

The Delamere Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Delamere Medical Centre on 16 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events and untoward incidents.
- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
 - Risks to patients were assessed and well managed including the risks of infection and medication.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
 - Patients were treated with care, compassion, dignity and respect and they were involved in their care and

decisions about their treatment. They had plenty of time at appointments and full explanations of their treatment were given. They valued their practice and felt confident with the skills and abilities of staff.

- We observed a strong patient-centred culture from a personal and family orientated practice.
- The practice proactively sought feedback from staff and patients, which it acted on.
- 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.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

Importantly the provider Should:

- Improve documentation around learnings from analysis of complaints and significant events

Summary of findings

- Improve staff recruitment protocols around risk and medical assessments

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.

Good



- 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 there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and 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 people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed including the risks of infection and medication.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff, although one to one supervision did not routinely take place.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice around average and in some cases higher than average for aspects of care rated. For example 87% of respondents to the patient's survey said they found the receptionists helpful compared to a local CCG average of 86% and a national average of 87%.
- Feedback from patients about their care and treatment was very positive.

Summary of findings

- We observed a strong patient-centred culture, staff treated patients with kindness, respect and friendliness.
- Staff were motivated and inspired to offer kind and compassionate care.
- We saw positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The needs of the eastern European population in the area were regularly considered and addressed.
- Patients said they found it easy to make an appointment with a named GP; there was continuity of care, with urgent appointments available the same day and appointments available at convenient times.
- 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. Evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group who were involved in practice developments.
- There was a focus on continuous learning and improvement at all levels.

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 avoiding unplanned admissions, dementia and end of life care.
- It was responsive to the needs of older people, and offered home visits (including to their patients in care homes) and urgent appointments for those with enhanced needs.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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.
- Performance indicators for management of diabetes were around or above national average. The percentage of patients with diabetes who had received an influenza injection was 99.3% as opposed to the national average of 94.4%.
- 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 medicines needs were being met.
- Systems ensured patient recalls were highlighted.

Good



Summary of findings

- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations with all of immunisations for five year olds uptake around or above the local and national averages
- 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.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 93.1% with the national average being 81.8%
- Appointments were available outside of school hours and the practice worked well with midwives and health visitors.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example the practice offered morning, extended evening and monthly Saturday appointments face to face or via the telephone.
- 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.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and with alcohol or substance misuse.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and worked with voluntary organisations, one of which was co-located in the building.
- Staff were familiar with patients from this group and knew and understood family dynamics.
- 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)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients with dementia and 86.8% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared with the national average of 84%.
- 79.7% of people experiencing poor mental health (above national average of 88.4%) 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- Patients with poor mental health were given extended appointments.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing well in the questions asked. There were 112 responses which represented a 37% completion rate for surveys sent out and 1% of the patient list. The results showed, for example:

- 79% find it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 73%.
- 87% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 45% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 59%.
- 76% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 84% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 75% describe their experience of making an appointment as good compared with a CCG average of 69% and a national average of 73%.
- 43% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 58% and a national average of 65%.
- 93.5 % said the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 88% and a national average of 87%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all very 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 the service was of a very high standard at this practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Improve documentation around learnings from analysis of complaints and significant events
- Improve staff recruitment protocols around risk and medical assessments

The Delamere Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor and a Practice Manager specialist advisor.

Background to The Delamere Practice

Delamere Medical Centre is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 12,000 patients living in Crewe and the surrounding area. The practice is situated in a purpose built medical centre containing two other GP practices, a dentist, pharmacy and other related medical services. The practice has four GP partners, two female and two male, there are three regular locum GPs (one male and two female), a practice manager, an IT manager, practice nurses, administration and reception staff. Delamere Medical centre hold a General Medical Services (GMS) contract with NHS England.

The hours of practice are:

Monday – Friday 8.00am – 6.00pm with extended hours once a month on Saturday mornings between 8.30 and Midday. The practice operates a reduced service on a Wednesday afternoon accepting walk-in patients 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 South Cheshire Clinical Commissioning Group (CCG) and is situated in an area of relatively high deprivation. The practice population is made up of a mostly working age and elderly population with 20% of the population aged over 65 years old. 58% percent of the patient population has a long standing health condition and 26% of the patient list do not have English as a first language, most of these patients are of eastern European origin.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hour's service provider (East Cheshire out of hours service) via NHS 111 for help. Information regarding out of hours services was displayed on the website and in the practice.

