

Drs Williams, Selby, Johnstone, Romaniuk & Where

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Riverside Surgery on 7 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- 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 were treated with care, compassion, dignity and respect and they were involved in their care and decisions about their treatment. They were not rushed at appointments and full explanations of their treatment were given. They valued their practice.
- Information about services and how to complain was available.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with routine and urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

There were areas where the provider could make improvements and they should ensure:

- That national patient safety and other relevant alerts and guidance is followed and actions taken recorded.
- That the procedures for storage of paper records meets health and safety and fire regulations in accordance with the Department of Health's code of Practice for Records Management (NHS Code of Practice 2006) and other relevant guidance about information security and governance.
- Informal and verbal complaints are recorded and analysed to learn lessons and improve the service.

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- A current up to date infection prevention and control policy is implemented within the practice.
- Electronic systems for capturing data and information regarding at risk children and vulnerable adults are accurate.
- Staff are checked for suitability for their role at a level of check that is appropriate to their role including ensuring that staff who act as chaperones are appropriately trained and checked to undertake the role.
- Audits are completed cycles and disseminated widely throughout the practice to share learning

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated to staff. Information about safety generally was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and managed. There were enough staff to keep patients safe. Safeguarding, medicines and infection control risks were managed safely.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

Data showed that patients rated the practice as good when compared to other practices for aspects of care. Feedback from patients about their care and treatment was consistently positive. Patients said they were treated with care, compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. There was a strong patient-centred culture.

Good



Are services responsive to people's needs?

The practice is rated as 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with routine

Good



Summary of findings

and 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.

Are services well-led?

The practice is rated as good for being well-led.

It had a clear mission statement, vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular team, practice and clinical meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. Staff had received inductions, regular performance reviews and attended meetings.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and extended appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice maintained and monitored registers of patients with long term conditions for example cardiovascular disease, diabetes, chronic obstructive pulmonary disease and heart failure. These registers enabled the practice to monitor and review patients with long term conditions effectively. Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. However, the systems used were not always accurate in the data produced and in identifying all the children at risk. Immunisation rates were high for all standard childhood immunisations with the majority of immunisations uptake at 100%. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, however there were poor links with health visitors due to lack of their availability in the local area.

Good



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. The practice offered pre-bookable Saturday morning appointments and telephone consultations for those who worked. 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.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. GPs took lead roles in caring for patients who were vulnerable such as learning disabilities, and alcohol and drug addiction. It worked with and was able to signpost vulnerable patients and their carers 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). 94.4% of people experiencing poor mental health had a comprehensive, documented care plan in place. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia with 88% of patients having a face to face review of their care in the last 12 months.

The practice had a mental health and dementia lead. They carried out memory testing for dementia on site at the practice and were able to signpost patients experiencing poor mental health to access

Summary of findings

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

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing around and higher than average in some questions asked. There were also areas for improvement where the practice was performing below average. There were 113 responses which represented a 29% completion rate for surveys sent out and 1.5% of the patient list.

- 70% find it easy to get through to this surgery by phone compared with a CCG average of 78% and a national average of 73%.
- 91% find the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 87%.
- 59% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 63% and a national average of 60%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 98% say the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.
- 77% describe their experience of making an appointment as good compared with a CCG average of 78% and a national average of 73%.
- 63% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 58% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. All patients we spoke with and comments reviewed were extremely positive about the practice, the staff and the service they received. They told us staff were caring, and compassionate and that they were always treated well with dignity and respect. They told us they were given time at appointments, listened to and felt valued. They said their needs were always responded to and they felt very lucky to have such a practice.

