

Rise Park Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rise Park Surgery on 9 August 2016. Overall the practice is rated as good.

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

- The practice demonstrated an open and transparent approach to safety. There were systems in place to enable staff to report and record significant events. Learning from significant events was shared with relevant staff.
- Risks to patients were assessed and well managed. There were arrangements in place to review risks on an ongoing basis to ensure patients and staff were kept safe.
- Staff delivered care and treatment in line with evidence based guidance and local guidelines. Training was provided for staff to ensure they had the skills and knowledge required to deliver effective care and treatment for patients.
- Feedback from patients was that they were treated with kindness, dignity and respect and were involved in decisions about their care.
- The practice planned and co-ordinated patient care with the wider multi-disciplinary team to deliver effective and responsive care to keep vulnerable patients safe.
- Regular clinical audits were undertaken within the practice to drive improvement.
- 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 and patients' who had complained were kept informed of changes and involved in the process throughout.
- Patients said they found it easy to make an appointment with a named GP and that 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. The premises had been updated to ensure they were suitable for patients with a disability.

Summary of findings

- There was a clear leadership structure which all staff were aware of. The practice had strong and visible clinical and managerial leadership and governance arrangements, and staff told us that they were well-supported and felt valued by the partners.
- The provider was aware of and complied with the requirements of the duty of candour.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had systems in place to enable staff to report and record significant events. Staff understood the systems and were encouraged to report events and incidents.
- Learning from significant events was identified and openly discussed with staff to ensure action was taken to improve safety.
- When things went wrong patients received support, information and apologies. They were told about 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. There were designated leads in areas such as safeguarding children and infection control with training provided to support their roles.
- Risks to patients were recognised by all staff and were well managed. The practice had systems in place to deal with emergencies, and arrangements for managing medicines were robust.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Nationally reported data showed that outcomes for patients were consistently better than national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 98.8% of the points available. This was above the local and national averages of 91.5% and 94.8% respectively.
- There were systems in place to ensure staff were up to date with relevant guidelines including regular training and clinical meetings. Templates on the patient record system were used to support the delivery of patient care.
- Clinical audits were undertaken within the practice to support improvement. A total of eight clinical audits had been undertaken in the last 12 months two of which were completed audits which demonstrated improvements to patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff and development of staff was seen as key to the future growth of the practice.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice worked closely with the community care coordinators who were positive about the engagement demonstrated by the practice.

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 above others for several aspects of care. For example, 93% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- Information for patients about the services available was easy to understand and accessible.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. This aligned with feedback from completed comment cards.
- We saw that staff treated patients with compassion and respect and maintained patients and information confidentiality at all times.
- The carer's champion ensured support was available to carers and led in identifying carers at flu clinics and at registration.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of the local population and delivered services to meet their needs.
- Extended hours appointments were offered twice a week and telephone appointments could be made.
- A range of services were offered by the practice to avoid patients having to travel including minor surgery and contraceptive implants.
- Patients said they found it easy to make an urgent appointment and the appointments ran to time.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- 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 in an open manner.

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 providing a safe, high quality service.
- The leadership, governance and culture of the practice were used to drive and improve the delivery of high quality patient centred care.
- The GPs and business manager were involved in the development of the local federation of practices had worked closely with the CCG in planning for future development of the practice.
- There was a clear leadership structure and staff felt supported by management.
- The patient participation group (PPG) was active three times a year; they worked closely with the practice to identify areas for improvement and supported them to make improvements. For example, the PPG had highlighted the need for improved layout of the reception to ensure confidentiality of patients when making an appointment.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- Personalised care was offered by the practice to meet the needs of its older population. The practice was responsive to the needs of older people, and offered same day triage, home visits and urgent appointments for those with enhanced needs.
- The practice had always had a personalised list system in place and once patients reach 75 a letter was sent confirming who their named GP was to aid in enquiries, prescriptions and oversight of their care.
- Longer appointments were provided for older people as required.
- The practice worked closely with community teams and charities to ensure there was good provision of care and support was in place when needed.

