Rock Court Surgery

Quality Report

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Date of inspection visit: 28 September 2016
Date of publication: 07/11/2016

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 Rock Court Surgery on 28 September 2016. Overall the practice is rated as good.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.We saw good evidence of improving the service by learning from adverse events and errors. Improvements were evident when patient complaints had been made.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients (on the day of inspection) about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

There were also areas of practice where the provider should make improvements as follows:

- A system should be in put place to enable the practice nurse to receive appropriate clinical supervision and support.
- The practice should undertake a legionella risk assessment for the building.
- Regular infection control audits should be undertaken.
- The practice should develop a business continuity plan for major incidents such as power failure or building damage.

Summary of findings

- The practice should review the guidelines and best practice information to ensure staff have access to the most up to date information at all times.

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 an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed. There were infection control policies and procedures in place, staff were aware of their responsibilities in relation to these.

Are services effective?

Good

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Audits of clinical practice were undertaken. A system for ensuring the regular appraisal of staff was in place. The practice demonstrated how they ensured role-specific training and updating for relevant staff. The practice identified patients who may be in need of extra support. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw that patients were signposted to the relevant service. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had achieved high results for performance.

Are services caring?

Good

The practice is rated as good for providing caring services. We saw staff treated patients with kindness and respect. Patients spoken with and who returned comment cards were extremely positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. Patients felt involved in planning and making decisions about their care and treatment.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services. The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. A range of appointments were available for patients.

Are services well-led?

Good

The practice is rated good for providing well-led services. The practice had appropriate systems in place for gathering, recording, evaluating accurate information about the quality and safety of care, treatment and support they provide and its outcomes. There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were clear about the vision and their responsibilities in relation to it. There were systems in place to monitor the operation of the service. Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. The practice sought feedback from staff and patients, which it acted on. The practice had a focus on continuous learning and improvement. Practice specific policies were implemented and were available to all staff both in hard copy and on the practice intranet. A comprehensive understanding of the performance of the practice was maintained and known by all staff. Good monitoring systems were in place to ensure performance was high.

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. All patients over 75 years old had a named GP, who oversaw their care. The practice maintained a register for housebound and nursing home patients. An alert was added to the practice system to inform all staff that the patient was housebound, when required, these patients were visited at home in a timely manner. The practice accessed community services for elderly patients when necessary, including the respiratory team, domiciliary phlebotomy and the psycho geriatrician. During this past year the practice had a pharmacist available to complete discharge medication reviews for patients with complex needs. The practice participated in the Unplanned Admissions initiative and a proportion of patients involved were over 75 years. All of those participating in the service had a care plan in place, a named GP and were reviewed regularly. There were a variety of methods used for the ordering of repeat prescriptions, and the practice worked in conjunction with local pharmacies to ensure older people found repeat prescription ordering more accessible and convenient.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardio vascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. The practice nurse and health care assistant (HCA) had a system for annual reviews with the support of a dedicated administration support officer to ensure all patients are invited in for their annual review. The clinical staff took the lead for different long term conditions and kept up to date in their specialist areas. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed. The practice nurse worked with the CCG medicines management team to offer individual reviews to

patients with long term conditions. The practice referred patients who were over 18 and with long term health conditions to a well-being co-ordinator for support with social issues that were having a detrimental impact upon their lives.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. The practice liaised regularly with the Health Visitor to review children under five years of age, which included vulnerable children and those newly registered at the practice. Child health surveillance and immunisation clinics were provided. The practice had a reminder system for parents who did not bring children and babies for immunisation, sending these letters out in their native language whenever possible. Appointments for young children were prioritised. The staff we spoke with had appropriate knowledge about child protection and how to report any concerns. The safeguarding lead staff liaised with the health visiting service, school nurses and midwife to discuss any concerns about children and how they could be best supported. The practice provided a comprehensive and confidential sexual health and contraceptive service delivering the full range of contraceptive services.

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 reflected the needs for this age group. The practice had an active website as well as noticeboards in reception advertising services to patients.

