Woodland Road 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

The Woodland Road Surgery was inspected on the 21 January 2015. This was a comprehensive inspection. We rated this practice as Good.

We found the practice to be good for providing safe, caring responsive and effective and well led services. It was also good for providing services for older people, people with long term conditions, families, children and young people, working age people including those recently retired and students, people who were vulnerable and those experiencing poor mental health and those with dementia.

- Patients who use the practice had access to community staff including district nurses, community psychiatric nurses, health visitors, physiotherapists, counsellors, and midwives.
- Patients we spoke to and the comment cards submitted confirmed that patients were happy with the service and the professionalism of the GPs and nurses. The practice was visibly clean and there were effective infection control procedures in place.
- We found that staff were well supported and the practice was well led with a clear vision and objectives. Staff had a sound knowledge of safeguarding procedures for children and vulnerable adults.
- Care and treatment was being delivered in line with current published best practice. Patient's individual needs were consistently met in a timely manner.
- All the patients we spoke to during our inspection were very complimentary about the service and the manner in which they were cared for. Recruitment, pre-employment checks, induction and appraisal processes were in place. Staff had received training appropriate to their roles and further training needs had been identified and planned.

The provider should ensure that blank prescriptions are stored securely until used.

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 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.

Medicines were stored, managed and dispensed in line with national guidance. There were safeguards in place to identify children and adults in vulnerable circumstances. There was enough staff to keep people safe. Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent. The practice was clean, tidy and hygienic. We found that suitable arrangements were in place that ensured the cleanliness of the practice was maintained to a good standard.

Are services effective?

Good

The practice is rated as good for providing effective services. Supporting data obtained both prior to and during the inspection showed the practice had systems in place to make sure the practice was effectively run. The practice had a clinical audit system in place and audits had been completed. Care and treatment was delivered in line with national best practice guidance. The practice worked closely with other services to achieve the best outcome for patients who used the practice. Staff employed at the practice had received appropriate support, training and appraisal. GP appraisals and revalidation of professional qualifications had been completed. The practice had extensive health promotion material available within the practice and on the practice website.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions.

Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

Summary of findings

The practice reviewed and understood the needs of their local population. The practice identified and took action to make improvements. Patients reported that they could access the practice when they needed. Patients reported that their care was good. The practice was well equipped to treat patients and meet their needs.

There was an accessible complaints system with evidence demonstrating that the practice responded appropriately and in a timely way to issues raised. There was evidence that learning from complaints was shared with staff.

Are services well-led?

Good

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

The practice had a clear vision and strategy to deliver quality care and treatment and they were looking for ways to improve. Staff reported an open culture and said they could communicate with senior staff. The practice had a number of policies and procedures to govern activity and regular governance meetings took place. There were systems in place to monitor and improve quality and identify risks. There were systems to manage the safety and maintenance of the premises and to review the quality of patient care.

The practice had an active virtual patient participation group (PPG) which was involved in the core decision making processes of the practice.

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 providing care to older people. Health checks and promotion were offered to this group of patients. There were safeguards in place to identify adults in vulnerable circumstances. The practice worked well with external professionals in delivering care to older patients, including end of life care. Pneumococcal vaccination and shingles vaccinations were provided at the practice for older people during routine appointments. Staff recognised that some patients required additional help when being referred to other agencies and assisted them with this.

People with long term conditions

Good

The practice is rated as good for providing care to people with long term conditions. The practice managed the care and treatment for patients with long term conditions in line with best practice and national guidance. Health promotion and health checks were offered in line with national guidelines for specific conditions such as diabetes and asthma. Longer appointments were available for patients if required, such as those with long term conditions. The practice had a carers' register and all carers were offered an appointment for a carers' check with nursing staff. The practice worked with the community matron to keep patients within their own homes.

Families, children and young people

Good

The practice is rated as good for families, children and young people. Staff worked well with the midwife to provide prenatal and postnatal care. Postnatal health checks were provided by a GP. The practice provided baby and child immunisation programmes to ensure babies and children could access a full range of vaccinations and health screening. Information relevant to young patients was displayed and health checks and advice on sexual health for men, women and young people included a full range of contraception services and sexual health screening including chlamydia testing and cervical screening. The GPs training in safeguarding children from abuse was at the required level.

