

The Corner Surgery - Dr Mulla

Quality Report

The Corner 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 The Corner Surgery – Dr Mulla on 17 February 2016. 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 report incidents and near misses. The practice took the opportunity to learn from incidents.
- The practice used proactive methods to improve patient outcomes, working with other local providers to share best practice.
- The practice was highly responsive in ensuring patients received the care they needed. For example, where the practice found gaps in the call and re-call systems of a local clinic, the practice informed the clinic and patients and alerted other practices to this potential oversight.
- Feedback from patients about their care was consistently and strongly positive; in all questions put to patients in the NHS England National GP Patient Survey (results published July 2015) the practice scored higher than CCG and national averages.
- The practice worked closely with other organisations to ensure that they meet patients' needs. For example we saw that the practice had the highest diagnosis rates for dementia and proactively screened older patients for undiagnosed depression.
- The practice provided appointments in excess of the number required contractually, to increase the availability and access of GPs, particularly for patients with multiple health issues.
- Information about how to complain was available and easy to understand. Complaints received by the practice were investigated and responded to appropriately. We saw that lessons learned were shared with all staff and colleagues in the locality when appropriate.

Summary of findings

- The practice demonstrated a high commitment to the provision of services that fully met the needs of patients. Plans for the development of services at the practice supported this.

We found one area where the practice could make improvements:

The practice should record batch numbers of prescriptions issued to each prescriber to enable better tracking and tracing of each prescription.

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 the provision of safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on thorough analysis and investigation of incidents and when required, policies to govern processes were updated to reflect lessons learned.
- Information about safety was highly valued and was used to promote learning and improvement internally and across the locality.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for the provision of effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. For example, in the timely assessment and onward referral of patients with symptoms that suggested signs of dementia.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group, both in terms of clinical outcomes and in patient satisfaction.
- The practice was effective in picking up patients whose symptoms may indicate early stages of a cancer; referral rates were in line with those expected of a practice this size, but diagnoses rates were higher.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for all aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We received 40 CQC comment cards from patients, and one letter from a patient. All views expressed were positive about all aspects of the practice.
- We observed a strong patient-centred culture.
- Throughout the day we saw all staff treat patients with the utmost care, compassion, dignity and respect.

Are services responsive to people's needs?

The practice is rated as good for provision of responsive services.

- The practice had reviewed the needs of the practice population to ensure that access arrangements met the needs of all.
- The practice responded quickly to identify those patients who had been overlooked in the recall system of a local clinic. Information on this was shared with practices locally to enable identification of other patients who may have been overlooked for this regular screening and testing.
- The practice GPs had increased the numbers of face to face appointments, to levels above those contractually required, to better meet the needs of patients
- 80% of GP appointments were available 'on the day'.
- In the latest national GP Patient survey, patients rated the practice above both local and national averages for all questions relating to the responsiveness of the practice.

The practice responded to local and national data on patient outcomes, to improve services and the care and treatment it offered patients.

Good



Are services well-led?

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

- The practice 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.

Good



Summary of findings

- 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 and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong 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 and treatment of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with complex needs.
- The practice proactively screens older people for undiagnosed depression and looks for symptoms such as self-neglect or poor nutrition. The practice ensures patients access other health checks such as vision and hearing tests
- There is a dedicated clinic in place for review of blood pressure, lipids and medication reviews
- The practice is signed up to a locally enhanced scheme to identify those patients aged over 75 years at risk of frailty.
- 12% of the practice patients are aged 75 years and over. The practice has developed services and access to GPs and other clinicians that support the needs of this population group, for example, a dietician visits the practice to review nutrition with elderly patients, particularly those on SIP feeds. (Liquid nutritional supplements).

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- 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.
- Doctors carried out audits to ensure those patients receiving treatment from secondary care providers (for example, hospital

Summary of findings

clinics), were attending clinics as required and received regular recall for further tests when necessary. Where this had been overlooked by secondary care providers, it had been picked up and acted on quickly by the practice.

- The practice had one of the best cancer pick-up rates in the locality.
- Comment cards received and patients we spoke with, told us that continuity of care along with easy access to named GPs, made the practice outstanding in their view.

