Apsley Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Apsley Surgery on 20 August 2015. Overall the practice is rated as good.

Apsley Surgery also operates a branch surgery in the Norton area of Stoke on Trent. We did not inspect the branch surgery as part of this inspection.

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

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients told us they could usually get an appointment when they needed one, although they may have to wait for a pre-bookable appointment with a specific GP. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

The provider should:

Summary of findings

- Complete a practice specific fire risk assessment.
- Record clinical audits in a way that clearly identifies the four stages of the audit cycle.
- Complete training on the Mental Capacity Act and Children's Act for all staff.
- Ensure they always follow their own policy when dealing with complaints.
- Consider developing a strategic plan to support the delivery of the practice values and any future developments.
- Carry out a risk assessment to ensure the safety of confidential information within the practice.
- Develop an action plan to address the issues identified in the national GP survey and Friends and Family Test.

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. There was a system in place for reporting, recording, monitoring and reviewing significant events, Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed, although a practice specific fire risk assessment needed to be completed. There were enough staff to keep patients safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from 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, although Mental Capacity and Children's Act training needed to be completed. There was evidence of appraisals and personal development plans for staff. Staff worked with multidisciplinary teams to meet the needs of patients. For example, patients receiving end of life care.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients told us they were treated with compassion, dignity and respect. They said staff were helpful, caring and treated them with dignity and respect. Good systems were in place to support carers and patients to cope emotionally with their health and condition. Information to help patients understand the services available was easy to understand.

We saw that staff were respectful and polite when dealing with patients, and maintained confidentiality. Views of external stakeholders such as other health care professionals were positive and aligned with our findings.

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 Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients told us they could usually get an urgent appointment but

Summary of findings

they had to wait for a pre-bookable appointment with a GP of choice. Patients could book appointments in advance with urgent appointments available the same day. 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, although they didn't always follow their own policy.

Are services well-led?

Good

The practice is rated as good for being well-led. Staff were aware of the culture and values of the practice and told us patients were at the centre of everything they did. They told us they felt supported to deliver safe, effective and responsive care. There was a clear leadership structure and staff felt well supported by management. The practice had a number of policies and procedures to govern activity and systems were in place to monitor and improve quality and identify risk. The patient participation group (PPG) was active and supported the practice to obtain patient views. Staff had received inductions, regular performance reviews and attended staff meetings and events.

However, the practice did not have any strategic plans in place to support the delivery of the practice values or any future developments. It did not have an action plan to address the issues identified in the national GP survey and the Friends and Family Test.

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. Every patient over the age of 75 years had a named GP. 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 annual home visits. All over 75 year olds were offered an annual home visit to access any physical, mental or social needs that they may have and referrals were made to other services as required. It was responsive to the needs of older people and longer appointments were offered as required. The practice identified if patients were also carers and offered additional health checks and advice, and information about carer support groups was available in the waiting room.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with a long term condition such as diabetes and asthma. Longer appointments and home visits were available when needed. All of these patients were offered a review to check that their health and medication needs were being met. Written management plans had been developed for patients with long term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs worked with relevant health and social 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 who were at risk, for example, children and young people who had protection plans in place. Appointments were available outside of school hours and the premises were suitable for children and babies. Same day emergency appointments were available for children. There were screening and vaccination programmes in place although a number of the immunisation rates were below the local Clinical Commissioning Group average. The practice recognised the challenges with childhood immunisations due to the diversity and transient nature of the practice population and worked closely with the health visiting team to encourage attendance. New mothers and babies were offered post natal checks.

Summary of findings

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. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered extended hours one evening a week. Pre-bookable telephone consultations were available. The practice offered all patients aged 40 to 75 years old a health check with the nursing team. The practice offered 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 population was culturally diverse and we found that the practice enabled all patients to access their GP services. The practice had a contract with the local Clinical Commissioning Group to provide services to patients identified as migrants/asylum seekers, and worked closely with the local asylum team to support these patients. Staff made use of language line to support patients whose first language was not English.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. The practice carried out annual health checks and offered longer appointments for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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). Patients who presented with an acute mental health crisis were offered same day

Summary of findings

appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups. It carried out advance care planning for patients with dementia.

The practice provided primary medical services to patients accommodated at a local independent hospital caring for people with mental health needs. The practice regularly worked with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse, including a weekly methadone clinic and screening for alcohol misuse with onward referral to the local alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post natal depression. It had told patients about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

We spoke with eight patients during the inspection and collected 38 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered good service and staff were helpful, caring and treated them with dignity and respect. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care. Comment cards highlighted that staff responded compassionately when they needed help.