Working age people (including those recently retired and students)

Good

The practice is rated as good for providing care to working age people. The practice provided appointments on the same day. If these appointments were not available then a telephone consultation with a GP would be booked The practice operated

Summary of findings

extended opening hours in the mornings and evenings Mondays to Fridays. Males over the age of 65 years were invited to attend screening for abdominal aortic screening. An abdominal aortic aneurysm is a weakening and expansion of the aorta, the main blood vessel in the body. The practice website invited all patients aged over 45 years to arrange to have a health check with a healthcare assistant if they wanted. A cervical screening service was available.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for people whose circumstances may make them vulnerable. The practice had a vulnerable patient register to identify these patients. Vulnerable patients were reviewed at team meetings. Referral to a counselling service was available. The practice provided primary care services for patients who are homeless and worked alongside social services and housing to assist them. Patients with interpretation requirements were known to the practice and staff knew how to access these services. Patients with learning disabilities were offered a health check every year during which their long term care plans were discussed with the patient and their carer if appropriate. Reception staff were able to identify vulnerable patients and offer longer appointment times where needed and send letters for appointments.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of patients experiencing poor mental health (including people with dementia). Patients with mental health care needs were registered at the practice. Some patients with mental health needs had regular appointments with the practice nurse to help them manage their medicines. There was signposting and information available to patients, for example a counselling service.

The practice referred patients who needed mental health services to the local mental health team. The practice had recognised the need for patients who experience poor mental health to see a GP urgently and had changed its appointment system to allow for same day appointments. Monitoring of medicines prescribed by the GPs was undertaken in way that protected patients from the risk of inappropriate use of medicines.

Summary of findings

What people who use the service say

We looked at patient experience feedback from the national GP survey from 2013/2014. The patient's survey showed 91% of the 128 patients that responded found that GPs gave them the time they needed. 83% said that GPs were good at explaining treatment and tests to them. 96% of patients said that the nursing staff were very helpful and explained their treatment well and 95% of the patients found the reception staff helpful.

We spoke with three patients during the inspection and collected 10 completed comment cards which had been left in the reception area for patients to fill in before we visited. Nine of the comment cards gave positive feedback. The remaining comment card stated that they found getting through on the telephone could be difficult. Patients told us the staff were friendly, they were treated with respect, their care was very good, and they were always able to get an appointment. The comment cards also told us how they felt listened to by the staff and how supportive staff were.

Patients were satisfied with the facilities at the practice. Patients commented on the building being clean and tidy. Patients told us staff used gloves and aprons where needed and washed their hands before treatment was provided.

The PPG had carried out surveys and met regularly with the practice manager and a GP. They showed us the analysis of the last patient survey, which was considered in conjunction with the PPG. The last survey had resulted in more appointments being made available each day for patients to see a GP. The results and actions agreed from these surveys were available on the practice website.

Patients found it easy to get repeat prescriptions from the practice.

Areas for improvement

Action the service SHOULD take to improve

The provider should ensure that blank prescriptions are stored securely until used.

Woodland Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector, a second CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Woodland Road Surgery

The Woodland Road Surgery in St Austell PL25 4QY provides primary medical services to people living in the town if St Austell and surrounding villages. The practice is a training practice for qualified doctors undertaking training to become a GP.

The Woodland Road Surgery is part of the consortium known as the St Austell Healthcare Group Ltd and they have in place an agreement to help manage and lead Polkyth Surgery for which they have overall responsibility for managing.

At the time of our inspection there were approximately 7,500 patients registered at the Woodland Road Surgery. There were three male GP partners who held managerial and financial responsibility for running the business. The GPs were supported by three registered nurses, a phlebotomist (a person trained to take blood), a practice manager, and additional administrative and reception staff. Patients using the practice also had access to community staff including district nurses, health visitors, and midwives

Woodland Road Surgery is open from 8am until 6.30pm Monday to Friday for regular appointments. The practice also opens from 7am to 8am and then 6.30pm to 8.15pm Monday to Friday for patients that find it difficult to visit the GP during the day. During evenings and weekends, when the practice is closed, patients are directed to an Out of Hours service delivered by another provider.