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.

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.

Detailed findings

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People 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 including members of the patient participation group (PPG) at the practice on the day of our inspection.

Are services safe?

Our findings

Safe track record

There was an effective system in place for reporting and recording significant events.

- Staff told us, and we saw evidence, that they would inform the practice manager or GPs of any incidents. There was a recording form available on the practice's computer system and in hard copy.
- 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 a thorough analysis of the significant events and reviewed them individually as required.

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

When there were unintended or unexpected safety incidents, people received support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the similar incidents happening again.

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, medicines management and staffing.

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and policies and were accessible to all staff. Staff had access to relevant practice and local safeguarding authority policies and procedures. Contact details and process flowcharts for both child protection and adult safeguarding were displayed in the reception area, treatment and administration rooms. There was a clinical lead for safeguarding. Staff demonstrated they understood their responsibilities and all had received

training relevant to their role. The practice had systems for identifying and alerting for children and vulnerable adults who were at risk. The practice held regular safeguarding meetings with the multi-disciplinary team.

- A notice was displayed in the waiting room and in consultation rooms, advising patients that chaperones were available, if required. Clinical staff who had been trained to undertake this role acted as chaperones and had 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.
- Historic paper patient records and staff records were stored safely and securely.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead and had received an appropriate level of infection control training. There was an infection control policy and related procedures in place. All staff had received update training. An infection control audit had been undertaken in 2015 and we saw evidence that action had been taken to address the six areas for improvement identified as a result. The practice had carried out Legionella risk assessment and regular monitoring of water temperatures occurred.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice maintained patient safety (including obtaining, prescribing, recording, handling, storing and security). 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Prescription pads were securely stored and there were systems in place to monitor their use.
- There was a recruitment policy and procedures in place. Recruitment checks were carried out. We looked at six staff files and these showed that generally appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service (DBS). One recruitment file we

Are services safe?

looked at evidenced the need for additional risk assessments to be completed and a small change to the recruitment procedure. The Practice Manager told us that this would be actioned immediately.

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 were health and safety policies and procedures in place and a health and safety law poster was displayed. The practice had undertaken general environmental, COSHH and fire risk assessments and carried out fire drills regularly. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were sufficient staff and a rota system in place for all the different staffing groups to ensure that enough staff were on duty at all times. The practice had identified that additional GPs were required to meet the ever increasing patient list and were actively attempting to recruit additional GPs. In order to mitigate the need for additional clinical staff the practice were in the process of recruiting a pharmacist to assist in some of the clinical workload, particularly around medicines.

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 and panic buttons in reception and treatment rooms.
- All staff received annual basic life support training.
- The practice had an automated external defibrillator (AED) available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- There were emergency medicines available in the treatment room.
- 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 and had a summary of procedures available to them.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

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 peoples' needs. We saw that clinicians were able to access NICE guidance from a link on their computers rather than having to access it via the website.
- 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 random sample checks of patient records.

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 or those vulnerable adults and children at risk. 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 in a timely manner and that patients attended.

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

results were 91.6% 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 2014/2015 showed:

- Performance for diabetes related indicators were comparable with the national average.
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the national average, being 81.2% as compared with 83.6% nationally.
- Performance for mental health related indicators were mostly well above the national average.
- Cervical smear screening uptake for women was above the national average, being 93.1% compared with 83.8% nationally.
- Childhood immunisation rates were similar to the national average.

Clinical audits demonstrated quality improvement. The practice had a robust quality improvement system.

- We looked at a sample of two clinical audits completed in the last two years; these were both completed audits where the improvements made were implemented and monitored. All of these audits (prescribing of anti-biotics and chronic kidney disease) demonstrated improved outcomes for patients had been achieved.
- We saw an audit of patient list size, compared with numbers of GP consultations and referrals to secondary care, the practice intended to further explore the results of this audit.
- Since 2001 the practice has been awarded the "Keele Quality Mark". This is as a result of working with Keele University who audited the quality of the data held by the practice and confirmed that it was of such a high standard that it merited this recognition.