The national GP patient survey results published on 2 July 2015 showed that overall the practice was performing broadly in line with local and national averages. There were 105 responses and a response rate of 25%. The results indicated the practice could perform better in certain aspects of care, including speaking to or seeing the same GP. For example:

- 31% of respondents with a preferred GP usually get to see or speak to that GP compared with a CCG average of 62% and national average of 60%.
- 76% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 81%.

However the results indicated the practice performed better in certain aspects of care when speaking or seeing the nursing staff. For example:

92% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

Areas for improvement

Action the service SHOULD take to improve

Complete a practice specific fire risk assessment.

Record clinical audits in a way that clearly identifies the four stages of the audit cycle.

Complete training on the Mental Capacity Act and Children's Act for all staff.

Ensure they always follow their own policy when dealing with complaints.

Consider developing a strategic plan to support the delivery of the practice values and any future developments.

Carry out a risk assessment to ensure the safety of confidential information within the practice.

Develop an action plan to address the issues identified in the national GP survey and Friends and Family Test.

Apsley Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser, an Expert by Experience and a second CQC inspector who acted as an observer.

Background to Apsley Surgery

Apsley Surgery is situated in the Cobridge area of Stoke on Trent which is one of the most deprived areas in the country. Approximately 30% of the practice population do not have English as their first language, and the practice population is culturally diverse and transient. The practice is located within the Cobridge Health Centre which also accommodates a range of health care services and another GP practice. At the time of our inspection there were 5546 patients on the patient list. Apsley Surgery also operates a branch surgery in the Norton area of Stoke on Trent.

The practice has a business partner (the practice manager) and a clinical partner (an advanced nurse practitioner), two sessional GPs, a long term locum GP and a salaried GP. In addition there is another advanced nurse practitioner, two practice nurses, two health care assistants, and reception and administration staff.

The main practice is open from 8am until 6.30pm on Monday, Wednesday and Friday, 8am until 8.30pm on Tuesday and 8am until 5pm on Thursday. The branch practice has shortened opening hours every day except Wednesday. Patients requiring a GP outside of normal working hours are advised to contact the practice and they will be directed to the out of hours service. This is provided by Staffordshire Doctors Urgent Care Limited. The practice has a PMS (Personal Medical Services) contract and also offers enhanced services for example: various immunisation schemes, enhanced hours and minor surgery.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 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 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 provided before the inspection day. We carried out an announced visit on 20 August 2015.

We spoke with a range of staff including one GP, the clinical partner and the business partner, members of the nursing team and reception staff during our visit. We sought the views from the representatives of the patient participation group, looked at comment cards and reviewed survey information.

Good

Are services safe?

Our findings

Safe track record and learning

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example a cervical smear sample was inaccurately labelled with the name of another patient and the error was not identified for 18 months. Immediate action was taken to contact both patients and inform them of the error and offer an apology and the cervical smears were retaken. As a consequence an internal audit tool had been introduced to provide a clear audit trail.

Reliable safety systems and processes including safeguarding

The practice had safeguarding vulnerable adults and children policies in place which were accessible to all staff. Information about who to contact for further guidance if staff had concerns about a patient's welfare was available in the policy and contact details were displayed in the consulting rooms. There was a lead member of staff for safeguarding. Information from case conferences was recorded in patient notes. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

The practice held registers for children at risk, and children with protection plans were identified on the electronic patient record. The practice had established a good working relationship with the health visiting team. We spoke with a representative from the health visiting team. They told us the practice was proactive about sharing any concerns about families and acting on information received from the health visitors.

A chaperone policy was available to all staff. The nursing staff team acted as chaperones if required and notices in the waiting room and consulting rooms advised patients the service was available should they need it. Staff had received training to carry out this role and all staff had received a Disclosure and Barring Service (DBS) check.

Medicines management

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 medicine audits were carried out to ensure the practice was prescribing in line with best practice guidelines. We looked at two medicine audits with regard to the prescribing of certain types of medication. One audit had been carried out because the practice had a higher than average level of hypnotic medication (often used to assist with sleeping or reduce anxiety) prescribing. As a consequence a prescribing action plan had been introduced and the second audit cycle demonstrated that the prescribing targets had improved. We saw from the data we reviewed that the pattern of antibiotic, hypnotics and sedatives and anti-psychotic prescribing within the practice were similar to national prescribing.

