Dr R N Barnett and Partners

Quality Report

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Date of inspection visit: 27 October 2015
Date of publication: 11/02/2016

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 Dr R N Barnett and Partners known as Greenbank Road Surgery on 27 October 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, well-led, effective, caring and for responsive services we found them to be outstanding. It was also good for providing services for all the population groups it serves.

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

- Good systems were in place to ensure incidents and significant events were identified, investigated and reported. At times staff were unsure what constituted a significant event but they fulfilled their responsibilities to raise concerns and to report incidents. Information about safety was recorded, monitored, appropriately reviewed and addressed although action plans were not routinely used to monitor changes implemented.
- The practice did not have an external automated defibrillator (AED) available for use in an emergency situation. (An AED is a portable electronic device that diagnoses life threatening irregularities of the heart and is able to deliver a shock to attempt to correct the irregularity).
- Patients' needs were assessed and care was planned and delivered in line with best practice guidance. Staff had received training appropriate for their roles and any further training needs had been identified and planned.
- Patients spoke positively about the practice and its staff. They said they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. Open access was available so that patients could be seen on the same day they requested an appointment.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw areas of outstanding practice including:

- The practice provided a GP service to patients who were short term asylum seekers and vulnerable people who have been victims of human trafficking. We heard the practice faced a number of challenges when providing support to this population group. Some patients needed support urgently because they had complex physical and psychological heath needs and this had to be accommodated by the practice at short notice. The open access system for appointments was particularly important in enabling patients to be seen by a GP promptly and we found practice staff responded quickly and sensitively when urgent registrations were needed.

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

In addition the provider should:

- Review the records made of serious events and incidents to ensure that risks have been appropriately identified and actions plans have been put into place to enable closer monitoring of changes made to reduce risks to patients.
- Undertake a risk assessment for the need to have an AED for use in an emergency. According to current external guidance and national standards this equipment should be in place in all practices.
- Ensure there are leaflets available for patients to reflect the ethnic groups and cultures the practice treats and cares for.

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 were clear at times about what constituted a serious incident and they 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, appropriately reviewed and addressed, though action plans were not put into place. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff 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 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 were extremely positive about the open access for GP appointments.

The practice provided a GP service to patients who were short term asylum seekers and vulnerable people who have been victims of human trafficking. We heard the practice faced a number of

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challenges when providing support to this population group. Some patients needed support urgently because they had complex physical and psychological heath needs and this had to be accommodated by the practice at short notice. The open access system for appointments was particularly important in enabling patients to be seen by a GP promptly and we found practice staff responding quickly and sensitively when urgent registrations were needed.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff understood the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The patient participation group (PPG) was new at the time of our inspection. Staff had received inductions, regular performance reviews and attended staff meetings and events. 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.

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. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

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 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, 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, health visitors and school nurses.

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, patients with mental health problems and those with a learning disability. They had carried out annual health checks for all these patients. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. 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 provided a GP service to patients who may be short term asylum seekers and vulnerable people who have been victims of human trafficking. The practice ethos was that these patients were entitled to the same high degree of medical treatment and confidentiality as other patients. We heard the practice faced a number of challenges when providing support to this population group. Some patients needed support urgently because they had complex physical and psychological heath needs and this had to be accommodated by the practice at short notice. The open access system for appointments was particularly important to enabling patients to be seen by a GP promptly and we found practice staff responding quickly and sensitively when urgent registrations were needed. Staff reported to us that asylum seekers with limited English often found it difficult to engage fully with NHS services. For the GPs at the practice language barriers could represent a significant obstacle to providing safe and effective care and we heard that a third party was therefore sometimes required to aid communication. This was often a family member if appropriate and with the patients consent, their support worker or a local interpreter. Staff we spoke with were aware of the implications of this for informed consent and they took time to ensure patients fully understood and were clear about the treatments and support they were about to receive.

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). All of the patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with

Summary of findings

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 NHS England GP Patient Survey, published on 8 January 2015, gives more up to date information on the service provided by the practice. Data for this survey was collected between January and March 2014, and July and September 2014. This survey showed that the practice performed well in most areas compared to practices of a similar size in this area and in England. For example:

- 98% of respondents described the overall experience of their GP surgery as fairly good or very good, compared with 87% across the CCG and 85% nationally.
- 92% of respondents said the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern, compared 88% across the CGG and with 85% nationally.
- 83% said the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care, compared to 92% across the CCG and 90% nationally.
- 97% had confidence and trust in the last nurse they saw or spoke to in line with the CCG and national figures.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 Care Quality Commission (CQC) comment cards which patients had completed before and during our inspection. All of the comments made were positive including how caring staff were, how supportive they were and how the environment was always clean and tidy. The patients we spoke with told us they valued the open access system for GP appointments. During our inspection we spoke with three members of a newly formed Patient Participant Group (PPG). They told us the practice had plans to develop this role and they were keen to be part of this because they wanted to support the practice as much as they could.