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. Rates of childhood immunisation were high for all standard childhood immunisations.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 98.84%, compared to the national average of 89.9%.
- 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.
- Rates for cervical screening were in line with national averages, with the practice screening 83.43% of patients eligible, compared to the national average rate of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- Staff ensured appointments in the extended hours surgeries were available to those patients with working or other commitments. All patients we spoke with said access to appointments was 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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and housebound patients.
- The practice offered longer appointments for patients with a learning disability, for those attending with a carer and for patients who may need longer to have their health care needs reviewed.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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).

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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 strong working links with the local Mental Health Liaison Officer, who supported the care of some patients of the practice.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was the first in Southport and Formby to be recognised as Dementia Friendly, and had worked with other organisations within the locality to create a Dementia Friendly town within Southport. This had raised the awareness of local shop keepers and businesses to the needs of people with dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 2 July 2015. The results showed the practice was performing above local and national averages, for all questions linked to the responsiveness of the practice and the caring nature of its GPs and nursing staff. 258 survey forms were distributed and 118 were returned, giving a 45.7% response rate. The views expressed by patients represented the views of 3% of the practice's patient list.

- 83.7% found it easy to get through to this surgery by phone compared to the CCG average of 67.8% and national average of 73.3%.
- 97% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86.7%, national average 85.2%).
- 96.3% described the overall experience of their GP surgery as good (CCG average 88.3%, national average 84.8%).

- 93.1% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 82.1%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards and one letter, which were all positive about the standard of care received. Patients commented on the ease of access to GPs, the level of continuity of care they received and the high standards of medical treatment they received. It was evident from responses that the practice valued and acted on patient feedback.

We spoke with five patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

The practice should record batch numbers of prescriptions issued to each prescriber to enable better tracking and tracing of each prescription.

The Corner Surgery – Dr Mulla

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to The Corner Surgery – Dr Mulla

The Corner Surgery is a partnership GP practice based in the Marshside area of Southport, Merseyside. The partnership is made up of three partners, two male and one female; Dr Myles Moriarty, Dr Hilal Mulla and Dr Stephanie Woodcock. The practice partners are supported by a salaried GP, Dr Deborah Finn and the practice nurse, Sister Chris Dodd. The practice hosts medical students from Liverpool University and student nurses from Edge Hill College.

The practice also hosts other clinicians who hold patient clinics, including a community midwife, a health visitor, a specialist diabetic dietician and further dietician.

The practice is based in a purpose built facility, which it shares with another practice. There is a car park at the front of the building, with designated disabled parking bays. Bus routes nearby make the practice accessible to patients using public transport. The practice has approximately 3,800 patients.

The practice clinical team are supported by a practice manager, deputy practice manager, two health care assistants and five administrative and reception staff. The practice also has one apprentice on placement with them for 12 months.

All consulting and treatment rooms are based on the ground floor. The practice is fully accessible to people with reduced mobility, wheelchair users and those who use prams and pushchairs. Facilities on the ground floor include; five consulting rooms, a treatment room, a designated sluice room, a toilet facility for disabled patients and separate male and female toilets. There are also additional male and female toilets located on a corridor close to consultation rooms. The practice also has a large, multi-functional room which is currently used for mother and baby clinics. The reception area is adjacent to the patient waiting area. The first floor of the building has lift access. This floor is given over to a meeting room, office space and scanning areas. There is also a staff rest area and additional staff toilets.

The combined working hours of the GPs gives the equivalent of 2.6 full time GPs. The practice delivers 23.8 sessions each week (a session is a morning or afternoon). These sessions yield 308 bookable appointments each week. The practice also delivers 30 urgent appointments each week, 20 telephone consultations and on average, 20 home visits each week.

The practice is open from 8am to 6.30pm Monday to Friday. Appointment times are from 9am to 11.20am each morning and from 3.30pm to 5.30pm each afternoon, with the exception of Wednesday afternoons, when appointments are available from 2.00pm. The practice provides extended hours surgery each Wednesday evening, between 6.30pm and 8.15pm. Outside of the practice opening times, patients are advised by a recorded telephone message to dial NHS111, who assess patients' needs and refer onwards to the local out of hours provider Go to Doc.