People with long term conditions

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

Good



- Clinical staff had lead roles in managing patients with long-term conditions and those patients identified as being at risk of admission to hospital were identified as a priority.
- Performance for chronic kidney disease was 100% which was 4% above the CCG average and 5% above the national average. The exception reporting rate for chronic kidney disease related indicators was 9% which was slightly above the CCG average of 8% and the national average of 8%.
- The practice hosted clinics to support patients with a diagnosis of diabetes, those at risk of falls and the stop smoking service.
- Chronic condition reviews were carried out in the patient's home when required. Longer appointments and home visits were available when needed to facilitate access for these patients.
- Patients with chronic health needs who do not fall into a QOF category were reviewed annually through the medicines recall system.
- For patients with more complex needs, GPs worked with relevant health and social care professionals to deliver a multidisciplinary package of care. The practice worked closely with the community care coordinator to ensure support was in place for patients who required it.

Summary of findings

Families, children and young people

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

Good



- Systems were in place to identify children at risk. The practice had a dedicated child safeguarding lead and staff were aware of who these were.
- We saw positive examples of joint working with midwives, health visitors and school nurses with regular meetings being held to discuss children at risk. For example the health visitors hosted a clinic every Tuesday afternoon and often referred directly to GPs to ensure care provided was convenient and prompt for children and their parents.
- Extended hours appointments were offered one morning and one evening a week, to ensure appointments were available outside of school hours.
- A full range of contraception services were available including coil fitting and contraceptive implants.
- Vaccination rates for childhood immunisations were above local averages. For example, rates for the vaccinations given to under two year olds averaged 95.4% compared to the CCG average of 93.1%.

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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice offered services which were accessible and flexible. For example extended hours appointments were offered one morning a week from 7am to 8am and one evening a week till 7.30pm to facilitate access for working patients. Appointments were also available with nurses, phlebotomist and healthcare assistants as well as GPs during extended hours
- The practice offered online services including appointment booking and online prescription services.
- A range of health promotion and screening services were offered and promoted that reflected the needs of this age group.
- The practice's uptake for the cervical screening programme was 87.2%, which was above the CCG average of 81% and the national average of 82%.
- A range of services were offered at the practice to facilitate patient access including minor surgery and joint injections.

Summary of findings

- Text messaging was used to confirm appointments and issue reminders.

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 offered longer appointments for patients with a learning disability where required.
- Patients on the learning disability register were actively monitored and recalled for an annual review. This appointment was initially with a HCA for physical assessment and then a GP for review.
- All staff had received domestic violence training from 'Identify and Referral to Improve Service' (IRIS).
- Information was available which informed vulnerable patients about how to access local and national support groups and voluntary organisations.
- Translation services were provided where these were required and various pieces of information and signage were available in more than one language.
- In order to effectively support vulnerable patients, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care. This included social support for concerns around loneliness and financial issues.
- 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).

- Performance for mental health related indicators was 100% which was 11% above the CCG average and 7% above the national average. The exception reporting rate for mental health related indicators was 14% which was slightly above the CCG average of 11% and the national average of 11%.
- The practice had identified that communication between agencies was key to providing effective care to patients with

Good



Summary of findings

post-natal depression. They actively screened patients at all stages of pregnancy, communicated with midwives and health visitors and continued support post-natally in conjunction with other agencies when appropriate.

- Monthly multidisciplinary meetings were held within the practice to ensure the needs of vulnerable patients were being met.
- The practice had a system in place to follow up patients who had attended A&E who 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

We reviewed the result of the national GP patient survey which was published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 227 survey forms were distributed and 114 were returned. This represented a 50% response rate.

Results showed:

- 88% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 88% of patients said they would recommend this GP practice to someone new to the area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 5 comment cards which were all positive about the standard of care received. Patients described staff as dedicated and respectful and said they found them supportive and caring.

We spoke with seven patients during the inspection in addition to two members of the patient participation group (PPG). All patients said they were satisfied with the care they received and thought staff were friendly, approachable and caring.

Rise Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and an Expert by Experience.

Background to Rise Park Surgery

Rise Park Surgery, provides primary medical services to approximately 7100 patients through a general medical services contract (GMS), this is a nationally agreed contract with NHS England.