Areas for improvement

Action the service SHOULD take to improve

- Review the records made of serious events and incidents to ensure that risks have been appropriately identified and actions plans have been put into place to enable closer monitoring of changes made to reduce risks to patients.
- Undertake a risk assessment for the need to have an AED for use in an emergency. According to current external guidance and national standards this equipment should be in place in all practices.
- Ensure there are leaflets available for patients to reflect the ethnic groups and cultures the practice treats and cares for.

Outstanding practice

- The practice provided a GP service to patients who were short term asylum seekers and vulnerable people who have been victims of human trafficking. We heard the practice faced a number of challenges when providing support to this population group. Some patients needed support urgently because they had complex physical and psychological heath needs and this had to be accommodated by the practice at short notice. The open access system for appointments was particularly important in enabling patients to be seen by a GP promptly and we found practice staff responded quickly and sensitively when urgent registrations were needed. Feedback from the support agencies was very good about how responsive and caring the practice was to this vulnerable patient group.

Dr R N Barnett and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The inspector was accompanied by a specialist GP and Practice Manager Advisor.

Background to Dr R N Barnett and Partners

Dr R N Barnett and Partners is registered with the Care Quality Commission to provide primary care services. The practice provided GP services for 6269 patients living in the centre of Liverpool which has a higher than average level of deprivation. The practice has six GPs, five GP partners and one salaried GP, both male and female. The practice had a practice nurse, a practice manager, and administration and reception staff. The practice holds a General Medical Services (GMS) contract with NHS England.

The practice had open access surgeries and patients are not required to make appointments to see their GP. We found that all patients who arrived for the morning and afternoon surgery sessions were seen the same day by a GP. The practice treats patients of all ages and provides a range of primary medical services. The practice is part of Liverpool Clinical Commissioning Group (CCG). The practice population has a higher than national average patient group aged 25 to 45 years. The practice provides a service for temporary patients who are staying in the city as short stay asylum seekers and a local charity called Liverpool City Hearts offering support to victims of human trafficking.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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)

Detailed findings

- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 27 October 2015.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face before and during the inspection. We looked at survey results and reviewed CQC comment cards completed by patients to share their views of the service. We spoke with the GPs, nurses, administrative staff and reception staff on duty. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We explored how GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service. We also talked with carers and family members of patients visiting the practice at the time of our inspection.

Good

Are services safe?

Our findings

Safe track record and learning

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke to were aware of their responsibilities to raise concerns, and how to report incidents and near misses. Reports from NHS England indicated the practice had a good track record for maintaining patient safety and during our inspection we found good systems to monitor this.

The practice manager and GPs discussed significant events and showed us documentation to confirm that incidents were appropriately reported. In general these records were satisfactory but there was no action plan identified which would enable the practice to monitor any changes more effectively. The staff we spoke with were positive about the use of incident analysis but they required more guidance about the kinds of incidents that should be reported.

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 chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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 processes in place for monitoring and managing risks to patient and staff safety. The practice manager led on health and safety management and systems were in place. There was a health and safety policy available with an information poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out. Most but not all of the 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.
- 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 who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken by the local Clinical Commissioning Group (CCG) along with internal risk assessment and cleaning audits carried out every few months. We saw evidence that action was taken to address any improvements identified as a result. The practice undertook a number of sessions for minor surgical procedures each week. The treatment room was well equipped and single use equipment such as dressing packs and surgical instruments were in place. The practice used single use equipment for invasive procedures for example, taking blood and cervical smears. Hand wash and alcohol hand sanitizer dispensers were situated in all the relevant rooms. A needle stick/inoculation injury flowchart protocol was displayed in all treatment rooms where the risk to staff of acquiring an infection from this type of injury was more prevalent. Sharps containers were stored in each treatment and consultation room. We saw these containers were stored on worktops and benches away from the floor and out of reach of children. We found that legionella testing had been carried out at the practice.
- 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

Good

Are services safe?

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. The GPs carried medicines in a doctor's bag to patient's homes.

