

Blyth Road Medical Centre

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 of this practice on 24 March 2015. Breaches of legal requirements were found. After the comprehensive inspection, the practice wrote to us to say what they would do to meet legal requirements in relation to the regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulation 12 Safe care and treatment and Regulation 17 Good governance.

We undertook this comprehensive inspection on 21 July 2016 to check that they had followed their plan and to confirm that they now met the legal requirements.

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.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

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.

- They had reviewed the incident reporting system to capture near misses. There was now an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- The practice had reviewed the data from the Quality and Outcomes Framework (QOF) and identified areas for improvement. Data for 2015/16 demonstrated in an improvement in outcomes.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparably with others for aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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. For example, the practice linked into the CCG commissioning group as a GP was the Chair of the GP Members Committee and attended commissioning meetings.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. The practice recognised that telephone access was an issue and this was under review.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed 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.

- 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 it.
- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Good



Summary of findings

- 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 of older people.

Good



- All patients had a named GP.
- The practice offered proactive, personalised care to meet the needs of older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GPs held a clinic at the local care homes every two weeks incorporating medication and long term condition reviews along with regular appointments.

People with long term conditions

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

Good



- Practice nursing staff had lead roles in long term condition management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators had improved since our last visit.
- Longer appointments and home visits were available when needed.
- 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.

Families, children and young people

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

Good



- 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 accident and emergency attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.

Summary of findings

- The practice's uptake for the cervical screening programme was 98%, which was above the CCG average of 82% and the national average of 81%.
- 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

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



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.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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).

- All patients diagnosed as living with dementia had their care reviewed in a face to face meeting in the last 12 months.

Good



Summary of findings

- All patients with complex mental health illness had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 July 2016 showed the practice was performing comparably to local and national averages. 249 survey forms were distributed and 117 were returned. This represented 2% of the practice's patient list.

- 45% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 85% described the overall experience of their GP surgery as fairly good or very good (CCG and national average 85%).

- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 77%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were positive about the standard of care received. Comments included 'staff provide good care' and 'staff listen and treat me with dignity and respect'.

We spoke with six patients during the inspection. Feedback from patients about their care was positive. All patients said they were very happy with the care they received and thought staff were approachable, committed and caring.

Blyth Road Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A lead CQC inspector, a second inspector and a GP specialist adviser.

Background to Blyth Road Medical Centre

Blyth Road Medical Centre is located in the village of Maltby on the outskirts of Rotherham. The practice provides personal medical care services for approximately 6,047 patients under the terms of the nationally agreed NHS General Medical Services contract. The area is classed as within the group of the fourth most deprived areas in England. The age profile of the practice population is broadly similar to other GP practices in the Rotherham District Clinical Commissioning Group (CCG) area.

The practice has three male GPs partners. They are supported by three practice nurses, one healthcare assistant, ten administrative staff and one practice manager.

The practice is open weekdays from 8am to 6.30pm with extended opening on Thursday evenings until 8pm and Friday mornings from 7.15am. GP appointments are available between 8.30am to 11am and 3pm to 5.30pm Monday to Wednesday. Thursday from 8am to 11am and 6.30pm to 8pm. Friday from 7.15am to 11am and 4pm to 6.30pm.

The practice is closed one Thursday afternoon per month for planned training sessions. The practice nurses offer

appointments for diabetes, asthma, family planning, vaccines and immunisations. A midwife, mental health practitioner and a drug and alcohol counsellor hold clinics at the practice each week.

Out of hours care is provided by Rotherham out of hours service and is accessed via the surgery telephone number and listening to the message or calling the NHS 111 service.

Why we carried out this inspection

We undertook an announced focused inspection of Blyth Road Medical Centre on 21 July 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 24 March 2015 had been made.

We inspected the practice against all five of the questions we ask about services: is the service safe, is it effective, is it caring and responsive and is the service well-led and against all of the population groups. This is because during our last inspection the service was not meeting some legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Specifically Regulation 12 Safe care and treatment and Regulation 17 Good governance.

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 21 July 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice nurses, practice manager, administrative and reception 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 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 living 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 reviewed the type of incidents reported now to include near misses. We observed 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we were told how the procedure to refer patients to the district nursing service was reviewed following an incident. The incident record contained the investigations undertaken and reported how to avoid the situation happening again. We saw this was discussed at the practice meeting and shared with staff who attended. Minutes of the meeting were kept on the practice intranet system which all staff could access.

Overview of safety systems and processes

The practice had reviewed its processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.

- The practice conducted a monthly review of patients on the safeguarding registers to review their circumstances and follow up if further support or review was identified. This was in addition to the monthly review at the multidisciplinary team meetings with other health professionals.
- 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 (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 prevention and control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Monthly audits of areas cleaned were undertaken. We were shown the annual infection prevention and control audit completed in August 2015. We saw evidence that action was taken to address any improvements identified as a result which was documented and regularly updated in an action plan.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice required review (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in

Are services safe?

line with legislation. Staff had listed the vaccination and immunisation stock held at the practice in the electronic patient record system. This supported staff to monitor stock levels, assist with ordering and reduce wastage.

They had identified 12 vaccinations which were near to the expiry date and arranged for nine patients to attend the practice to receive the vaccination.

- We reviewed three 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 DBS.