Services were provided from a surgery located in purpose built premises in the heart of Rise Park, a suburb of Nottingham, at Off Revelstoke Way, Rise Park, Nottingham, NG5 5EB. The main surgery has car parking, parking for the disabled and is accessible by public transport. All consulting rooms are on the ground floor.

The practice age profile has a higher number of patients aged over 65. For example, 19% of the practice population are aged 65 and above, compared to the CCG average of 11%, and the national average of 17%. The level of deprivation within the practice population is in line with the national average. Income deprivation affecting children is below the local average but above the national average and the level affecting older people is below both the local and national averages.

The clinical team comprises of four GP partners (one male and three female), two salaried GPs, two practice nurses, a

health care assistant and phlebotomy staff. The clinical team is supported by a business manager, a patient services manager, and a range of reception and administrative staff.

The practice is an accredited training practice for GP registrars and teaching practice for first, second and fifth year medical students on clinical attachments. At the time of the inspection there was one GP registrar and one GP fellow working in the practice. (A GP registrar is a qualified doctor who is training to become a GP through a period of working and training in a practice).

The surgery opens from 8.30am to 6.30pm on Monday to Friday. In addition the practice opens at 7am on a Thursday for early appointments and remains open until 7.30pm on a Tuesday. Normal consulting times are from 8.30am to 12pm and from 3.30pm to 6pm Monday to Friday.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Nottingham Emergency Medical Services (NEMS).

Why we carried out this inspection

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

Detailed findings

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 including the clinical commissioning group (CCG), NHS England and Healthwatch. We carried out an announced visit on 9 August 2016. During our visit we:

- Spoke with a range of staff (including GPs, nurses, the business and customer services managers and reception and administrative 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

There were effective systems in place to enable staff to report and record significant events.

- Staff told us they would inform the lead GP or a senior member of staff of any incidents initially. There was a recording form available on the practice's computer system and staff knew how to access this. 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 as soon as practicable and were provided with support, information and explanations. Where appropriate, patients were provided with verbal and/or written apologies and told about actions taken to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events on an ongoing basis and reviewed these at a meeting every eight weeks or sooner if urgency is required. This ensured action had been completed and any learning shared and embedded.

We reviewed information held by the practice related to safety including reports of incidents and significant events and minutes of meetings where these were discussed. We reviewed 19 significant events which had been recorded in the last 12 months and found they were well managed and learning was identified following incidents and events and there were systems in place to ensure this was shared with relevant staff to improve safety within the practice. For example, following an incident where a patient was unable to get their medicines at a pharmacy as the prescription was not fully completed a full review of patients in similar situations was carried out to reduce to likelihood of reoccurrence. Training was also provided for staff.

Processes were in place to ensure safety alerts and alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA) were disseminated within the practice, through the computer system which recorded when a member of staff had viewed it. We saw evidence

that appropriate action was taken when the alert was relevant to General Practice and they were discussed amongst staff and patients recalled to change prescriptions in line with best practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Appropriate policies were in place and were easily accessible to all staff. Policies detailed who staff should contact within the practice if they were concerned about the welfare of a patient. There was a lead GP for adult and child safeguarding who was trained to level three and held regular meetings with community staff including health visitors and school nurses to discuss children at risk. GPs attended external safeguarding meetings when possible and provided reports where necessary for other agencies. Staff we spoke to demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice computer system alerted staff to safeguarded children and adults.
- There were notices in the waiting room and in consultation rooms to advise patients that they could request a chaperone if required. The practice could demonstrate that 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 lead practice nurse had the role of infection control clinical lead within the practice. We observed the practice premises to be clean, tidy and well organised and saw that there were mechanisms in place to maintain appropriate standards of cleanliness and hygiene. There was an infection control protocol in place and staff had received up to date training. Comprehensive infection control audits were undertaken on an annual basis with the CCG.

Are services safe?

