Dr David Molyneux

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?	Outstanding
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Harambee Surgery on 17th November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- There was a structured system for providing staff in all roles with annual appraisals of their work and planning their training needs.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients 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.
- 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.
- There was a clear leadership structure and staff felt supported and had confidence in the management team. The practice proactively sought feedback from staff and patients, which it acted on.

We saw several areas of outstanding practice including:

- Patients nearing the end of life were visited daily by the GP and provided with GPs contact numbers to support the patients and their families through this difficult time.
- Home visits were provided to mental health patients who may have social phobias and may find visiting the practice stressful.
- GPs provided Individual alcohol/ drug detox for patients to provide prompt support for the management of their addiction.

Summary of findings

- Collaboration with the practice's 'Friends of Harambee' resulted in health promotion activities and education for all groups of patients. The practice also worked closely with the local school to promote health education.

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

Importantly the provider should

- Ensure locum packs are up to date and support the GP with relevant information.
- Ensure risk assessments are completed for all aspects of the practice.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff met and worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. We observed a patient-centred culture and feedback from patients about their care and treatment was consistently positive.

Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Information about the practice and the services they provided were easy to understand and accessible, in the patient information leaflet, waiting area and the practice web site.

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. Collaboration with the practice's 'Friends of Harambee' resulted in health promotion activities and education for all groups of patients. The practice also worked closely with the local school to promote health education.

Summary of findings

We saw that patients were exceptionally well supported with their mental health needs and long-term conditions. Additional services based at the practice were provided to patients to support mental health needs, such as counselling sessions. Home visits were provided to mental health patients who may have social phobias and may find visiting the practice stressful.

We also saw that end of life support was of a high standard with GPs visiting patients daily and providing support beyond surgery hours and weekends.

There are innovative approaches to providing integrated person-centred care. We saw that GPs provided Individual alcohol/ drug detox for patients to provide prompt support for the management of their addiction.

The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.

People could access appointments and services in a way and at a time that suits them. Home visits were provided and extended flexible appointments to accommodate additional health needs and emotional support.

Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

The practice proactively sought feedback from staff and patients, which it acted on. The patient group 'Friends of Harambee' was active with an additional 'virtual' patient participation group (PPG) formed to further canvas the views of the patients' satisfaction. Staff had received inductions, regular performance reviews and attended staff meetings, away days and events.

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

Good

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

People with long term conditions

Outstanding

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Patients with long term conditions were offered a single appointment annual review to check that their health and medication needs were being met, rather than attending for repeat appointments. QOF data showed the practice consistently performed well above the CCG and England average in relation to long term conditions management, such as asthma and chronic obstructive pulmonary disease.

Patients nearing the end of life were visited daily by the GP and provided with GP's contact numbers to support the patients and their families through this difficult time.

GPs provided Individual alcohol/ drug detox for patients to provide prompt support for the management of their addiction.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were good 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. Appointments were available outside of school hours and the premises were suitable for children and babies with baby changing facilities, breast feeding room and children's play area.

The practice provided a full family planning service including the fitting of contraceptive devices. Women taking the contraceptive pill were invited to attend the practice each year for a yearly 'pill check' and to discuss long-term contraception.

We saw good examples of joint working with midwives and health visitors. The practice sent a congratulations letter after each birth along with details of how to register the baby, details of the baby clinic and details of the baby's first immunisation appointment and Mum's postnatal check. A baby clinic ran weekly with the GP, nurse and health visitor in attendance.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services to both make and cancel appointments and to order prescriptions. The web site also provided links to a full range of health promotion that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Outstanding

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability and 100% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

GPs provided Individual alcohol/ drug detox for patients to provide prompt support for the management of their addiction.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Outstanding

The practice is rated as good for the care of people experiencing poor mental. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

People experiencing poor mental health had been offered an annual physical health check and psychological therapies and the local mental health service was accessible via the practice. All clinical staff had received training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and were able to explain their role in relation to this. The practice proactively identified patients who might be at risk of developing dementia. Patients experiencing poor mental health and those with dementia had a named GP to ensure continuity of care and a single point of contact for other agencies when discussing their care needs.