The practice had two fridges for the storage of vaccines. The practice nurses took responsibility for the stock controls and fridge temperatures. We looked at a sample of vaccinations and found them to be in date. There was a cold chain policy in place and fridge temperatures were checked daily. Regular stock checks were carried out to ensure that medicines were in date and there were enough available for use.

Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness and infection control

All areas within the practice were found to be visible clean and tidy. Comments we received from patients indicated that they found the practice to be clean.

Treatment rooms had the necessary hand washing facilities and personal protective equipment (such as gloves) was available. Hand gels for patients were available at the electronic booking in screen. Clinical waste disposal contracts were in place and spillage kits were available.

The clinical partner (advanced nurse practitioner) was the designated clinical lead for infection control. There was an infection control policy in place. All staff had received

Good

Are services safe?

infection prevention and control training. Annual infection control audits had been carried out at the main and branch sites, and action taken to address any issues was identified and completed. The landlord of the building was responsible for cleaning all areas. Cleaning schedules were in place and monthly audits carried out. A legionella risk assessment had been completed and procedures were in place to prevent the growth of legionella.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We saw equipment maintenance logs that demonstrated that all electrical equipment had been tested and maintained regularly. For example, all portable electrical equipment had been tested in October 2014 and medical devices were calibrated in November 2014 to ensure they were safe to use.

Staffing and recruitment

There were sufficient numbers of staff with appropriate skills to keep people safe. There was a buddy system for administration staff in place to cover holidays and sickness. The practice employed one salaried GP, who was supported by two sessional GPs and a long term locum GP. The GPs usually worked additional hours to cover holidays, or additional locum GPs were employed as required.

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 Disclosure and Barring Service (where required).

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. Risk assessments had been completed on behalf of the practice by an external company and appropriate action plans were in place. The practice was in the process of completing their own fire risk assessment, although the landlord of the building had a fire risk assessment in place.

Arrangements to deal with emergencies and major incidents

There were emergency procedures and equipment in place to keep people safe. Emergency medicines were available in the treatment room and staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis (a severe allergic reaction) and low blood sugar. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use. Staff had received cardio pulmonary resuscitation training, and a defibrillator was available, which staff were trained to 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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff routinely referred to guidelines from the National Institute for Health and Care Excellence (NICE) when assessing patients' needs and treatments. There was a system in place to inform staff of any changes in the NICE guidelines they used. The practice nurse told us the advanced nurse practitioner (clinical partner) ensured the nursing protocols were based on current NICE guidelines.

The nursing team managed the care of patients of patients with long term conditions such as diabetes, heart disease and asthma with support from the GPs and advance nurse practitioners. Care was planned to meet identified needs and was reviewed through a system of regular clinical meetings. There was a robust recall system in place to identify and invite patients in for their clinical review. Written management plans were in place for 606 patients with long term conditions. Over half to these management plans had been reviewed and updated since the beginning of April 2015.

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 the national screening programmes to monitor outcomes for patients. The practice achieved 98.9% of QOF points which was above the local Clinical Commissioning Group (92.7%) and national average (94.2%). This practice was not an outlier for any QOF clinical targets. Data from 2013-2014 showed;

- Performance for diabetes assessment and care was higher than the national averages.
- The percentage of patients with hypertension having regular blood pressure tests was above the national average.

The practice carried out a range of audits which included clinical audits. The practice showed us a number of clinical audits that been undertaken. Two of these were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. For example, the practice had identified patients with diabetes whose blood results were higher than recommended. The practice had encouraged these patients to attend their reviews, so their blood results could be monitored and advice given on the management of their diabetes. The second audit cycle demonstrated an improvement in the management of patients with diabetes, as shown by the QOF results. The clinical audits would benefit from being recorded in a way that clearly identified the four stages of the audit cycle (preparation and planning, measuring performance, implementing change and sustaining improvement).

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment and had protected learning time for ongoing training. Staff had received training appropriate to their roles. The learning needs of staff were identified through a system of appraisal and meetings. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions and appraisals. All staff had had an appraisal within the last 12 months. There was a system in place to check the GPs and the nurses' registration with their professional body remained in date.