Areas for improvement

Action the service **SHOULD** take to improve

There were areas where the provider could make improvements and they should ensure:

- That national patient safety and other relevant alerts and guidance is followed and actions taken recorded.
- That the procedures for storage of paper records meets health and safety and fire regulations in accordance with the Department of Health's code of Practice for Records Management (NHS Code of Practice 2006) and other relevant guidance about information security and governance.
- Informal and verbal complaints are recorded and analysed to learn lessons and improve the service.
- A current up to date infection prevention and control policy is implemented within the practice.
- Electronic systems for capturing data and information regarding at risk children and vulnerable adults is accurate.
- Staff are checked for suitability for their role at a level of check that is appropriate to their role including ensuring that staff who act as chaperones are appropriately trained and checked to undertake the role.
- Audits are completed cycles and disseminated widely throughout the practice to share learning

Drs Williams, Selby, Johnstone, Romaniuk & Where

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and included a GP specialist advisor and a practice manager.

Background to Drs Williams, Selby, Johnstone, Romaniuk & Where

Riverside Surgery is registered with the Care Quality Commission to provide primary care services. It provides GP services for approximately 7400 patients living in Wirral. The practice is situated in a purpose built health centre. The practice has three male GPs and two female GPs, a practice management team, practice nurses, administration and reception staff. Riverside Surgery holds a General Medical Services (GMS) contract with NHS England.

The practice is open Monday – Friday 8.45am to 6.30pm with the phone lines opening for appointments starting at 8am. They are also open on Saturday morning for pre booked GP appointments only. 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.

The practice is part of Wirral Clinical Commissioning Group (CCG) and is situated in an area of high deprivation. The practice population is made up of a mostly working age population. Seventy percent of the patient population has a long standing health condition and there is a higher than national average number of unemployed patients.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hours service provider (Wirral GP Out of Hours service), local NHS walk in centres and NHS 111 for help.

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions

- Families, children and young people
- Working age people (including those recently retired and students)
- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

Before our inspection we carried out an analysis of the data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas.

We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face, looked at survey results and reviewed comment cards left for us on the day of our inspection. We spoke with staff and patients at the practice on the day of our inspection.

Are services safe?

Our findings

Safe track record

There was a system in place for reporting and recording significant events. Staff told us there was an open and 'no blame' culture at the practice and that staff were encouraged to report adverse events and incidents. The practice carried out an analysis of the significant events and reviewed them annually. The practice did not, however, complete full and comprehensive action plans for the significant events reported. Formal complaints received by the practice were entered onto the system, analysed and addressed.

We reviewed safety records, incident reports and minutes of meetings where incidents and complaints were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

Safety was monitored using information from a range of sources, including National Patient Safety Agency (NPSA) and NICE guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. National patient safety alerts were disseminated by the practice manager to relevant staff. We saw evidence of the recent guidance on Ebola displayed in the practice. (Ebola is a contagious viral infection causing severe symptoms and caused an epidemic in West Africa). However we found that the alert regarding the safe use of window blinds had not been actioned. The provider told us this would be actioned straight away.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding and health and safety including infection control, medication management and staffing.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies were accessible to all staff. Staff had access to contact details and process flowcharts for both child protection and adult safeguarding displayed around the offices and treatment rooms. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice systems for identifying and alerting children and vulnerable adults

at risk were not accurate and appeared incomplete. The practice previously held regular safeguarding meetings with the health visitor, however these had ceased some months ago due to lack of availability of health visitors and any safeguarding issues were discussed within the practice meetings as required. .

- A notice was displayed in the waiting room and in consultation rooms, advising patients that chaperones were available, if required. We found that two of the reception staff who had acted as a chaperone on occasion, were not trained for the role and had not received a Disclosure and Barring Service (DBS) check. A chaperone is a person who acts as a safeguard and witness for a patient and healthcare professional during a medical examination or procedure. 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. The practice told us they would not use these staff as chaperones again until appropriate checks and training had been undertaken.
- 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 displayed for staff. The practice had undertaken general environmental, COSHH and fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was maintained and checked to ensure it was working properly.
- Historic paper patient records were not stored safely and securely. They were stored on open wooden shelves in an accessible office and were at risk of being damaged or stolen.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control policy however this was out of date and needed review to ensure it met national guidelines and legislation. Staff had received update training. An infection control audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had carried out Legionella risk assessments and regular monitoring of water occurred.