Patients with mental health needs had access to a 'Healthy minds' counsellor based at the practice one day per week. Patients were also helped to access various support groups and voluntary organisations, including the Alzheimer's society and mental health support group. Home visits were provided to mental health patients who may have social phobias and may find visiting the practice stressful.

The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing mental health difficulties.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015 showed the practice was performing in line with local and national averages. Of 259 surveys distributed (The patient list size was 4066) there were 117 returns representing a response rate of 45.2%. Of the responses:

- 99.5% find it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 96.8% find their experience of making an appointment good compared with a CCG average of 91% and a national average of 91%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 97% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 74% feel they don't normally have to wait too long to be seen compared with a CCG average of 58.5% and a national average of 57%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards that were all positive about the standard of care received, the cleanliness of the practice and the helpfulness of the staff. Patients particularly valued the care they received from the GPs and the flexibility of the appointments at the practice.

We spoke with five patients during our inspection who all spoke positively about the service they received. They praised the kindness and helpfulness of the staff.

We contacted members of the PPG who told us that the practice staff listened to them and acted on their suggestions. They reported that they had good working relationships with all the staff.

We saw that the 'Friends of Harambee' the practice's patient support group had along with the practice staff engaged with the local school, presenting educational sessions and organised visits to the practice talking to children about the work of doctors and nurses.

Dr David Molyneux

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a **CQC lead inspector and** a GP specialist adviser and a practice manager SPA.

Background to Dr David Molyneux

Harambee Surgery is located in Trawden on the outskirts of Colne. They have 4066 registered patients. They have a higher than national average population of patients aged over 40-65 years. The practice is a dispensing practice.

The practice provides General Medical Services (GMS) under a contract with NHS England. The practice is also contracted to provide a number of enhanced services, which aim to provide patients with greater access to care and treatment on site. They offer enhanced services in; extended hours, childhood vaccinations and minor surgery.

There are four GPs, two male and two female, two female practice nurses and three staff who dispense medication. These are supported by a practice manager and an experienced team of reception/administration staff. This is also a training practice with placements for trainee doctors. The practice has trained registrars for the last 15 years and is currently training FY2 doctors. These are trainee doctors in their 2nd year of foundation training.

The practice also has a healthy mind counsellor, a well-being practitioner, a specialist diabetic nurse, health visitor and pharmacy technician who also work from the practice.

The practice is open between 8am and 6.30pm Monday to Friday with extended hours Monday morning and evening from 7:30 am until 7.10pm. When the practice is closed, out-of-hours services are provided.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting the practice we reviewed information we hold about the practice and asked other organisations and key stakeholders, such as NHS England and East Lancashire Clinical Commissioning Group (CCG), to share what they knew about the practice. We reviewed policies, procedures and other relevant information the practice manager provided before the inspection day. We also reviewed the latest data from the Quality and Outcomes Framework (QOF) and national GP patient survey.

We carried out an announced inspection on the 17 November 2015. During our visit we spoke with three GPs, a practice nurse, two staff who dispense medication, the practice manager and five reception/ secretarial staff. We

Detailed findings

also spoke with five patients and contacted representatives from the patient participation group (PPG). We reviewed 39 CQC comment cards where patients shared their views and experiences of the practice.

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. However whilst the practice recorded significant events and stated the action they had taken the analysis and continued review was limited. We discussed this with the practice manager who told us they would extend the period they reviewed the information and put this in place with immediate effect.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, where medication was dispensed in error the practice reviewed the incident and looked at how staff could be better supported in the practice to manage the dispensing of medication safely.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 and always provided reports where necessary for other agencies. Staff gave examples of how they had made safeguarding alerts and demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the reception area, advising patients a chaperone was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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 had completed their own fire risk assessment, had a fire procedure in place and fire extinguishers were annually serviced.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- We checked medicines stored in the dispensary, treatment rooms and medicine refrigerators. We found that storage was safe and secure, and medicines were within their expiry dates. Medicines were stored at the correct temperature so that they were fit for use. The temperature of the medicines refrigerators and the dispensaries were monitored daily. Blank prescription forms were kept securely and a record was in place to track their use.