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

How we carried out this inspection

Before visiting we checked information about the practice such as clinical performance data and patient feedback. This included information from the clinical commissioning group (CCG), Healthwatch, and NHS England. We visited the Woodland Road Surgery on 21 January 2015. During the inspection we spoke with GPs, nurses, the practice manager, reception staff, and patients. We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted on and responded to. We looked at the premises to check the practice was a safe and accessible environment. We looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

Detailed findings

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)

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed for the last eighteen months. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We saw records of significant events that had occurred during 2014. The practice recorded positive as well as negative events. The weekly practice team meeting minutes showed significant events were discussed to identify concerns and share learning with the staff.

Complaints were discussed at team meetings and some were recorded as significant events. There was evidence that appropriate learning had taken place where necessary and that the findings were disseminated to relevant staff. All staff were aware of the system for raising issues to be considered at the meetings and told us they were encouraged to do so.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had appointed dedicated GPs as leads in safeguarding vulnerable adults and children. They had been trained to level three and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with were aware who these leads were and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

There was a chaperone policy, which was visible on the waiting room noticeboard and in consulting rooms. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). All nursing staff, including health care assistants, had been trained to be a chaperone.

Medicines management

The GPs were responsible for prescribing medicines at the practice. There were no nurse prescribers employed. The control of repeat prescriptions was managed well - if a medication review was due then this was flagged up on the computer for the GP to review the patient's clinical records for them to take appropriate action. Patients were not issued any medicines until the prescription had been authorised by a GP, the GPs signed prescriptions twice a day. Patients were satisfied with the repeat prescription processes. They were notified of health checks needed before medicines were issued. Patients explained they could use the prescription drop-off box at the practice, or use the on-line request facility for repeat prescriptions. Patients could also request that their prescriptions were sent to the chemist of their choice this resulted in them not having to make an unnecessary trip to the practice.

Safe management of medicines were in place. The practice nurse was responsible for the management of medicines within the practice and there were up-to-date medicines management policies. Staff were able to show us where medicines were stored and explain their responsibilities. Medicines were kept securely in a locked cupboard. Controlled drugs were stored in a locked cupboard. Expiry date checks were undertaken regularly and recorded.

Are services safe?

We looked at the GPs home visit bag, no medicines were carried, and the GP would sign out individual medicines for patients if required.

We found that prescription pads were not stored securely in the GP consulting rooms, as the rooms were left unlocked. GPs could print a named prescription from their computer system if a hand written item was required.

Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. We saw up to date evidence that nurses had received appropriate training to administer vaccines. Fridge temperatures were also checked daily to ensure medicines were stored at the correct temperatures.

Cleanliness and infection control

Patients said the practice was always very clean. There was an infection control policy and two nurses shared the infection control lead role and attended up to date training. Staff were clear about their responsibilities in relation to infection control. For example, all staff knew who the leads for infection control were, knew where to find policies and procedures and were aware of good practice guidance. Nursing staff were responsible for managing clinical spillages and had spillage kits available for use. Infection control audits were undertaken and acted upon, for example dignity curtains in consulting and treatment rooms had been changed from material to disposable curtains in line with current guidance.

In main, the treatment and consulting rooms appeared very clean, tidy and uncluttered. We did however see one GP consulting room that was left in an untidy state. This was cleared and cleaned by nurses as soon as reported. We saw that staff all knew where items were kept and worked in a clean environment. The clinical rooms were stocked with personal protective equipment (PPE) which included a range of disposable gloves, clinical cleaning wipes, aprons and coverings, which staff used. This reduced the risk of cross infection between patients. Within communal areas, for example the public toilets, hand washing guidance and paper towels were available.

There was an appropriate system for safely handling, storing and disposing of clinical waste. Clinical waste was stored securely in a dedicated secure area whilst awaiting its weekly collection from a registered waste disposal company. There were cleaning schedules in place and an infection control audit system in operation. Treatment rooms had hard flooring to simplify the clearance of spillages. Staff had received updated training in infection control.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer. All checks and calibrations were carried out in November 2014.

