowing assessment. The practice had repeated the data search again in August 2015 and this showed the same patients still on the preparation. Checks were made on the administration instructions to make sure they still reflected the NPSA guidance. There was no further action plan or guidance for future GPs to check the information on the use of thickening agents.

Another audit presented regarded attendance of practice patients at A&E at the local NHS Trust which demonstrated they had successfully, reduced their A&E attendance over the last three years. The practice statistics showed in 2012/13 their attendance levels annually were 1100 patients attending A&E, in 2013/14 their attendances dropped to 1000 patients and in 2014/15 their statistics showed their attendance was down to 843 patients attending A&E during the year. This reduction could be attributed to patient education and also the staff being diligent and ringing each patient the day after their attendance to discuss the visit and offer assistance or advice if the attendance was inappropriate, as to where patients could have received alternative support. However this was not indicated within

Are services effective?

(for example, treatment is effective)

the audit. There was no investigation into the reasons patients had attended A&E and if their condition could have been appropriately treated elsewhere. The audit was primarily a data collection showing a positive result in reducing attendance but did not explore any further reasons why patients attended.

The practice maintained an in-depth file to reflect their communication with all patients who attended A&E. The practice tracked all inappropriate attendance at A&E and all patients who failed to attend appointments they had requested. Staff rang all patients who failed to attend for scheduled appointments to ascertain the reason for non attendance and offer a further appointment if needed. They also rang patients who attended A&E as soon as possible after they had attended, to offer support or advice on the appropriateness of their attendance and to highlight other services which may have been able to offer alternative support in some circumstances.

Effective staffing

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

- The practice had an induction programme for all newly appointed 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 access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support in appraisals, monitoring sessions throughout the year, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months except the new member of staff recently employed
- 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. Staff received protected learning time one afternoon every two months where they attended structured learning events either in house or with the CCG.
- The practice nurse was new in post and was awaiting training to monitor patients suffering with chronic

obstructive pulmonary disease (COPD) and diabetic foot monitoring which had both been diarised for her to attend. Until her training was completed the practice had made arrangements for these patients to be treated by the community COPD team and diabetic team to ensure their needs were met. The practice had a mentorship system in place to support new staff. The nurse was being supported through her induction period by a practice nurse mentor within the company. During the inspection the mentor was on site assisting the nurse. We were shown the nurses induction paperwork and where she had already been signed off as competent.

Coordinating patient care and information sharing

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

Patient summary notes were available to other services such as out of hours services and these were kept up to date to ensure appropriate, up to date and effective care was available at all times for all patients registered at the practice.

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 on-going 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 meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

The practice employed a Patient Liaison Officer who was available daily to assist patients in the surgery and to obtain feedback at the time of their appointments.

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

Are services effective?

(for example, treatment is effective)

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 assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The practice nurse was awaiting a date for her mental capacity training. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance. We spoke with the nurse and she confirmed she recorded consent in the patient's electronic notes.

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. Smoking cessation advice was available from a local support group.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 92.67% which was higher than the National average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.5% to 96% and five year olds from 78.3% to 87%. The practice current data demonstrated the practice had seen a huge increase in the last three years with their preschool immunisations from 69% to 100% at the current time. Flu vaccination rates for the over 65s were 75.77%, and at risk groups 64.93%. These were also slightly higher than the 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.

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. The patient liaison officer was available at all times to assist patients with their needs and offered support and signposting to patients alongside listening to them and offering appropriate support at the time.

The one patient CQC comment card we received was positive about the service experienced. We also spoke with one member 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 of the commitment of all the staff at the surgery to give the patients the best care they possibly could. They told us of the practice's charity work which supported local people and services. We were told the staff had empathy with all patients and treated everyone the same. Every patient we spoke with spoke of the care and compassion of all the staff and that they felt comfortable at the surgery.