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice maintained patient safety (including obtaining, prescribing, recording, handling, storing and security). Medication audits were carried out with the support of the local CCG medicines management teams to ensure the practice was prescribing in line with best practice guidelines and the practice formally met annually with the team. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out. We looked at two recently employed staff members file and this showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, interview records, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service (DBS). We found that although all clinical staff had been DBS checked, some of them only had been checked at standard level and did not have the enhanced level of DBS check required for their role. The practice told us that the support unit who undertook the checks on behalf of the practice had advised they did not need enhanced level checks. This was incorrect as they should have had an enhanced level of check. GPs were checked to ensure they were suitable to work in their role and that they were on the NHS England Performers List.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff covered for each other during absences and locum GPs were used from a bank of regular locums in the absence of the full time permanent GPs.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received basic life support training and there were emergency medicines available with the emergency equipment. The practice had an automated external defibrillator (AED) available on the premises and oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. Latest guidance and protocols were disseminated through the team by various means such as one to one meetings, staff meetings and update training. The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records and referrals.

Services provided were tailored to meet patients' needs. For example long term condition reviews were conducted in extended appointments. The practice used coding and alerts within the clinical electronic record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the palliative care register. However, we found that some coding for vulnerable children and adults was not accurate and therefore incomplete. The GPs used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital and the referrals were monitored to ensure an appointment was provided within two weeks.

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Written consent was obtained for minor procedures such as joint injections.

Protecting and improving patient health

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, vulnerable adults, those at risk of unplanned admissions to hospital and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 88%, which was slightly higher than the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were high with the majority of immunisations given attaining 100% of eligible children. Child non-attenders were followed up. Flu vaccination rates for the over 65s were 67%, and at risk groups 45%. These were around the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. A lot of health assessments were undertaken opportunistically, for example, when patients who had not visited the practice for some time presented with minor ailments they were given a full health check and those attending for flu vaccinations were checked and referred for appointments as necessary. Appropriate follow-up on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Coordinating patient care

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

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

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current

Are services effective?

(for example, treatment is effective)

results were 97.4% of the total number of points available, compared to a national average of 94.2%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/2014 showed

- Performance for diabetes related indicators was slightly above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average
- Performance for mental health related indicators was slightly above the national average.
- Cervical smear screening uptake for women was slightly above the national average.
- Childhood immunisation rates were consistently higher than average.

Clinical audits were carried out by medical staff and trainee doctors. We saw evidence of completed audits undertaken by the GPs including appropriate use of bisphosphonate treatment for osteoporosis, treatment of atrial fibrillation and minor operations. Some of these were completed audits where improvements made were checked and monitored. Some trainee doctors working at the practice had also undertaken basic audits. We found that audits were not widely communicated throughout the practice to disseminate improvements and resulting changes to practice.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. There was a practice development plan in place. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals and facilitation and support for the revalidation of doctors. All staff had an annual appraisal and all the GPs had recently been re validated.
- The practice was a training practice and regularly had medical students and trainee GPs working at the practice. They were fully supported by GP trainers and the team in their training and development.
- Staff received training that included: safeguarding, infection control, equality and diversity, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and training events. It was not easy to assess if all staff were up to date with their training requirements as there was no training matrix in place. We found evidence in staff personnel files and from staff we spoke with that generally they had received the required training for their role.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous, friendly and very 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 and that conversations taking place in these rooms could not be overheard.

All of the 39 patient CQC comment cards we received were extremely positive about the service experienced. Patients told us the practice offered a very good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with three patients including one member of the Patient Participation Group (PPG) on the day of our inspection. They also told us they were very satisfied with the standard of care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Patients told us that staff knew them personally, knew their medical conditions and would always ensure they were given a same day appointment if they were unwell due to their long term condition. Comments also told us that staff listened to them, provided them with options of care and gave appropriate advice and treatment for their specific condition. Patients with long term conditions, vulnerable patients and those with children told us they were given good care, were listened to and time given to them. Patients appreciated the continuity of care given by the long standing healthcare team.