Good

Are services safe?

- We saw evidence of the calibration and service of relevant equipment; for example weighing scales, spirometers, pulse oximeters and nebulisers.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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 also 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 88.2% of the total number of points available. Data showed;

- The dementia diagnosis rate was comparable to the Clinical Commissioning Group (CCG) and national average.
- The uptake of flu vaccinations for the over 65s was comparable to the CCG and national average.

We did however find from our data that the practice had lowered rates for diabetes care. We discussed this with the GP, nurse and practice manager. There appeared to be an issue with coding and some recalls being missed. We looked at current clinical results and found that they had improved significantly and were on target to meet with other diabetes results in the CCG.

The practice had identified patients who were at high risk of admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. Emergency hospital admission rates for the practice were relatively low compared to the national average.

The practice had made use of the gold standards framework for end of life care. It had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss the care and support needs of patients and their families.

The practice had a strong working relationship with the community teams including the district nurses, health visitors, midwives, and community psychiatric nurses. Patients had access to a mental health worker and also a range of counselling services.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been three clinical audits completed in the last two years, all of these audits showed improvements made and were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result of this included the auditing of anti-psychotic prescribing for patients with dementia. Information about patients' outcomes was used to make improvements such as; a reduction in the overall prescribing rates.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- We saw that the practice had a long term locum GP in place but occasionally used other locums to cover

appointments. We looked at the 'locum information pack' and found that important information was missing. The practice manager confirmed that this would be addressed with immediate effect to ensure that locums had all the information they needed.

Coordinating patient care and information sharing

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

The practice had developed comprehensive care plans in conjunction with patients at risk of unplanned admissions. They ensured these patients had prompt access to on the day appointments and home visits. The practice liaised with the Multi-disciplinary Team (MDT) where appropriate to prevent unplanned admissions. Admission rates to A&E were amongst the lowest in the CCG area.

The practice worked with other service providers to meet patients' needs and manage those patients who had complex needs. It received blood test results, X-ray results, letters and discharge summaries from other services, such as hospitals and out-of-hours services, both electronically and by post. All staff we spoke with understood their roles and responsibilities when processing the information. There were systems in place for these to be reviewed and acted upon where necessary by clinical staff.

The practice held weekly clinical meetings and monthly multidisciplinary team (MDT) meetings to discuss the needs of patients with complex needs. For example, those with multiple long term conditions, mental health problems, end of life care needs or patients who were vulnerable or at risk. The MDT meetings were attended by a range of health professionals, such as health visitors, palliative care nurses and members of the district nursing team.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. All staff we spoke with had a good understanding of capacity and consent, with two of the clinical team teaching at local hospitals in the area of mental capacity act and deprivation of liberty.

Health promotion and prevention

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

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.4%, which was comparable with both the CCG average and national average. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition and patients with mental health could access in house counselling support. Patients were then signposted to the relevant service, for instance patients with mental health needs were referred to a local mental health services. Patients who may be in need of extra support, for instance, carers were also identified by the practice and signposted to advocacy and support groups.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients both attending at the reception and dispensary desks and on the telephone. We observed that people were treated with dignity and respect. The 39 patient CQC comment cards were unanimous in their praise of the staff and how they felt they were treat with empathy and compassion.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The majority of patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded sympathetically when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. For example:

- 98% said the GP was good at listening to them compared to the CCG average of 88% and national average of 88%.
- 99% said the GP gave them enough time compared to the CCG average of 94% and national average of 91%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 87% and national average of 85%
- 100% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and national average of 97%

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87%.

Staff told us that translation services were available for patients who did not have English as a first language.

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 including advocacy and carers support groups.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register for all people who had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

RESPONSIVE

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.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example; The practice offered extended opening hours on a Monday morning and evening to ensure patients had some flexibility and choice in appointment times.

There were also longer appointments available for vulnerable people with long term conditions, mental health needs or a learning disability. We saw that appointment times were flexible to meet the needs of patients with 15 minute appointments set as the minimum time for each patient.