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, including GPs and locum GPs, there was a comprehensive information folder available for locum GPs to refer to detailing local practice, protocols and contact information.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during training sessions, one-to-one meetings, appraisals and facilitation and support for the revalidation of doctors. All staff had an annual appraisal, no one to one formal supervisions were taking place between annual appraisals. We were told that this would be introduced to further improve the existing support system for staff.
- The practice operated a student nurse programme to assist in the recruitment and development of new nursing staff.
- Staff received training that included: safeguarding, infection control, equality and diversity, basic life support and information governance awareness amongst other topics. We saw evidence that demonstrated all staff were up to date with their relevant training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- The practice works within the South Cheshire Alliance, where local practices work together to better meet the needs of their population. Initiatives undertaken included: an early intervention visiting scheme, bank holiday scheme and askGP.

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 ongoing care and treatment. This included when people moved between services, including when they were referred, or after they

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular bimonthly basis and that care plans were routinely reviewed and updated.

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 (MCA). Further formal training on the implications of this legislation for both clinical and non-clinical staff was planned.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- Consent was obtained and recorded for minor procedures such as joint injections.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then offered in house support and signposted to the relevant service. The experienced and highly qualified nursing team took responsibility for a large part of the chronic disease management programme at the practice. Each nurse had specialist skills including the management of diabetes, tissue viability, occupational health and contraception.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 93.1%, which was higher than the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate

Are services effective?

(for example, treatment is effective)

follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. 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.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity 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. Doors were locked during intimate examinations.
- Reception staff and clinical staff all knew the patients and their families very well. They knew when patients wanted to discuss sensitive issues or appeared distressed and they would offer them a private room to discuss their needs. There was also a quiet area provided for patients to use if they preferred not to use the main waiting area.
- We noted that a non-resident patient was dealt with in a sympathetic and caring manner when they attended and requested an urgent appointment. This was facilitated in a timely manner and to the appreciation of the patient.

All of the 28 patient CQC comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were kind, helpful, caring and treated them with dignity and respect.

We also spoke with eight patients including the chairperson of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG had been effective in working with the practice to improve information for patients waiting for consultation with the introduction of a whiteboard which was regularly updated with any delays. Comments 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 family histories and would always

ensure they were given an appropriate same day appointment if needed. Comments also told us that staff were caring and compassionate and listened to them. They provided them with options of care and gave appropriate advice and treatment for their specific condition. We noted on the day of our inspection that staff were friendly and approachable and often spoke with patients on first name terms.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect.

Results showed For example:

- 93% said the GP gave them enough time (CCG average 88%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 87% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 91% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.

Care planning and involvement in decisions about care and treatment

Patients' comments told us that health issues were discussed with them and they felt very much 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.

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

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.

Are services caring?

- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%
- 94% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 85%
- 95% said the last nurse they saw was good at listening to them compared to the CCG average of 92% and the national average of 91%.

Staff told us that translation services were available for patients who did not have English as a first language. We were told that translators were regularly used (as much as 13 times a week) as there was a very high proportion of patients from Eastern Europe who needed their assistance in communicating with the clinicians. We saw information and contact details relating to this in the reception and administration areas.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Discussions with staff demonstrated they knowledgeable in support services and how patients could access them.

The practice's computer system alerted if a patient was also a carer and patients told us they were well supported if they were. The practice had identified and held a register of its carers. The practice had a designated carer's lead who was one of the receptionists and was well respected and liked by patients. They demonstrated how they knew patients well and would communicate any wider concerns to the healthcare team. The practice was co-located with support services.. Written information was also available for carers to ensure they understood the various avenues of support available to them.

We noted examples of how the practice had identified patients in need of extra support and gone to great lengths to assist them. For example purchasing a mobile telephone for a deaf patient so that they could communicate via text messages. Another example was where the practice had identified a patient who was vulnerable and had facilitated contact with social services and other support groups resulting in the patient receiving extra financial support they were unaware they were entitled to.

Staff and patients told us that if families had suffered bereavement, their GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 patients and the local clinical commissioning group (CCG) to improve outcomes for patients in the area.