Staff received training that included: safeguarding, fire procedures, basic life support and equality and diversity. Staff had access to and made use of e-learning training modules

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those of patients with complex needs. We spoke with a health visitor and the manager of a local care home as part of this inspection. They told us the practice worked with them to meet the needs of patients and that there were effective communication pathways in place to support the sharing of information. The practice held multidisciplinary team meetings every four to six weeks to discuss the needs of complex patients, for example those with end of life care needs. Monthly meetings with the health visitors were also held. All meetings were recorded and the minutes shared with relevant staff.

The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy

Good

Are services effective?

(for example, treatment is effective)

outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a system with the local out of hours provider to enable patient data to be shared in a secure and timely manner. The practice offered a Choose and Book option for patient referrals to specialists. The Choose and Book appointments service aims to offer patients a choice of appointment at a time and place to suit them.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

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

The practice carried out minor surgery and joint injections. We found appropriate information and consent had been sought from patients prior to the procedures being carried out.

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 and those requiring advice on their diet, smoking and alcohol cessation. Patients were referred to the relevant service for weight management and alcohol cessation advice. The nursing staff provided in house smoking cessation advice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80.5% which was comparable to the national average of 81.8%. 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 the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94.5% to 100% and five year olds from 90.1% and 100%.The practice recognised the challenges with childhood immunisations due to the diversity and transient nature of the practice population. They worked closely with the health visiting team, sharing information about patients who do not attend for their immunisations. Flu vaccination rates for the over 65s were 74.6% which was slightly above the national average, and at risk groups were 48%, which was slightly below the national average.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk and that people were treated with dignity and respect.

We spoke with eight patients during the inspection and collected 38 Care Quality Commission (CQC) comment cards. Patients were positive about the service they experienced. Patients said they felt the practice offered good service and staff were helpful, caring and treated them with dignity and respect. They said the nurses and GPs listened and responded to their needs and they were involved in decisions about their care. Comment cards highlighted that staff responded compassionately when they needed help.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. A confidentiality booth was available if patients wanted to discuss sensitive issues or appeared distressed.

Data from the national GP patient survey results published in July 2015 showed from 105 responses that performance in some areas was slightly lower than local and national averages for example:

- 76% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.

However the percentage of patients who said the last nurse they spoke to was good at treating them with care and concern was 90% and this was in line with the CCG average of 92% and national average of 90%. In addition, the percentage of patients who found reception staff helpful was 87%, the same as the CCG average and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that they felt fully informed and involved in the decisions about their care and treatment. They 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. Patients' feedback on the comment cards we received were also positive and supported these views.

Data from the national GP patient survey showed that performance in some areas was slightly lower than local and national averages for example:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 81%.

However the percentage of patients who said that 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 was 92%, which was above the CCG (87%) and national averages (85%).

Staff told us that translation services were available for patients who did not have English as a first language. We did not see notices in the reception areas informing patents this service was available.

Patient/carer support to cope emotionally with care and treatment

Notices in the waiting room and information on the practice website told patients how to access a number of support groups and organisations. Staff also had access to electronic information leaflets, which could be translated in different languages and given to patients to take away and read. Staff told us patients could be referred to services such as Health Minds or The Dove Service for psychological and emotional support.

The practice's computer system alerted GPs and nursing staff if a patient was also a carer.

Staff told us that if patients and their families suffered bereavement, they were offered an appointment to come and see their GP. Patients could be referred for bereavement counselling if required.

Good

Are services caring?

The practice's computer system alerted GPs and nursing staff if a patient was also a carer. There was a practice register of all people who were carers and 110 patients had been identified as carers and were being supported. For example, by offering annual health checks and advice regarding social care needs. Contact details for the Carer's Association were also provided.

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 Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example the practice had a contract with the CCG to provide services to patients identified as asylum seekers (an asylum-seeker is someone who says he or she is a refugee, but whose claim has not yet been definitively evaluated). Consequently the practice had over 700 registered patients in this category and worked closely with the local asylum team.

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 extended hours on Tuesday evenings until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability, complex needs or who needed to use the translation service.
- Home visits were offered to patients who were unable to or too ill to visit the practice.
- Urgent access appointments were available for people with serious / long term medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Regular weekly visits to a local care home were undertaken by the advance nurse practice to review patients as required.

The practice had a well established Patient Participation Group (PPG), although the members recognised that they were not representative of the practice population. PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care. The PPG met every two months. We spoke with two members of the group who told us the practice had been responsive to their concerns. For example, the speed of information scrolling across the TV screen in the waiting room had been reduced to allow sufficient time for the information to be read. The members told us they supported the practice and promoted their role at events such as the flu clinic, and were working with the practice and the health visits to try and improve the uptake of childhood immunisations at the practice. Adverts encouraging patients to join the PPG were available on the practice website.