The practice has an active patient participation group (PPG) which was established in 2013 and has seven active

Detailed findings

members. The group meets every six months to discuss all practice matters and assist the practice in gathering the views of patients. We met with three members of the PPG as part of our inspection.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 February 2016. During our visit we:

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

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of each significant event. These were discussed at practice and clinical team meetings. We saw that learning points were identified and shared both in the practice, and with colleagues across the locality.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. We saw that when incidents were reviewed, practice staff revisited procedures to ensure these were robust and would prevent events from re-occurring. For example, where previously the practice had asked patients to contact the practice to check on blood test results, staff now set diary reminders to chase up blood tests to ensuring that all results had come back from laboratories. Other checking systems had been applied in relation to patients test results, to ensure these were picked up and relayed to patients in a timely manner.

When there were unintended or unexpected safety incidents, patients 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.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies to guide staff were accessible on the shared drive of the practice computer system. Policies we reviewed clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs explained that they were often unable to attend safeguarding meetings, but that they

always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were reliable systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We saw that the practice rarely had to use locum GPs and that sufficient numbers of clinicians were always on duty to provide a high standard of patient access to appointments.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice proactively screened dementia patients for depression, and liaised closely with the local mental health liaison worker, to ensure patients from this population group had timely access to the care they needed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 554.71 of the 559 points available, with 4.9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was better than the national average in four of five indicators. Performance in one indicator was slightly below the national average. For example:
- The percentage of patients with diabetes on the register, in whom the last IFCC-HbA1 is 64mmol/mol or less in the preceding 12 months, was 81.08%. (National average 77.54%).

- The percentage of patients with diabetes on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80mmHg or less was 79.11% (National average 78.03%).
- The percentage of patients with diabetes on the register who have had influenza immunisation in the preceding 1 August to 31 March, was 95.69%. (National average 94.45%).
- The percentage of patients with diabetes on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 78.8%. (National average 80.53%).
- The percentage of patients with diabetes on the register, with a record of a foot examination and risk classification within the preceding 12 months was 92.07%. (National average 88.3%).

Performance for mental health related indicators was in line with or slightly better than the national average. For example:

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 100%. (National average 88.47%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100%. (National average 89.55%).
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 82.86%. (National average 84.01%).
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 94.05%. (National average 94.1%).

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to drive improvement. For example, the practice had noted that regular, annual screening of patients by a hospital clinic, had stopped for some patients, without a clear reason. As a result, the practice audited all patients with a particular condition, to check on the call and recall system of the clinic. The practice found that a number of patients had been overlooked. As a result, this was flagged up to the clinic. Doctors highlighted this to other practices locally, who could make similar checks to ensure patients concerned received annual screening as required.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had assessed the needs of its patient population and provided the staffing needed to meet these needs in an effective and responsive way. The practice had a good skill mix, including two GPs with special interest in geriatric medicine. The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. The learning needs of staff were identified through a

system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months. Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and 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 patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients 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 monthly basis and that care plans were routinely reviewed and updated. We particularly noted that the practice had recorded advanced care directives of elderly patients. We also saw that there was strong, holistic intervention, for example, that picked up on early signs of self-neglect in older patients who may have underlying depression. The strong relationship between the practice and the mental health liaison officer for the locality, meant patients experiencing poor mental health received well informed care and treatment.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

Are services effective?

(for example, treatment is effective)

- 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 signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group. The practice particularly used the dietician to review the use of SIP feeds (liquid nutritional supplements), and to support those patients with a high risk of frailty.

The practice's uptake for the cervical screening programme was 83.43%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged

uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.1% to 92.9% and five year olds from 92% to 100%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them 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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 40 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group. They also told us they were satisfied with the 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scored highly for its satisfaction scores on consultations with GPs and nurses. For example:

- 94.7% said the GP was good at listening to them compared to the CCG average of 91.6% and national average of 88.6%.
- 93.6% said the GP gave them enough time (CCG average 89.4%, national average 86.6%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 95.8%, national average 95.2%)
- 93.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 88.2% national average 85.1%).

- 97.6% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93.3%, national average 90.4%).
- 97.4% said they found the receptionists at the practice helpful (CCG average 88.5%, national average 86.8%)

In every area of the GP Patient Survey, published in July 2015, the practice scored higher than local and national averages. The views of patients we spoke to supported this; patients we spoke to all said that continuity of care and easy access to a named GP was what made them rate the practice as outstanding.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 94.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.3% and national average of 86%.
- 94.5% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.1% , national average 81.4%)
- 90.8% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87.7% , national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language. There was a hearing loop in place for patients with impaired hearing. We saw notices in the reception areas informing patients these services were available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified all patients who were also carers and markers on patients' records were in place to signify this. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual 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 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. For example, the practice had access to dieticians who offered patients support and review of dietary needs. We saw particularly that this service was used to support patients who were prescribed nutritional drinks to boost their dietary intake. Feedback from patients showed dieticians had been used responsively to support patients recently diagnosed with diabetes. Patients said this contributed to the better management of their condition.