Urgent access appointments were available for children and those with serious medical conditions. Staff told us that 'coding' used on the appointment system highlighted when patients were given a priority appointment.

The practice nursing team provided home visits to vulnerable patients who required vaccinations or phlebotomy services. We also saw that GPs made a high percentage of home visits. The home visits were available for older patients, patients with long term conditions. We also found that there a high level of home visits to mental health patients who may have social phobias and may find visiting the practice stressful.

We saw that GPs further supported patients with mental health difficulties by their named GP providing their individual email contact details. This was to give the patient prompt access and to help relieve some of their anxieties and frustrations with communication. We saw that there was a 'Healthy Minds' counsellor based at the practice one day per week for patients and a positive relationship between the GPs and the local mental health services and support groups.

The practice provided exceptional support to patients on 'end of life care', who were visited daily by their GP and the GPs provided their contact telephone numbers to support the patients and their families through this difficult time. Patients and their families could then access their GPs after surgery hours and at the weekend.

Individual alcohol/ drug detox programmes were provided by the GP with support from the practice. Patients who would benefit from a detox programme but who were unable to wait for a referral to other services were offered this support. This ensured that patients received responsive and prompt support to help manage their addiction.

When any patient was admitted to A&E their GP rang the next day to check how their patient was and to review their plan of care.

Collaboration with the practice 'Friends of Harambee' resulted in health promotion activities and education for all groups of patients. The practice also worked closely with the local school to promote health education holding a session at the school and at the practice.

A congratulations letter was sent to all new babies and their families along with details of how to register the baby, details of the baby clinic and details of the baby's first immunisation appointment and Mum's postnatal check.

Staff told us that where families had suffered bereavement, their GP always visited them at home to give emotional support and advice.

Access to the service

Comprehensive information was available to patients about appointments on the practice's website and in its patient information leaflet. This included surgery times, how to book appointments through the website and how to cancel appointments**.** Patients were provided with a range of flexible and accessible appointment times.

Appointments were from 8.30am to 6.00pm daily. Extended hours surgeries were also available. In addition to pre-bookable appointments urgent appointments were available for patients that needed them.

Patients we spoke with told us that they had always got an emergency appointment when they needed.

There were male and female GPs in the practice allowing patients to see a GP of their preferred gender.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

The premises had been designed to meet the needs of patients with disabilities. There were disabled car spaces available in its car park and wheelchair access through the reception and waiting areas. The consulting rooms were accessible for patients with mobility difficulties and there were access enabled toilet and baby changing facilities. A room for breast feeding was also available.

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 and people we spoke to on the day were able to get appointments when they needed them. For example:

- 94% of patients who 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 national average of 85%.
- 96% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

The practice was proactive in offering online appointment booking services. A text service was available to remind patients of their appointment and patients could order their repeat prescriptions in person, by telephone, via email, online or by post.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system for instance information was available on the web site and in the practice leaflet which explained the complaints process. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way. These had all been dealt with in line with the practice policy, identifying action taken and any lessons learned. We were informed that lessons were learnt from complaints and action was taken 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 values statement which was displayed in the waiting areas, patient information leaflet and on their web site. We spoke with staff who 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
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements

Leadership, openness and transparency

The GPs in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The management team was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The management team encouraged a culture of openness and honesty.

Staff told us that regular weekly clinical team meetings were held on Monday lunchtime. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the management team 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 proactively involved and gathered feedback from patients through its own patient survey and by working with the 'Friends of Harambee' and their 'virtual' patient participation group (PPG). Changes had been made to the practice following this feedback. For instance offering extended opening hours and a triage system in place to ensure patients can be seen promptly and a more flexible appointment system.

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

The practice held weekly meetings and staff said they were encouraged to raise items on the agenda. Staff confirmed they felt involved in making decisions regarding the practice.

Innovation

The practice is centred in the local community and works with local community members and patients to be a useful education resource. Collaboration with the practice's 'Friends of Harambee' resulted in health promotion activities and education for all groups of patients. This included a regular walking group, Pilates and health sessions on stroke avoidance. The practice also worked closely with the local school to promote health education both at the school and at the practice.