We saw evidence that action had been taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and 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 health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- There were systems in place to ensure appropriate pre-employment checks were undertaken. For example, we reviewed five personnel files of recently employed staff and found proof of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing the majority of risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area which identified local health and safety representatives. The practice had up to date fire risk assessments, electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment had been 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 building security, manual handling and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Rotas and staffing levels were continually monitored and reviewed to ensure there was enough capacity to meet the needs of patients. The practice employed a range of full and part time staff who provided cover for each other and worked flexibly when needed. On occasions where locum Doctors were required, a locum pack was available and other GPs and the business manager would support where necessary.

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 a secure area of the practice.
- The practice had a defibrillator and oxygen available on the premises with adult and child oxygen masks along with other resuscitation equipment to deal with medical emergencies. A first aid kit and accident book were available.
- 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 and suppliers and a paper copy was kept off site and available online from home computers if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically which logged when staff had viewed the update, and discussed relevant updates to these in clinical meetings. Staff also attended regular training which supported their knowledge about changes to guidelines.
- The practice monitored that guidelines were followed through risk assessments, audits and checks of patient records.
- Templates on the clinical systems were compliant with guidelines and supported clinical staff to treat patients in line with guidelines.

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 98.8% of the total number of points available (552/559), higher than the local average of 91.4% and the national average of 94.7%.

- Performance for diabetes related indicators was 92.4% which was 13% above the CCG average and 3% above the national average. The exception reporting rate for diabetes related indicators was 8.5% which was below the CCG average of 10% and the national average of 11%.
- Performance for indicators related to hypertension was 100% which was 3% above the CCG average and 2% above the national average. The exception reporting rate for hypertension related indicators was 4% which was in line with the CCG average of 4% and the national average of 4%.

- Performance for mental health related indicators was 100% which was 11% above the CCG average and 7% above the national average. The exception reporting rate for mental health related indicators was 14% which was slightly above the CCG average of 11% and the national average of 10%.
- Performance for dementia related indicators was 100% which was 11% above the CCG average and 5% above the national average. The exception reporting rate for dementia related indicators was 5% which was below the CCG average of 9% and the national average of 8%.

There was evidence of quality improvement including clinical audit:

- There had been eight clinical audits undertaken in the last 12 months, two of these were completed audits where the improvements made had been implemented and monitored. For example, an audit into the care of patients with an absent spleen showed that some patients had not been vaccinated as required and were not compliant with taking medicines. Affected patients were recalled, treated in line with latest guidance and a care plan was put in place.
- The practice participated in local audits in conjunction with the CCG pharmacist teams and benchmarking.

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. Inductions were specific to each role and also covered general topics such as health and safety and confidentiality. New starters had performance reviews with their line manager at three, six and twelve months.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For those reviewing patients with long-term conditions such as diabetes, the practice supported staff to undertake training.
- 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

Are services effective?

(for example, treatment is effective)

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.

- A system of appraisals and reviews of practice development needs ensured that the practice identified the learning needs of staff. In addition to internal training which was provided online and face to face, staff could access external training to enable them to cover the scope of their work and develop their role. Staff also had access to support through meetings, coaching and mentoring, clinical supervision and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- The practice maintained a comprehensive online training matrix which identified mandatory training and required frequency for clinical and non-clinical staff and assisted in ensuring that staff kept up to date with training. Staff received training that included: safeguarding, fire safety awareness, basic life support, equality, diversity and human rights and information governance.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the patient record system and their internal computer system. This included care and risk assessments, care plans, 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.

We saw that practice staff worked effectively with other health and social care professionals to meet the needs of their patients and to assess and plan ongoing care and treatment. The practice communicated with local care coordinators in the allocation of home visits and support when patients were discharged from hospital or community teams had identified them as needing additional care to enable them to remain at home.

Meetings took place with community based health and care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. These were attended by clinical staff from the practice (GP's and lead practice nurse), palliative nurses, district nurses, community matron, care co-ordinator, patient services manager and administrator.