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. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. There was a recall system to ensure patients with a learning disability received an annual health check and at the time of the inspection the practice was reviewing this patient register and the quality of care with the help of a primary care facilitator. The staff we spoke with had appropriate knowledge about adult safeguarding and how to report any concerns. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate

Summary of findings

services. The practice provided a service to a local hostel, often these patients were vulnerable and required extra support for such matters as mental health issues, drugs, alcohol, finances and housing benefits. The practice had established links with Mersey Care and named Consultants, with regular clinical meetings and good communications taking place via email for advice. The practice worked with the Citizen Advice Bureau to improve outcomes for some patients who are suffering from anxiety relating to financial or employment difficulties. These patients were provided with advice from benefits advisers and debt counsellors to help address their problems. The practice also issued tokens for the local food bank to patients in need of support.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. These patients were mostly known by receptions staff and we saw they would call patients to remind them an appointment had been booked for them. Patients experiencing poor mental health were offered an annual review. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice referred patients to appropriate services such as psychiatry and counselling services. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression. Clinical and non-clinical staff had undertaken training in dementia to ensure all were able to appropriately support patients. The practice screened patients for dementia and would refer to the appropriate service. The practice worked with the local mental health team and regularly met with a mental health liaison practitioner.

Summary of findings

What people who use the service say

Data from the National GP Patient Survey published July 2016 showed that the practice was performing in line or above national averages. The practice distributed 288 forms, 90 were returned which represented just less than 1% of the total practice patient population.

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 72%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 75%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. They said that all staff were helpful and caring and most of them would go the extra mile to ensure their needs were met. Patients said they were confident in the GPs who worked at the practice, staff were caring and only two patients said it was difficult to get an appointment at times. We spoke with 15 patients during the inspection and their comments aligned with these views.

Areas for improvement

Action the service SHOULD take to improve

- A system should be in put place to enable the practice nurse to receive appropriate clinical supervision and support.
- The practice should undertake a legionella risk assessment for the building.
- Regular infection control audits should be undertaken.
- The practice should develop a business continuity plan for major incidents such as power failure or building damage.
- The practice should review the guidelines and best practice information to ensure staff have access to the most up to date information at all times.

Rock Court 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 and a practice manager specialist adviser.

Background to Rock Court Surgery

Rock Court Surgery is responsible for providing primary care services to approximately 4621 patients. The practice has a General Medical Services (GMS) contract and offers a range of enhanced services such as flu and shingles vaccinations, unplanned admissions and timely diagnosis of dementia. The number of patients with a long standing health condition is about average when compared to other practices nationally. The practice has three GP partners, one practice nurse and health care assistant, administration and reception staff and a practice manager.

The practice is open from 8am to 6.30pm Monday to Friday. Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services. Home visits and telephone consultations are available for patients who required them, including housebound patients and older patients. There are also arrangements to ensure patients receive urgent medical assistance out of hours when the practice is closed.

The practice is part of the Liverpool Clinical Commissioning Group (CCG) and is within the Tuebrook and Stoneycroft neighbourhood, where the practice is placed in the eight most deprived in the city and has a birth rate above the Liverpool average. Unemployment is significantly higher than the city rate (7.8% compared to 7.2%) and 7% of the population are long term sick or disabled. People living in more deprived areas tend to have greater need for health services.

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. The 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 September 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out an annual analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. These included when patients had reported a complaint to the practice. We found other examples where the significant event process had been followed and events had been investigated with appropriate actions taken to reduce the same incidents occurring again. For example, when a significant event was reported relating to a patients conversation being overheard action was taken swiftly by the practice to ensure this did not happen again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 took a proactive approach to safeguarding and focused on early identification. They took steps to prevent abuse from occurring, responded appropriately to any signs or allegations of abuse and worked effectively with others to implement protection plans. Staff we spoke with demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We saw that staff took action when safe guarding concerns had been raised. The practice had identified that GPs and nurses required additional training for safeguarding adults and children and this had been arranged.
- A notice was in place in each consultation 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 (DBS) check, (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Each doctor's room had a list of staff members who had been trained and who could act in a chaperoning capacity.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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 and regular environmental premises audits were not undertaken however.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We found that blank prescription forms and pads were safely stored. Prescriptions stocks were checked and recorded on delivery and they were stored in a locked room. We found that Patient Group Directions had been adopted

by the practice to allow nurses to administer medicines in line with legislation. We found that minimum, maximum and actual temperatures of the medicines fridge were recorded daily when the practice was open.