Monitoring risks to patients

Risks to patients were assessed and 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. We observed an antibiotic medicine was missing from the supply of emergency medicines. A vial of the medicine was loaned from another practice and ordered for the following day. Staff told us the medicine had expired and had been disposed of. Staff told us they would add the stock list of emergency medicines to the vaccination and immunisation electronic record keeping system to ensure this area was monitored more closely in future.

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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92.6% of the total number of points available with 7.2% exception reporting which both are comparable to the CCG averages. (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). The registered manager shared with us the achievements for 2015/16 which were not yet in the public domain therefore could not be compared with other practices. This data showed the practice had achieved 97.5% of the outcomes available.

Data from 2015/16 showed:

- Performance for diabetes related indicators had improved as the practice achieved 81 out of 86 points compared to 68 out of 86 the previous year.
- Performance for mental health remained high with all the outcomes being achieved.

The practice had previously identified care for patients with diabetes was an area for improvement. The practice contacted those patients with diabetes who failed to attend and arranged an appointment with the GP with

specialist interest in diabetes for a review and counselling of the consequences of not complying with treatment regimes. This approach had ensured an uptake in care for this group of patients.

There was evidence of quality improvement including clinical audit. There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result included review of those patients who did not attend for breast screening appointments. The practice had identified 67 patients and wrote them to remind them of the importance of attending for breast screening appointments and provided the details to book an appointment.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information

Are services effective?

(for example, treatment is effective)

governance. Staff had access to and made use of e-learning training modules and in-house training. All administration staff had completed chaperone training facilitated by an external provider.

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. The total number of patients with a care plan in place was 581 which was almost 10% of the practice population.

- This included care and risk assessments, medical records and investigation and test results.
- 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 professionals 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.

As well as internal weekly meetings the practice held monthly meetings with other health care professionals and patient records were routinely reviewed and updated for those with complex needs.

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.

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the healthcare assistant.
- A counsellor held a weekly clinic offering talking therapies to patients. Staff told us the service was popular with patients particularly to assist them to make healthy life choices.

The practice's uptake for the cervical screening programme was 98%, which was above the CCG average of 82% and the national average of 81%. 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 using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel cancer and followed up those who did not attend.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 98% and five year olds from 94% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients 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 treatment 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.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were positive about the standard of care received. We spoke with three members of the patient participation group and three patients. They also told us they were also very 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 was comparable for its satisfaction scores on consultations with GPs and practice nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 88% and national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 93% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90% and national average 91%).
- 88% said they found the receptionists at the practice helpful (CCG and national average 87%).

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:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 82%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG and national average 85%).

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

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. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.5% of the patient population as a carer. All new patients were asked if they were a carer when registering at the practice. We were shown the written information available to carers to direct them to the various avenues of support available. It included details of local carer's support groups, community organisations offering support and guidance and a directory of dementia services available in the local area. The members of the local carers resilience group attended the practice on weekly basis to meet with patients and share information about resources and support groups. They would also attend the practice multidisciplinary meeting to act as a resource if required.

Are services caring?

Staff told us if families experienced bereavement, their usual GP contacted them. This call was either followed by a

meeting 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. The practice also sent cards to bereaved relatives known to the practice.

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 linked into the CCG commissioning group as a GP was the Chair of the GP Members Committee and attended commissioning meetings.

- The practice offered early morning appointments with a GP from 7.15am on Friday mornings and until 8pm on Thursday evenings.
- The length of appointment time for GPs had been reviewed. GPs offered five and ten minute appointment slots and patients could request longer if required. The number of available appointments unfilled along with the number of appointments where the patient did not turn up were also analysed. The practice could demonstrate appointments were sometimes available that were not taken by patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- People requesting same day appointments symptoms were offered one, if available, or triaged by the GP who would arrange to see the patient if required.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately. The assistant practice manager had developed a pre-assessment form for travel vaccinations accessible on the practice website. Patients would complete the form online and submit it to the practice. The practice nurse would then review the patients travel vaccination requirements, gather any relevant health information and contact the patient to arrange an appointment to receive the vaccinations. Staff told us this was a popular service and they were able to provide specific information to the patients requirements relative to the area of travel as they were assessed in advance. If the practice did not offer a specific vaccination they would direct the patient to the relevant service.
- The GPs held a clinic at the local care homes every two weeks incorporating medication and long term condition reviews along with regular appointments.

- There were disabled facilities, a hearing loop and interpretation services available.
- A treatment room had been refurbished to allow the practice to offer a phlebotomy service with the phlebotomist and healthcare assistant.
- Staff were trained as dementia friends.
- All patients over the age of 75 were offered an annual review if they had not attended the practice within the last 12 months.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were available throughout the day with staff. Appointments with a GP were also available from 7.15am on Friday mornings and until 8pm on Thursday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 45% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.

Following feedback from patients expressing difficulty getting through to the practice by telephone the practice manager told us the current system was under review. The practice was exploring different automated telephone systems which offered the caller choice of why they were ringing and notified them of their position in the queue waiting to be answered.

At the time of inspection 22% of the patient population had registered and used online services to make appointments and request repeat prescriptions.

People told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had 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

We looked at 11 complaints received in the last 12 months and found lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result 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 had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs took the lead for named areas.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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 and supported in doing so.
- Staff said they felt valued and supported, particularly by the managers 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) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had initiated the review of telephone access to the practice following feedback captured from patients.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussions. 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.

Continuous improvement

Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and developing systems to improve outcomes for patients in the area. For example, the travel vaccination form available on the practice website.