The practice utilised the support of CCG pharmacists to help delivery of the STOPP START programme. (STOPP START is a recognised method of reviewing all medicines prescribed to patients over 65 years of age to ensure that those medicines prescribe are still appropriate, given the patients age.) This enabled the review of treatment of older patients and the use of telephone consulting ensured that all patients within this population group could access the support they needed to stay well.

The practice had identified all patients with a condition that required testing each year, to check for any early signs of cancer. Whilst reviewing these patients, GPs identified that some patients had not been recalled for testing by a local clinic. As a result, GPs contacted the clinic alerting them to this oversight. As a result all patient of the practice received the testing they required. The practice also alerted other practices in the locality about the oversight, enabling other practices to take remedial action if necessary.

There were disabled facilities, a hearing loop and translation services available at the practice.

Access to the service

The practice opens from 8am to 6.30pm Monday to Friday. Appointment times are from 9am to 11.20am each morning and from 3.30pm to 5.30pm each afternoon, with the exception of Wednesday afternoons, when appointments are available from 2.00pm. The practice provides extended hours surgery each Wednesday evening, between 6.30pm and 8.15pm.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice provided GP appointments in excess of those required contractually; we saw that practice delivered 308 pre-bookable appointments each week. The GPs also delivered, on average, 30 urgent appointments each week and 20 home visits. Partners told us that surgeries were tailored to take account of the demographic of the practice, for example, just over 12 % of the practice population was over 75 years of age.

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.

- 80.1% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.2% and national average of 74.9%.
- 83.7% patients said they could get through easily to the surgery by phone (CCG average 67.8%, national average 73.3%).
- 84.3% patients said they always or almost always see or speak to the GP they prefer (CCG average 63%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.
- 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, in the patient information leaflet, freely available in the reception area.

We looked at all complaints received in the last 12 months and found these were satisfactorily handled and had been dealt with in a timely way. We saw how the practice leaders dealt with any concerns raised with openness and transparency, and where needed, patients had been offered an apology. Complaints were afforded the same

Are services responsive to people's needs?

(for example, to feedback?)

level of scrutiny as significant events. The practice used all opportunities to learn from complaints and when

necessary, re-visited governance systems, implementing improvements to ensure that the cause for complaint would not arise again. Lessons were learnt from concerns and shared, to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice and all staff were fully committed to the vision of providing high quality, friendly a personal health care to all patients of the practice. Staff understood their part they played in delivering this vision, and had a good understanding of how their work contributed to the overall performance of the practice. We particularly noted staff where highly engaged, enthusiastic and motivated to give the best possible service to patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- All staff had a comprehensive understanding of the performance of the practice and this was maintained through regular staff meetings and communication bulletins
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were all very approachable.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG). The PPG which met regularly, was well informed about proposals for improvements to the services offered by the practice team. For example, appointments available with a dietician, and telephone consultations with a pharmacist to discuss any changes to their medicines, and how this may affect them. Patients we spoke with said they felt genuinely involved in their care and that the level of knowledge imparted by professionals, helped them feel in control of their health conditions.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

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. The practice leaders used information on outcomes for patients nationally, to help paint a picture of what could be achieved by the practice. For example, GPs at the practice whose area of special interest was geriatric medicines, shared the findings of a national study with all staff, which showed that those patients with an undiagnosed dementia spent on average, five days longer in hospital, when admitted for other reasons, such as a fall. The practice

leaders demonstrated how small steps by everybody, could lead to big gains for patients and the practice. As a result, all staff had received dementia awareness training and were encouraged to report to a nurse or GP, if a patient appeared confused or unsure when arriving at the practice. The practice used feedback in reports to help target improvements. For example, the practice had recently completed a data cleanse to ensure that all patients with a mental health condition, had this accurately recorded in their notes. The practice actively screened older patients for signs of depression, and offered referral to other services that could support them further if required.