- We reviewed four personnel files and found satisfactory information relating to, for example, qualifications and registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice was about to commission a human resource and management provider to overtake the management of this.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice 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 but they did not have a legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw that there was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kit and accident books were 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 stored securely.
- The practice did not have a business continuity plan in place for major incidents such as power failure or building damage.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care 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 keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Some of the information and guidelines we viewed were old or out of date and a review of this information was agreed at the time of inspection.
- 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

Patients had good outcomes because they received effective care and treatment

that met their needs. People's care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation. This included during assessment, diagnosis, when people were referred to other services and when managing people's chronic or long-term conditions, including for people in the last 12 months of their life. This was monitored by the practice team to ensure consistency of practice. Patients had comprehensive assessments of their needs, which included consideration of clinical needs, mental health, physical health and wellbeing. The expected outcomes were identified and care and treatment was regularly reviewed and updated. Information about patient's care and treatment, and their outcomes, was routinely collected and monitored.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available compared to 95% locally and 94% nationally.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was higher or the same as the local 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 96% compared to 92% across the CCG and 88% nationally. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 78% compared to 80% across the CCG and 78% nationally.
- Performance for mental health assessment and care was higher than other practices. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (April 2014 – March 2015) was higher than the national averages, at 91% compared to 88% across the CCG and 89% nationally. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months (April 2014 – March 2015) was 95% compared to 88% locally and nationally.

The practice carried out audits that demonstrated quality improvement. For example, clinical audits were undertaken to review particular medical conditions such as atrial fibrillation (heart condition). They decided that all patients on this register should have and stroke risk assessment and (if not already prescribed or known to be contra-indicated) should have a review regarding their anticoagulation treatment. The results of the audit were presented at a practice team meeting, involving all clinical staff. This resulted in increased awareness in the practice regarding earlier intervention with, and lowers thresholds for, atrial fibrillation stroke reduction with anticoagulants. Other audits were carried out on a regular basis such as consultation audits, medicines management audits and access audits amongst others. The GPs we spoke with told us that the findings from audits were shared across the clinical staff team.

Effective staffing

Good

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality and included a period of supervision/mentorship.
- The practice demonstrated how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and diabetes care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice nurse meetings.
- 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 their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an annual appraisal. However, access to clinical supervision for the practice nurses was not in place at the time of the inspection. The practice was aware of this and had agreed to review this after our inspection.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house face to face training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services. Monthly meetings were held with other healthcare professionals to discuss the on-going needs of patients with long term conditions and those at risk of hospital admissions. Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

Staff were consistent and proactive in supporting people to live healthier lives and use every opportunity to identify where their health and wellbeing could be promoted. There was a focus on early identification and prevention and on supporting people to improve their health and wellbeing, including supporting people to return to work. The two practice nurses played a key role in this work promoting the well-being of patients with chronic diseases to live to live and healthy life style.

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. We saw that patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 75%, which was comparable with the CCG average of 79% and comparable to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were

Good

Are services effective?

(for example, treatment is effective)

systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had achieved high results for performance. For example, females, 50-70, screened for breast cancer in last 36 months was higher when compared to other practices across the CCG (practice was 74%, CCG was 64% and national was 72%). Childhood immunisation rates for vaccinations given to under two year olds ranged from 94% to 100% which was above the CCG average. Vaccinations for five year olds ranged from 94% to 100% which was above the CCG average.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. 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 we spoke with recognised the diversity, values and human rights of patients that attended the practice.

All of the 34 patient Care Quality Commission comment cards we received and the 15 patients we spoke with were positive about the service experienced. Patients said they felt the practice offered a good service with positive comments made about the clinical and administration staff. Examples were given to us to show the practice had demonstrated caring and supportive behaviours to patients and their families at their end of life stages. We heard that patients did not feel rushed during their appointment, the GPs listened to their patients and gave sufficient time to ensure patients fully understood the care, treatment and support options available to them. Two comments were made suggesting access appointments with GPs was difficult at times.

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 88%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 98% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 90%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 86%.

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 health issues were discussed with them, they felt listened to and involved in decision making about the care and treatment they received. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised and patients and their families had been involved, as far as possible, in their needs assessment and in planning their care and treatment goals.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, there were translation and interpreting services available.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. This information was used to support carers and direct them to appropriate resources. The practice had access to a weekly Citizens Advice Liaison session held in the reception of the premises. Written information was available to direct carers to the various avenues of support available to them. We found that clinical staff referred patients on to counselling services for emotional support, for example, following bereavement and for those with mental health conditions.