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

Arrangements to deal with emergencies and major incidents

The practice had the equipment and in-date emergency medicines to treat patients in an emergency situation. The practice did not have an AED available on the premises in case of an emergency. According to current external guidance and national standards, practices should be encouraged to have defibrillators. We saw that emergency medicine, including medicines for anaphylactic shock, were stored safely yet were accessible. We observed that there was a system for checking the expiry dates of emergency medicines on a monthly basis or more regularly if used. All staff received annual basic life support training and there were emergency medicines available in the treatment room. 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. Good monitoring systems on the equipment and medicines were in place.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The 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.

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. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed;

- Performance for diabetes related indicators was slightly higher than to the CCG and national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91.1% compared to the national average of 88.35%.
- The percentage of patients with atrial fibrillationmeasured within the last 12 months, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy was 100% compared to 98.32% nationally
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 94.4% compared to 83.82% nationally

Clinical audits were carried out to drive quality improvement and all relevant staff were involved to improve care and treatment and outcomes for patients'. Generally they were carried out annually and there was a cycle in place to repeat audits within the following 12 month period. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, one of the GPs undertook an audit of the practice prescribing of antibiotics both to improve patient outcomes and to ensure there was no over prescribing antibiotics across the local community. The results showed that in some cases the practice was over prescribing and so closer adherence to local guidelines was one of the outcomes of the audit. Plans were in place for the re-audit of this.

A further audit was undertaken for patients in November 2014 who were prescribed a drug named Diclofenac (Diclofenac is a nonsteroidal anti-inflammatory drug used to reduce pain and inflammation). In response to new guidance issued about the medicine the practice reviewed the patients who were taking the drug. As a result of this audit a meeting was held with all prescribers to ensure that best practice guidelines were being used and to make decisions about the prescribing of the drug and the long term effects for patients. A re-audit in January 2015 found that different doctors within the practice were using different criteria for prescribing and this was addressed by writing a practice protocol. In addition, indications for all new medication should be recorded in the notes. A further improvement may be to discuss requests for diclofenac with midwifes who were very keen on using this drug. However, whilst all patients who switched medications were happy with the alternatives it is also clear that many patients were keen to continue taking diclofenac as it is an effective analgesic.

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 access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going 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 last 12 months.

Good

Are services effective?

(for example, treatment is effective)

- 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

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. For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record for the patient to take with them to Accident and Emergency. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

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 a carer representative was in attendance at these meetings.

Consent to care and treatment

Patients' consent to care and treatment was 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

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. The information we held showed the practice to be an outlier in terms of uptake of cervical screening. The uptake for the cervical screening programme was 69.9% which was lower than the national average of 81.8%. We heard how the practice had worked with the CCG and set out an action plan to improve this figure. 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. At the time of our inspection the CCG could confirm that these efforts had resulted in improvements and both cervical and breast screening thresholds had been achieved.

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.

The practice provided information to patients via their website and in leaflets and information in the waiting area about the services available. The practice also provided patients with information about other health and social care services such as carers' support. Staff we spoke with were knowledgeable about other services, how to access them and how to direct patients to relevant services.

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability they were all offered an annual health check. The IT system prompted staff when patients required a health check such as a blood pressure check and arrangements were made for this.

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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private.

All of the 48 patient CQC comment cards we received and the ten patients we spoke with during the inspection 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. They told us the open access for appointment was excellent and they valued attending the practice on the day of their choice. Comment cards and patients we spoke with highlighted that staff responded compassionately with help and support when a relative had died. Specifically comments made related to how caring the GPs and reception staff were to patients.

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 above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 98% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 98% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 83% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 92%.
- 99% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

During our inspection patients told us they felt involved in their care. They said they were given as much time as they needed when being seen by the nurse of doctor. They said they had opportunities to discuss their health concerns and preferences, to inform their individualised care options. If needed the patient's family, friends or advocate would be allowed to get involved or accompany the patient during an appointment. This was often the case for patients who were asylum seekers who had language difficulties and who would be accompanied by a support worker.

Staff had good communication skills. Patients were communicated with in a way they could understand and this was appropriate and respectful. Patient feedback on the comment cards we received was also positive and aligned with these views. We saw that written information was provided to patients with long term conditions to help them understand their disease. We saw many patients' leaflets and health promotion information in the reception area though this was not in different languages to reflect the diverse population the practice served.

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:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

Good

Are services caring?

- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%

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. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The range of information however did not include all of the ethnic groups the practice provides services for. 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 they were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

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. 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;

- 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.
- Longer appointment times were given to patients with learning disabilities or those with mental health problems
- There were disabled facilities, hearing loop and translation services available.
- The practice worked closely with the local Mental Health Trust community liaison worker to meet the needs of patients

Access to the service

The practice had open access and patients were not required to make appointments to see their GP. We found that all patients who arrived for the morning and afternoon surgery sessions were seen the same day by a GP. Patient feedback for this was very positive. Bookable appointments were available for the practice nurse.