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 below the CCG for most satisfaction scores on consultations with doctors and nurses. For example:

- 76.7% said the GP was good at listening to them compared to the CCG average of 90.5% and national average of 86.7%.
- 98.3% said the GP gave them enough time compared to the CCG average of 93% and national average of 91.9%.
- 93.3% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.2% and national average of 95.3%

- 80.1% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.1% and national average of 85.1%.
- 99.2% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.3% and national average of 90.4%.
- 80.6% patients said they found the receptionists at the practice helpful compared to the CCG average of 86.7% 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:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.9% and national average of 86.3%.
- 80.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.4% 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. The GP told us he spoke the two major languages spoken by patients in the surgery and as such could assist them if required.

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 12.3% of the practice list had been identified as carers and were being supported, for example,

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.

The patient liaison officer was available on site every day and patients told us they knew she would offer them support if they needed it. They told us she was approachable and very caring towards them. They said if they needed any support she would be their first contact

but said they felt comfortable with any member of staff. One patient told us they felt if they needed to see the GP at short notice for an emotional issue they would be accommodated without exception.

Staff told us that if families had suffered bereavement, they could be referred to support networks but would also be offered the opportunity to come in and see the GP or nurse if required

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 Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. The practice was involved in community projects to reach hard to reach patients. The nurse attended the local community centre on Fridays to offer health advice to people attending the centre who may not readily attend their GP practice. If any underlying health issues were identified the patients (if they belonged to the practice) were offered an appointment at the practice and patients from other practices were advised to attend their own GP. The practice also in collaboration with the multi-professional team supported the needs of patients with alcohol and drug dependency who attended the local Alcohol and Drug Recovery support centre. The practice worked closely with the local woman's refuge team who had a transient population to assist to support the people at the refuge with their health needs.

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 night clinic on Wednesday evening until 8.00pm for working patients who could not attend during normal opening hours who had long term conditions.
- 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 community midwife held a clinic in the practice every other week for the practice patients requiring this service.
- Immunisation clinics had previously been opportunistic clinics with babies being immunised as and when they attended the surgery. The new practice nurse was in the process of setting up actual baby immunisation clinics she was in the process of arranging these and discussed the planned process with the inspection team.

- The practice had a robust safety system in place to safeguard patients prescribed disease-modifying anti-rheumatic drugs (DMARDs) for example Methotrexate. This process ensured that patients requiring management of their medication alongside blood tests were not prescribed their medication without up to date blood results being available. This process included electronic record reminders and CCG and SSP Health Ltd overseeing of DMARDs prescribed to ensure patients received effective and timely changes in the management of their medication.

Access to the service

The practice was open between 8am and 6.30pm Monday, Tuesday and Friday, Thursday when the practice closes at 1pm and Wednesday 8am to 6.00pm however appointments with the nurse were available until 8pm. Appointments were from 8am to 11.30 every morning and 3pm to 6pm daily. Extended hours surgeries were offered on Wednesday until 8pm with the nurse. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. An appointment access survey collated by the practice showed that they offered during the month of February 2015; 573 appointments were available, 529 appointments were taken by patients meaning 92.3% of appointments were used within the month. This data indicated the practice offered 7.7% more appointments than was required by its patient population. This was repeated in May 2015 where 465 appointments were offered with only 439 appointments being taken by patients meaning only 94.4% of the available appointments were used. This data indicated 5.6% of available appointments were surplus to the needs of its population. The nurses consultation room is upstairs, as the staff are so familiar with the patients, any patients with mobility difficulties are automatically given appointments when there is a consulting room available on the ground floor. A member of staff we spoke with told us patients will often remind staff when booking appointments that they need a downstairs room.

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:

Are services responsive to people's needs?

(for example, to feedback?)

- 67.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.9% and national average of 75.7%.
- 70.2% patients said they could get through easily to the surgery by phone compared to the CCG average of 67.6% and national average of 74.4%.
- 66.9% patients described their experience of making an appointment as good compared to the CCG average of 73.7% and national average of 73.8%.
- 69.1% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67.7% 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 system posters on how to complain were displayed in the waiting areas, summary leaflet were available and the practice leaflet told patients how they could complain. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way, with openness and transparency. We discussed with the practice staff our findings on NHS Choices where they had a large number of negative comments up to February 2015 then from there onwards all comments were positive. A member of the PPG told us the practice had had some problems within the practice which they had addressed these included communication issues with the local pharmacy. The introduction of the patient liaison officer had now resulted in comments being positive in nature both on NHS Choices website and within the practice. The staff answered where possible all issues raised on the NHS Choices website.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had changed the timings of their specimen sample collection because one specimen sample had been rejected due to not being processed in a timely manner. Specimen samples were now collected in the afternoon rather than mid-morning.