Access to the service

The main practice was open from 8am until 6.30pm on Monday, Wednesday and Friday, 8am until 8.30pm on Tuesday and 8am until 5pm on Thursday. The branch practice was open every day except Wednesday from 8am until 12 noon, 3pm until 6pm Monday and Tuesday, and 1.30pm until 5pm on Thursday and Friday. Extended hours surgeries were offered on Tuesdays with GP appointments available between 6.30pm and 8.30pm and nurse and health care assistant appointments between 6.30pm and 8pm. The practice offered a number of appointments each day with the GPs or advanced nurse practitioner for patients who needed to be seen urgently. Pre-bookable appointments and telephone consultations could be booked up to six weeks in advance.

Patients told us they could usually get an appointment when they needed one, although they may have to wait for a pre bookable appointment with the specific GP. These comments were similar to those made on the comment cards. Results from the national GP survey indicated that 78% of respondents were able to get an appointment or speak to someone the last time they tried, which was slightly lower than the CCG (86%) and national average (85%). We saw 78% of respondents said their experience of making an appointment was good, which was above the national average (73%). Patients did comment that occasionally they were not seen at their appointment time. This was reflected in the data from the patient survey, where 62% of respondents said they usually wait 15 minutes or less after their appointment time to be seen. This was slightly below both the local CCG (66%) and national average (65%).

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 person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Information on how to complain was in the practice leaflet, on the website and complaint forms available in reception. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at a summary of 15 complaints made during the last 18 months and found these had been satisfactorily handled and demonstrated openness and transparency. However the records did not support the practice were always following their own policy. Details of how to pursue the complaint further if dissatisfied with the practice response was not always included in the final letter sent to the complainant.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Complaints were discussed during the fortnightly meetings as well as discussed annually with all staff.

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

Staff we spoke with were aware of the culture and values of the practice and told us patients were at the centre of everything they did. They felt that patients should be involved in all decisions about their care. Comments we received were very complimentary of the standard of care received at the practice and confirmed that patients were consulted and given choices as to how they wanted to receive their care.

The partnership arrangements of the practice consisted of a business partner (the practice manager) and a clinical partner (an advanced nurse practitioner). The partners were conscious that the practice was susceptible to changes in GPs due to employing sessional and locum GPs. The partners discussed the challenges around recruiting GPs and encouraging them to become partners. The practice did not have any strategic plans in place to support the delivery of the practice values or any long term future developments.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A system for reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of events actively took place.
- A system of continuous audit cycles which demonstrated an improvement in outcomes for patients.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Acting on concerns raised by patients and staff.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Confidential information was stored securely, although staff from the other GP practice located in the same building also had access. A risk assessment had not been completed to ensure the safety of this confidential information within the practice.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. 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 told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG), NHS Friends and Family Test and complaints received. The practice had a well established PPG. PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care. Members of the PPG recognised that the group did not include representative from all of the various population groups, and they actively tried to recruit additional members when they supported practice events. We spoke with two members of the PPG and they were very positive about the role they played and told us they felt engaged with the practice. The PPG was currently working with the practice to explore ways of improving childhood immunisation rates and cervical screening rates within certain specific groups of the practice population. Information about the PPG was available on the website although not published within the waiting room.

The practice reviewed the results from the national GP survey and Friends and Family Test although they and not developed an action plan to address the issues identified.

Are services well-led?

Good

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

Management lead through learning and improvement

The practice staff told us they worked well together as a team and there was evidence that staff were supported to attend training appropriate to their roles. Formal meeting took place to support shared learning and to drive forward improvements. The GPs were all involved in revalidation, appraisal schemes and continuing professional development. There was evidence that staff had learnt from incidents and complaints and there was evidence of shared learning between staff.

The practice was actively engaged with the local Clinical Commissioning Group (CCG) and therefore involved in shaping local services. The practice partners attended the locality meetings and communicated the information to other members of the team. This was beneficial to patient care in that a culture of continuous improvement and evidence based practice was promoted. The practice had also signed up to the local Clinical Commissioning Group (CCG) Quality Improvement Framework (QIF). The QIF is underpinned by a learning and development programme, with workshops and best practice documents.