Staffing and recruitment

Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The staff worked part time hours and there was an arrangement in place for members of staff, including nursing and administrative staff, to cover each other's annual/sick leave.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. The practice manager showed us records to demonstrate that actual staffing levels and skill mix were in line with planned staffing requirements.

Monitoring safety and responding to risk

Monitoring and assessing of risks took place. For example, we saw a fire risk assessment for the premises. There was a control of substances hazardous to health (COSHH) risk

assessment available for the storage of chemicals in the practice. We saw portable appliances were tested in line with Health and Safety Executive guidance to ensure they were safe.

Arrangements to deal with emergencies and major incidents

We asked about how the practice planned for unforeseen emergencies. We were told that all staff received basic life support training. We were shown certificates which evidenced this and a training plan to show that all staff had been trained. Staff knew what to do in event of an emergency evacuation; the practice manager showed us fire safety measures and weekly testing of alarm systems. We looked at the business continuity plan and found it to be clear. It covered areas such as staffing, emergency procedures, access to alternative premises, disaster recovery and equipment.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There were examples where care and treatment followed national best practice and guidelines. For example, emergency medicines and equipment held within the practice followed the guidance produced by the Resuscitation Council (UK). The practice followed the National Institute for Health and Clinical Excellence (NICE) guidance and discussion around latest guidance was included in the staff meetings. Guidance from national travel vaccine websites had been followed by practice nurses.

The GPs and practice nurses told us they lead in specialist clinical areas such as diabetes, heart disease and asthma and said they received support and advice from each other. Patients with specific conditions were reviewed to ensure they were receiving appropriate treatment and regular review. For example, blood pressure monitoring, and regular blood testing.

Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, adult and child protection alerts management and medicines management.

The GPs told us clinical audits were often linked to medicines management information, for example, we saw an audit regarding the prescribing and monitoring of drugs used for pain relief, to ensure that the correct dosage and testing was being given to the patients and that patients were on the correct dosage. The GPs maintained records showing how they had evaluated the service and documented the success of any changes.

The nurses told us that clinical audits were carried out, for example, auditing the number of patients who following having a smear test resulted in inadequate results. The audit allowed for any areas of training need to be identified and followed up.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP went to prescribe medicines. We were shown evidence to confirm that following the receipt of an alert the GPs had reviewed the use of the medicine in question, and where they continued to prescribe it; they had outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. We noted a good skill mix among the GPs with a number having additional interests in sexual health, homeopathy, minor surgery and diabetes. All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals that identified learning needs from which action plans were documented. The nurses received appraisal from the practice manager and a GP. The practice manager appraised all the administrative staff. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses, for example, a nurse told us that they had completed additional training in chronic obstructive pulmonary disease (COPD).

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, administration of vaccines. Those with extended roles, for example seeing patients with long term conditions such as asthma and diabetes, were also able to demonstrate that they had appropriate training to fulfil these roles.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospitals including discharge

Are services effective?

(for example, treatment is effective)

summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. All the GPs who saw these documents and results were responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up appropriately.

The practice held regular multidisciplinary team meetings to discuss the needs of complex patients, for example those with end of life care needs or children on the at risk register. These meetings were not always attended by district nurses and palliative care nurses due to workload but we were told that patients requiring these disciplines would be discussed individually when the need arose. Decisions about care planning were documented in a shared care record. Staff felt this system worked well.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Staff reported that this system was easy to use.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

The GP and nurses had a sound knowledge of the Mental Capacity Act 2005 and its relevance to general practice. The GP we spoke with told us they had access to guidance and information for the MCA 2005. They were able to describe what steps to take if a patient was deemed to lack capacity.

Patients who lacked capacity to make their needs fully known had their interests protected, for example by a family member, or a carer who supported them. We were told that patients were able to express their views and were involved in making decisions about their care and treatment.