The practice is situated in a purpose built medical centre which complied with disability access requirements. The waiting area was equipped with two large TV screens which provided up to date health information, information about the practice, current initiatives and the PPG. Patients we spoke to told us that the TV screens provided them with useful information. There was an active patient participation group (PPG) and we spoke with the chairperson on the day of inspection. The group worked well with the practice and represented patients' views well. We were given examples of how improvements had been made as a result of feedback from patients. For example, the decision to alter appointment availability at the phlebotomy clinic which had resulted in a large reduction in patients failing to attend appointments.

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

- There were longer appointments available for people with a learning disability and poor mental health.
- There were longer appointments available for people with multiple diseases/conditions.
- Routine, regular home visits were available for older patients, vulnerable patients, patients living in care homes and those who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and ground floor treatment rooms available.
- There were monthly Saturday surgeries.
- Online booking of appointments and ordering of repeat prescriptions was available.
- There was access to translation services for patients whose first language was not English.
- Other services available within the building included: dentist, pharmacy, physiotherapy, podiatry, speech and language therapy, family planning and phlebotomy.

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

Access to the service

The hours of practice offered were:

Monday to Friday 8.00am – 6.00pm with monthly Saturday morning surgeries. Details of Saturday opening did not appear on all the displayed information in the waiting area, we were told this would be rectified.

Appointments and repeat prescriptions could be booked online. There was good availability of appointments and these were pre bookable as well as urgent and on the day appointments.

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. For example:

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 79% of patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 73%.
- 75% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 43% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 58% and national average of 65%.

Patients' comments told us they mostly had no issues with accessing appointments, waiting times or getting to see a preferred GP, two patients said sometimes getting through on the telephone could be difficult.

The practice did not provide an out of hour's service; this was provided by the local out of hour's service provider and accessible by contacting NHS 111 in the first place. Information was available as to how to access out of hours advice on the website, on a telephone recording and in the practice.

Listening and learning from concerns and complaints

The practice had an effective 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.

Are services responsive to people's needs?

(for example, to feedback?)

- 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 for example information in the waiting/reception area and a specific information leaflet regarding how to make a complaint.
- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at several complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. They demonstrated openness and transparency in dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Complaints were reviewed individually to ensure all actions had been taken, however we found that the learnings from complaints were not documented as well as they could have been.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose and this was displayed in the staff room, each member of staff had signed the document as an indication they understood and implemented it. The practice told us they intended to display the statement of purpose more widely so that patients could easily see it and contribute if they so wished.
- Staff we spoke to were able to articulate the values and vision of the practice.
- The staff we spoke to had sound understanding of how the team worked as a whole and how their role contributed to the team's successes.

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 via a shared area on the computer systems.
- A system of reporting incidents without fear of recrimination.
- Staff learnt from incidents and complaints.
- Systems for monitoring performance against targets including QOF and patient surveys.
- Audits based on local and national priorities which demonstrated an improvement on patients' outcomes.
- 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 a healthy and productive patient participation group, 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 through a robust annual appraisal system. The practice planned to introduce formal regular staff and clinical supervisions
- Arrangements for identifying and managing risks such as fire, security and general environmental health and safety risk assessments.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They had recognised that there was a need for more GP capacity as the patient list increased and as retirements occurred. There had been difficulty in recruiting GPs the practice were exploring ways to increase clinical capacity including recruiting a pharmacist. They prioritised safe, high quality and family orientated compassionate care. The partners and management were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The practice was aware of and complied with the requirements of the Duty of Candour. The GPs and manager encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents including reporting of adverse medicine reactions. If there were unexpected or unintended safety incidents the practice would give affected people support, truthful information and a verbal and written apology.

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

- Staff told us and we saw examples of regular clinical and team meetings taking place. We saw minutes of these meetings which were well documented and clear.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or one to one and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported and enjoyed working at the practice.
- Staff were involved in discussions about service development in the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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' and staff feedback and engaged them in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys, the NHS friends and family test and complaints received.

- The practice had also gathered feedback from staff through staff surveys, meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. We noted that although many staff had been at the practice for a long time, they still demonstrated a proactive approach to improvement and were keen to be innovative in their thinking and suggestions.