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

- 100% say the last appointment they got was convenient compared to the CCG average of 75% and national average of 73%.
- 100% patients said they could get through easily to the surgery by phone compared to the CCG average of 52% and national average of 73%.
- 95% patients described their experience of making an appointment as good compared to the CCG average of 84% and national average of 73%.
- 90% are satisfied with the surgery's opening hours compared to the CCG average of 79% and national average of 75%.
- 99% find the receptionists at this surgery helpful compared to the CCG average of 88% and national average of 87%

These results aligned with the views of patients we spoke with during our inspection. We heard that patients were happy to turn up and wait for an appointment with the GP and they were always seen on the same day. Patients spoke highly of the receptionist staff and their support both on the telephone and when attending the practice.

The practice provided a GP service to patients who may be short term asylum seekers and vulnerable people who have been victims of human trafficking. The practice ethos was that asylum seekers were entitled to the same high degree of medical confidentiality as other patients. We heard that the practice faced a number of challenges when providing support to this population group. Some patients needed support urgently because they had complex physical and psychological heath needs and this had to be accommodated by the practice at short notice. The open access system for appointments was particularly important in enabling patients to be seen by a GP promptly and we found practice staff responding quickly and sensitively when urgent registrations were needed. Practice staff reported to us that asylum seekers with limited English can find it difficult to engage fully with NHS services and for the GPs at the practice doctor's language barriers can represent a significant obstacle to providing safe and effective care. We heard that a third party was therefore sometimes required to aid communication. This was often a family member if appropriate and with the patients consent, their support worker or a local interpreter. Feedback from the support agencies was very good about how responsive and caring the practice was to this vulnerable patient group.

The practice had a website which displayed information for patients on a range of subjects including, opening times, the clinics available, general information about the practice including photographs of the GPs and the practice. The web page provided advice to people about health campaigns such as their flu campaign and how to access services. In addition, the website served as the gateway to the practice's online facilities, including open access for appointments and repeat prescription services.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

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, complaint posters and leaflets were available in the waiting room. 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 they had been satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

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. A written mission statement indicated the following:

'The GPs and staff at Greenbank Road Surgery aim to provide a high quality of primary care services to the registered patient population. This high quality care starts from the time patients arrive and register at the practice, to when they leave. All members of the practice team aim to provide the level of care to all patients as we, or members of our family, would want to be treated.'

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. Lead roles were in place for example safeguarding and infection control.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff on the computer and for some in hard copy in the offices. Policies and procedures were regularly updated and staff were aware and knew how to access them.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. Records were kept but this did not include written action plans to enable the practice to monitor the changes that had been made to reduce risk.
- Systems for monitoring performance against targets including QOF and patient surveys.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' and staff feedback through surveys, face to face discussions, appraisals and meetings. Acting on any concerns raised by both patients and staff.
- Local benchmarking arrangements were in place with neighbouring GP practices during which time they reviewed performance and shared best practice.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisals
- Staff learnt from incidents and complaints.
- Arrangements for identifying and managing risks such as fire, security and general environmental health and safety risk assessments were in place.

Leadership, openness and transparency

The management model in place was supportive of staff. All of the staff we spoke with told us they felt well supported by the management team and they enjoyed working at the practice. The partners in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and dignified care and we heard many examples of good compassionate GP practice. The partners were 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 said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us that regular all practice 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.

The practice manager was responsible for human resource policies and procedures. The practice had recently commissioned a new human resource management company to oversee new policies and procedures. We found practice staff were clear about their responsibilities. Staff were clear about who was responsible for decision making and there was a transparent culture within the

Are services well-led?

Good

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

service. We also found records with information showing the skills and fitness of people working at the practice. Team meetings were taking place and formal minutes of these were seen.

We reviewed a number of policies, for example disciplinary procedures, induction policy and management of sickness which were in place to support staff. We were shown the staff handbook that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required. This included newly recruited staff who spoke positively about their induction process. The practice had a whistleblowing policy which was also available to all staff in the staff handbook and electronically on any computer within 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 PPG which had very recently been set up. The practice gathered feedback from staff through regular team meetings or when new or developing issues needed to be discussed. 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.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at two staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was very supportive of training and that they had staff away days where guest speakers and trainers attended. Staff had access to a programme of induction, training and development. Mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles.

The practice had completed reviews of significant events and other incidents and shared with staff via team meetings to ensure the practice improved outcomes for patients.