Patients we spoke with told us that the GP's explained the treatment and fully involved them in the process. They told us that they were always asked for their consent before treatment was given. Patients told us the GP and nurses always explained what they were going to do and why. Patients were able to discuss their treatment with the GP or nurse and told us they never felt rushed during a consultation. Patients said they were involved in the decisions about their treatment and care. Staff told us in order to ensure patients made informed decisions; they would provide written information to patients. We noted there was variety of health information in the waiting area.

The practice had a policy for informed consent for minor surgery to include signed consent forms being scanned to the patient's records. Nursing staff requested verbal consent from parents before giving baby immunisations. Immunisations for babies and children were not given unless a parent was present or the parent had provided written consent for another family member to attend the clinic with the child.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. They were explained the purpose of a care plan and told who their named GP at the practice was. The GPs had used the local dementia nurse service to assess patient's capacity and assist with the completion of these care plans.

Health promotion and prevention

There was information on various health conditions and self-care available in the reception area of the practice. The practice website contained information on health advice and other services which could assist patients. The website also provided information on self-care. The practice offered new patients a health check with a healthcare assistant or with a GP if a patient was on specific medicines when they joined the practice.

Are services effective?

(for example, treatment is effective)

A travel consultation service was available. This included a full risk assessment based on the area of travel and used the 'Fit for travel' website. Vaccinations were given where appropriate or patients were referred on to private travel clinics for further information and support if needed.

The practice provided information on mental health support services on its website and external support services such as counselling. The practice was part of a scheme called dementia friendly parishes where they worked with other caring agencies, and charities to provide care and support to patients with dementia. This scheme also allowed for members of the public to phone the practice with any concerns and prompt a visit from the GP.

The practice offered patients who were eligible, a yearly flu vaccination. This included older patients, those with a long term medical condition, pregnant women, babies and young children. Patients with long term medical conditions were offered yearly health reviews. Patients with diabetes were offered six monthly reviews.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included a national GP survey performed in January 2014. Evidence from this source showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the patient survey showed the practice was rated high for all outcomes including consideration, reassurance, and confidence in ability and respect.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 10 completed cards and all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with four patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private. Conversations could be overheard in the waiting room.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that referring to this had helped them diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

Patients we spoke to on the day of our inspection 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 they wished to receive. For example, data from the national patient survey showed 78% of practice respondents said the GP involved them in care decisions and 83% felt the GP was good at explaining treatment and results. Patient feedback on the comment cards was also positive and aligned with these views.

A GP told us how treatment plans were in place for patients planning for their end of life care, and that where the patient lacked capacity to make decisions, family and carers were involved with the decision making process.

Translation services were available for patients who did not have English as a first language. Notices in the reception areas informed patents this service was available. A hearing loop was available for patients that were hard of hearing and a picture card was available to assist patients to point at the picture that was relevant to their ailment to ease communication.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke to on the day of our inspection and the comment cards we received were complimentary about the support they received. A patient told us that the staff had excelled in their care provision during a recent period of ill health.

Posters and leaflets were available in the waiting areas of the practice to signpost patients to a number of support groups and organisations in the area.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We saw from the practice website that they published the results of their patients' satisfaction survey and responded to any issues. The practice was above the national average overall 89% of patients were "very satisfied" with care they received from the practice.

GPs had their own patient lists for patients over 75 years of age. All patients who needed to be seen urgently were offered same-day appointments. Longer appointments were available for patients if required, such as those with long term conditions. Telephone consultations enabled patients who may not need to see a GP the ability to speak with one over the phone. This was a benefit to patients who worked full time or could not attend the practice due to limited mobility.

The practice offered home visits to patients who required them if requested before 10:30am. This provided older patients, mothers with young children, carers or patients in vulnerable circumstances an opportunity to see a GP when they may have difficulty attending the practice.

The practice had patient registers for learning disability and palliative care. 100% of patients with learning with a learning disability had received an annual health check. There were regular internal as well as multidisciplinary meetings to discuss patients' needs. The practice worked collaboratively with other care providers such as local care homes and district nurses.

The practice provided accommodation for external services within the practice, such as mental health services, drug and alcohol counselling services. The practice worked well with the midwife and health visitors who were based in the practice. GP's provided six week postnatal checks for new mothers.