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.
- Clinical staff undertook assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young people.
- Where there were concerns about a patient's capacity to consent to care or treatment clinicians undertook mental capacity assessments and recorded the outcome.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients receiving end of life care, carers, homeless patients and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 87.2%, which was above the CCG average of 81% and the national average of 82%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and would contact them if tests had not been sent off for analysis. For example:

- The uptake rate for breast cancer screening was 81% which was above the CCG average of 70% and the national average of 72%.
- The uptake rate for bowel cancer screening was 64% which was above the CCG average of 54% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, rates for the vaccinations given to under two year olds averaged 95.4% compared to the CCG average of 93.1%. For five year olds the practice averaged 97.2% compared to the CCG average 92%.

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

Are services effective?

(for example, treatment is effective)

NHS health checks for patients aged 40–74 years.
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

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Doors to consultation and treatment rooms were kept closed during consultations and conversations could not be overheard.
- Reception staff offered to speak with patients in a private area if they wanted to discuss something sensitive or they appeared distressed.
- Curtains were provided in consulting rooms to maintain dignity during examinations and treatments.

During our inspection we observed that staff treated patients in a friendly and courteous manner. All of the five completed CQC comment cards we received were positive about the service experienced. Patients described staff as first class, compassionate and helpful. The practice had also kept cards and letters of appreciation which reflected the positive feedback we heard.

We spoke with seven patients in addition to two members of the patient participation group (PPG). They told us the staff were caring, always had time for them, and would always treat them with dignity and respect.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.

Results showed the majority of patients found receptionists at the practice helpful; satisfaction scores were above local and national averages:

- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

The practice made visible any comments that had been made through the friends and family test and gave feedback with areas the practice was improving through a notice board in the waiting room.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about their care. In addition they told us they felt listened to and supported by staff even though they had complex needs they were always given enough time during consultations to make informed decisions about the choice of treatment available to them. We saw that care plans for patients were personalised to account of individual needs and patient wishes.

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 and were in line with local averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format and health promotion was displayed on notice boards in reception.

Patient and carer support to cope emotionally with care and treatment

A wide range of information was available in the patient waiting area in the form of leaflets and posters. This included health promotion information and information about how to access local and national support groups and organisations. Information about support organisations was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 114 patients as carers (1.6% of the practice list). They were offered information about support groups at registration and there was a dedicated carers' champion. The practice had a dedicated notice board in the waiting area to encourage carers to identify themselves, and posters provided contact details for carers support groups.

Staff told us that if families had experienced bereavement, their usual GP contacted them where this was considered appropriate. A condolence letter was sent from the practice which also highlighted the support available through the practice. All appointments and recalls were cancelled to ensure no inappropriate letters were sent out and where required appointments were offered to relatives and advice given regarding how to access support.

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.

In addition:

- The practice offered extended hours covering one early morning every Thursday and a late session every Tuesday evening. Nurse and Phlebotomy appointments were available in addition to GPs. This helped to facilitate access for working people or for patients who required a working relative to help them get to the practice.
- There were longer appointments available for patients with a learning disability and for those who required them.
- Clinics were run in the practice for patient's to attend, for example baby clinics, smoking cessation, diabetic, spirometry, and falls and bone clinics.
- The practice had a policy where anybody presenting with a minor injury would be seen, and if possible treated in the practice, reducing the need for A and E attendance.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation following a call from the allocated triage GP.
- There were facilities for the disabled including toilets and dedicated parking spaces and automated doors at the main entrance.
- Translation services available and some leaflets were available in alternative languages.
- A full range of family planning services was available including coil fitting and implant insertions.

Access to the service

The surgery opened from 8.30am to 6.30pm on Monday to Friday. In addition the practice opened at 7am on a Thursday for early appointments and had late opening on

a Tuesday until 7.30pm. Consulting times were from 8.30am to 12pm and from 3.30pm to 6pm Monday to Friday. Appointments could be pre-booked up to one month in advance for a specified GP.

Urgent appointments were available on the day following a triage system managed by the GPs.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages for satisfaction with opening hours and telephone access.

82% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.

- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 72%.

People told us on the day of the inspection that they were able to get appointments when they needed them, and that they rarely had to wait in reception long before being called through for their appointment.

Listening and learning from concerns and complaints

The practice had effective systems in place to handle complaints and concerns.