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 and were regularly monitored. The practice manager and GP were very enthusiastic on all matters relating to the practice and responded to all changes in a positive manner. Staff told us they knew the practice vision for the future and were all excited about what lay ahead for them. The practice took an active part in community events and shared their plans openly for future events.

The practice manager had originally been employed in the practice as an apprentice and had over her service with the company has gained promotion to practice manager. This reflected the company vision of investing in their staff and recognising commitment.

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 both in paper copy and through the company intranet.
- There was a comprehensive understanding of the performance of the practice
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

However the practice clinical and internal audit documentation, which it used to monitor quality and to make improvements did not fully represent the investigation into the issues that had been highlighted during our conversations with staff members. The practice need to ensure that any investigation, reflection and learning from these events is fully evidenced to allow staff to follow the rational for any changes that may be

implemented within the practice. The audits seen did not demonstrate a wide scope of learning. They had not been extended to cover other aspects of patient care that could have demonstrated further changes within the practice. For example the audit into attendance at A&E did not evidence the reasons for attendance nor did it compare this attendance to any attendances by the same patients to the out of hours service. The practice should work to deepen the scope of the learning and improvement that can come from their audit programme.

Leadership, openness and transparency

The senior managers in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The practice manager, GP and Directors from SSP Health Ltd were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The senior managers 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 were confident in doing so and felt supported if they did. Staff had protected learning time of one half day every two months where training was carried out either within the practice or at the CCG and all staff attended. Staff said they felt respected, valued and supported, particularly by the managers and GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the managers 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 surveys and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example, patients had made comments about the chairs in the waiting areas and these had all been changed, also there had been a comment regarding patients who

Are services well-led?

Good 

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

attended the practice on bicycles having nowhere secure to put their cycles whilst they saw the GP. The practice had purchase a bicycle rack for them which was located at the front of the practice. The PPG member we spoke with felt the practice listened to them and was confident they would strive to meet any suggestions they made.

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

The practice employed a patient liaison officer (PLO) who gained patient feedback from patients who attended the surgery both before and after they saw the GP or nurse. This feedback was noted by the PLO and was discussed with the GP and nurse daily. The GP told us he welcomed this feedback as he could then address any negative issues and maybe discuss the patients experience if appropriate with them next time he saw them. The GP informed us most feedback was positive now but confirmed that this had been negative earlier in the year. NHS Choices website sited only negative comments up to February 2015 and gave the practice only one star, in July 2015 it was achieving five stars. He felt they had now gained the trust of their patients, this had been done mainly he felt by having the same GP there most days to give patient continuity of care. Also following feedback from patients they had adjusted their staffing and as such had been able to have the PLO free to speak and listen to patients at the time of their visit which gave them confidence in the practice. The PPG member we spoke with confirmed this was a contributing factor to the now positive attitude patients had to the practice.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice nurse attended a local community centre on Fridays to reach out to patients who routinely did not attend the practice. The practice also had a very keen interest in charity work and regularly held and attended local charity events to raise money for the local community. The practice staff have all signed up for the local 'walk for Alzheimer's' later in the year.

The practice offered a staff health scheme where staff could get assistance with for example their dental, optical and health screening requirements. They also offered an incentivised scheme where key performance indicators (KPI) were set and staff achieving their KPI's received reward in a variety of ways including extra annual leave. Staff recognition awards were part of the company annual rewards process and staff at the practice told us they had been recognised for their continued support, achievement and commitment at the practice.

The practice worked closely with the local member of parliament and Connect4life to empower patients primarily those living with long term conditions to better manage their conditions and lead a fulfilling and well supported life in the community. This group of patients included patients with low levels of anxiety and those who were socially isolated.