There was an online repeat prescription service for patients. This enabled patients who worked full time to access their prescriptions easily. Patients could also drop in repeat prescription forms to the practice to get their medicines. Patients told us the repeat prescription service worked well at the practice. The practice communicated with pharmacies that delivered for patients who found it difficult to collect their prescriptions and arranged for them to be delivered.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Staff said no patient would be turned away. The number of patients with a first language other than English was low and staff said they knew these patients well and were able to communicate well with them. The practice staff knew how to access language translation services if information was not understood by the patient, to enable them to make an informed decision or to give consent to treatment.

The virtual patient participation group (PPG) were working to recruit patients from different backgrounds to reflect the diversity of the practice.

We saw no evidence of discrimination when making care and treatment decisions.

Access to the service

Appointments were available from 8am to 12:40pm and then from 2pm until 5:30pm. 40% of these appointments were pre bookable with the remaining 60% bookable on the day. Both the GP and nurse worked extended hours Monday to Friday from 7am to 8am and 6:30pm to 8:15 pm in the evenings to accommodate patients that had difficulty accessing the practice during the day.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for patients who needed them and those with long-term conditions. This also included appointments with a named GP or nurse. Home visits were made to two local care homes by a GP for those patients who needed one.

Patients were generally satisfied with the appointments system. They confirmed that they could see a GP on the same day if they needed to. They also said they could see

Are services responsive to people's needs?

(for example, to feedback?)

another GP if there was a wait to see the GP of their choice. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England and the practice manager was the designated responsible person who handles all complaints in the practice.

The practice had a system in place for handling complaints and concerns. The system for raising complaints was advertised on the practice website and in the reception area. Patients were invited to make complaints either verbally to the practice manager or by completing a form. The practice also had a separate form for patients to complete if they were making the complaint on behalf of another patient. We saw complaints were acknowledged and responded to. All were discussed in staff meetings to identify any learning outcomes and share these with staff. We saw from meeting minutes that complaints were discussed periodically to identify long term concerns or trends.

Are services well-led?

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

Our findings

Vision and strategy

Staff were able to describe the vision, values, strategic and operational aims of the practice. Staff said one of the main strengths of the practice was the morale and team atmosphere. There were clear lines of accountability and areas of responsibility. Staff knew what their responsibilities were in relation to these.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at a sample of these policies and procedures. All policies and procedures we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control; a GP partner was the lead for safeguarding and another GP partner the lead for child protection. Staff told us they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was under performing with national standards. Explanations were given to us for the cause of this. We saw that QOF data was regularly discussed at monthly team meetings and action plans were produced to improve outcomes.

Leadership, openness and transparency

There was a clear leadership structure within the practice. Staff told us they were clear about their own roles and responsibilities. They all told us they thought the practice was well led and felt well supported and knew who to go to in the practice with any concerns. They also said there was an open culture at the practice and they felt able to raise any concerns or discuss any issues with the senior staff. Team meetings were held regularly but if they had any issues these could be raised at any time.

The practice manager was responsible for human resource policies and procedures. We reviewed the recruitment policy and induction programme which were in place to support staff. We were shown the electronic information that was available to all staff, which included sections on employment and whistleblowing. Staff we spoke with knew where to find these policies if required.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had an active virtual patient participation group (PPG) which consisted of 81 members which were representative of age bands, gender & ethnicity. The 'virtual' group included those patients that could not or preferred not to commit to regular face-to-face meetings, but wished their views to be known.

The PPG had carried out surveys and met regularly with the practice manager and a GP. They showed us the analysis of the last patient survey, which was considered in conjunction with the PPG. The last survey had resulted in more appointments being made available each day for patients to see a GP. The results and actions agreed from these surveys were available on the practice website.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Staff told us that the practice was very supportive of training. Regular staff appraisals had taken place at the practice.

The practice had systems to learn from incidents which potentially impacted on the safety and effectiveness of patient care and the welfare of staff. Clinical team meetings were used to disseminate learning from significant events and clinical audits. Staff told us changes to protocols and policies were made as a result of learning outcomes from significant events, national guidance and audits.