Staff often went out of their way to ensure patients, especially those elderly and with reduced mobility received their medication in a timely manner. Notices and leaflets in the waiting room told patients how to access a number of support groups and organisations. 91% of patients responding to the National GP Patient Survey published in July 2015 said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

The practice's computer system alerted GPs if a patient was also a carer and patients told us they were well supported if they were also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

Results from the National GP Patient Survey showed patients were generally happy with how they were treated and that this was with compassion, dignity and respect. The responses to the questions asked were comparable to local and national average.

For example:

- 90% said the GP was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.

Some results were below local and national average for example:

- 80% said the GP gave them enough time compared to the CCG average of 90% 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 health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey were around average for questions about their involvement in planning and making decisions about their care and treatment. For example:

Are services caring?

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice identified its patient population needs and worked with the local clinical commissioning group (CCG) to improve outcomes for patients in the area.

There was an active patient participation group (PPG) and we spoke with one member on the day of inspection. The PPG worked well with the practice and represented patients' views. They had bi-monthly meetings with the practice and good information exchange took place. We were told that the practice listened to the views of the PPG and were given examples of how improvements had been made as a result of feedback from the PPG. For example, a hand disinfectant was sited next to the check in screen and a 'queue here' sign was sited in reception to help maintain patient confidentiality.

The PPG carried out annual patient surveys and encouraged comments and concerns to be raised by patients and staff with information around the practice advising how they could do this.

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

- There were longer appointments available for people with a learning disability.
- There were longer appointments available for people with multiple diseases/conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and large print information.
- Smoking cessation and health promotion services were available.
- There was a weekly antenatal clinic held at the practice with the community midwife in attendance.
- Online booking of appointments and ordering of repeat prescriptions
- Access to translation service for patients whose first language was not English.

The practice had dedicated clinical leads for the various patient groups and conditions.

Access to the service

The practice was open between 8.45am and 6.30pm Monday to Friday (phone lines opened at 8am) and for pre booked GP appointments on Saturday mornings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available and many routine appointments were available on the same day.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and national average of 75%.
- 70% patients said they could get through easily to the surgery by phone compared to the CCG average of 78% and national average of 73%.
- 77% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 63% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

However patients and the member of the PPG we spoke to on the day told us they had no issues with accessing appointments, waiting times or getting to see a preferred GP.

There were three male GPs and two female GPs working at the practice. The practice was also a teaching practice and regularly had medical students and trainee doctors working there. Patients told us they were able to see a GP of their choice including female GPs when requested.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in need of updating and was not in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs?

(for example, to feedback?)

We saw that information was available to help patients understand the complaints system including information displayed in the reception area and in the practice information leaflet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at the complaints that had been made in the last 12 months and found that these had been handled

appropriately. On discussion with the acting practice manager it emerged that informal and verbal complaints were not logged and analysed in order to learn from them and improve the service. Complaints were reviewed and discussed at staff meetings to disseminate lessons learnt.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear mission statement and vision to deliver progressive, comprehensive family centred healthcare with principles of providing friendly, caring and compassionate care for all. The mission statement was displayed in the practice information leaflet and staff knew and understood the values.

Governance arrangements

The practice had an overarching governance policy which outlined the structures, policies and procedures in place

Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice policies and procedures that were implemented, staff were familiar with and that they could all access. Some of these policies were in need of review and updating to ensure they met national guidelines and current legislation
- A system of reporting incidents without fear of recrimination.

- Systems for monitoring performance against targets including QOF and patient surveys.
- Audits based on local and national priorities which demonstrated an improvement on patients' welfare. Some of these needing improving on to ensure completed audit cycles took place and resulting actions/outcomes were disseminated through all the staff.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' and staff feedback through surveys, face to face discussions, appraisals and meetings. Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation and all staff in appraisal
- Staff learnt from incidents and complaints.
- Arrangements for identifying and managing risks such as fire, security and general environmental health and safety risk assessments.