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 improve outcomes for patients in the area. For example**,** the practice offered a range of enhanced services such as flu and shingles vaccinations, and the timely diagnosis of dementia. The practice was responsive in terms of seeking and acting upon patients views. We saw in reception there were publicised comments forms and a box for patients and public to contribute views. We were told that patient experience feedback was discussed at staff meetings and appropriate actions taken. The practice had multi-disciplinary meetings to discuss the needs of young children, palliative care patients and patients with complex needs. Other examples of how the practice responded to meeting patients' needs were as follows:

- The practice had an active website as well as noticeboards in reception advertising services to patients of all age groups.
- There were longer appointments available for patients who needed them, for example, for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice worked with the Citizen Advice Bureau to improve outcomes for some patients who are suffering from anxiety relating to financial or employment difficulties. These patients were prescribed advice from benefits advisers and debt counsellors to help address their problems. Food bank vouchers were given to those patients in need of this.
- Translation services were available for patients.
- The practice nurse worked with the diabetes specialist nurse on a monthly basis to review the needs of the more complex diabetic patients.

Access to the service

Facilities and premises were appropriate for the services being delivered. People could access the right care at the right time. Access to appointments and services was managed to take account of people's needs, including those with urgent needs. The practice was open between 8am to 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 94% of patients said they could get through easily to the practice by phone compared to the national average of 72%.

People told us on the day of the inspection that they were able to get appointments when they needed them. If needed the GPs undertook home visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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. Staff we spoke with were aware of how to respond to a patient who wanted to complain. The practice kept a record of written and verbal complaints. We reviewed a sample of two received within the last 12 months. Records showed they had been investigated, patients informed of the outcome and action had been taken to improve practice where appropriate. A log of complaints was maintained which allowed for patterns and trends to be easily identified. The records showed openness and transparency with dealing with the complaints.

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 staff we spoke with told us it was the aim of the practice to deliver high quality care and promote good outcomes for patients. The practice did not have a recorded mission statement displayed so that patients knew and understood the values. However, the patients we spoke with and comments received indicated that these aims were being achieved in that they were receiving good care and treatment and they were happy with access to the service. The website and waiting area displayed information about Patient Rights and Responsibilities which detailed the rights of patients when using the service, for example, to be treated courteously and be provided with appropriate information about their health.

Governance arrangements

The practice had appropriate systems in place for gathering, recording and evaluating accurate information about the quality and safety of care, treatment and support they provided and its outcomes. Information was gathered about the safety and quality of their services from a number of sources as follows:

- Feedback from patients
- Adverse incident monitoring
- Comments and complaints made by patients and members of the public
- Use of information from national and local clinical sources

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were clear systems to enable staff to report any issues and concerns. There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff both in hard copy and on the practice intranet. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The practice used the findings from clinical audits including those undertaken at national level to improve practice and ensure patient safety. There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included patient and staff safety risks. The practice had appropriate systems in place for gathering, recording and evaluating information about quality and safety of care from a number of different sources.

Leadership and culture

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner. Staff said they felt respected, valued and supported. 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.

Meetings took place to share information, to look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed time for learning events and practice meetings. Clinical and non-clinical staff had meetings to review their roles and keep up to date with any changes. GPs and nurses met together to discuss clinical issues such as new protocols or to review complex patient needs. Partners and the practice manager met to look at the overall operation of the service and future development.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment. The practice gave affected people reasonable support, truthful information and a verbal and written apology and they kept written records of verbal interactions as well as written correspondence.

The practice had policies in place to ensure there was a confidential way for staff to raise concerns about risks to patients, poor service and adverse incidents. A Whistle Blowing policy was in place and staff said they would use this without fear of recrimination. All staff were involved in

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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.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had a Patient Participation Group (PPG) that met on a regular basis and we met with four of their members during the inspection. They told us meetings were productive, recommendations were made to the GPs and the group was listened to. For example, they told us the practice had listened to the group when suggestions were made for allowing open access at the front door of the practice to improve access for disabled patients.

The practice had a support structure in place for supervision which included informal one to one sessions with staff. However, we found the practice nurse did not have the opportunity to undertake professional clinical supervision and she was not always able to attend the practice clinical meetings. The practice was aware of this at the time of inspection and were looking to access this for the practice nurse, in line with her professional regulatory requirements. The development of staff was supported through a regular system of appraisal that promoted their professional development. 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. We found that mandatory training was undertaken and monitored to ensure staff were equipped with the knowledge and skills needed for their specific individual roles.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Daily clinical meetings were held to discuss practice matters and to review patient referrals. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. For example, the practice nurse had recently set up monthly clinics for patients with diabetes to work alongside the diabetes specialist nurse to review complex patients. We saw other examples such as participation in a CCG led safeguarding audit reviewing the practice processes and systems in place for the management of safeguarding practice matters.