- The practice complaints policy was in line with regulations for handling complaints and contractual obligations for GPs in England. The practice's procedures for handling complaints reflected recognised guidance.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system including leaflets and posters.
- The practice kept comprehensive records of complaints and these were monitored for patterns and to highlight issues at an early stage.

We looked at eight complaints received in the last 12 months. We found that complaints were responded to in a timely manner in line with the practice's complaints procedures. People making a complaint were provided with explanations and apologies where appropriate. They were also told about any improvements made as a result of their complaint.

Are services responsive to people's needs? (for example, to feedback?)

Learning from complaints was identified and discussed at relevant meetings. Complaints were logged centrally and reviewed to ensure learning had been embedded. We saw that changes were made as a result of complaints to improve the service offered to patients.

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 'to deliver the best clinical care to our practice population in a timely and effective manner. We want to treat all patients with kindness and compassion and value the contribution made by all members of our practice team'. Staff knew and understood the values.
- The vision was displayed in the reception area.
- The partners were clear about areas for development and improvement within the practice and we saw that these were discussed at regular management and partners' meetings.
- The website and notice boards were used to keep patients informed of any changes within the practice including changes to practice strategy.

Governance arrangements

The practice had a robust governance framework which supported the delivery of their aims 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.
- Practice specific policies were implemented and were available to all staff. Policies were available electronically which logged when staff had read updates to ensure everyone was aware of changes.
- An understanding of the performance of the practice was maintained and the practice engaged regularly with the clinical commissioning group (CCG) and other local practices in the area.
- The management team met on a weekly basis to ensure the performance of the practice was monitored in respect of QOF achievement, access to appointments and patient satisfaction.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were well-embedded arrangements to identify record and manage risk within the practice. Leads were responsible for key areas such as health and safety and infection control and they reported any changes to staff at meetings.

Leadership and culture

On the day of inspection the GPs in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. These skills were used in providing care to patients within the practice. Staff told us the GPs and management team were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty. Constructive challenges from patients, carers and staff were encouraged and complaints were acted on effectively. 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.
- The practice reviewed all complaints for emerging themes so that lessons could be learned to avoid recurrence.

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

- Staff told us the practice held regular team meetings between the staff groups and as a practice, which was evident from the minutes of meetings held.
- 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. They did not feel that a hierarchical structure existed between them and the GPs. A staff survey had been undertaken in the preceding year.
- Staff told us they felt valued by the management team. Achievements were celebrated and staff encouraged to develop ideas and improve patient care.

Are services well-led?

Good 

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

- The managers looked at staffing issues and actively provided cover from within the practice during leave of absence, reducing the need for employing additional locum doctors. Staff were trained for multiple roles to build resilience within the team.

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 PPG was active and had a core group of approximately 20 members who met three times a year on a Saturday morning. The group had encouraged the completion of patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had highlighted the need for a better layout in the reception area to improve privacy for patients at reception. This had been included in future plans for the development of the building and some measures such as seating layout made in the interim.
- The PPG also played an important part in receiving feedback from patients following changes to the telephone triage system.
- The practice utilised text messages to gain feedback from patients after an appointment through the friends and family system and monitored feedback for areas of improvement.
- The practice had gathered feedback from staff through meetings, appraisals an annual staff questionnaire and general discussions. Staff told us they would not

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff were empowered to improve processes such as the practice nurses engaging with the neighbouring practice. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example

- There was a commitment to education within the practice in respect of teaching and training medical students, foundation doctors and GP registrars.
- The practice had supported 5 community nurses gain their prescribing qualifications and assisted in mentorship when the course required.

The practice took two A level students for work experience placements each year

The practice was looking at how they could continue to improve services and had plans in place to implement and continue the following initiatives:

- The practice had applied for a transformation fund to expand services and provision at the surgery to benefit the local community. This would involve a large scale building project to facilitate more consulting rooms etc.
- Continue to participate and support research projects.
- Continue to influence local provision by playing an integral part in the local federation of practices.
- Continue to take on work experience placements for A level students, and with education and training for medical students and GP Registrars.