

Whitby Group Practice Surgery - Black

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	11
Background to Whitby Group Practice Surgery - Black	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Whitby Group Practice Surgery – Black (Also known as Dr Warren & Partners) on 5th 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 report incidents and near misses. Action needed as a result of significant event was cascaded to all staff, however the process for communicating this between GPs and nursing staff should be formalised. Staff were aware of procedures for safeguarding patients from the risk of abuse.
- There were appropriate systems in place to reduce risks to patient safety, for example, infection control procedures and ensuring sufficient staffing levels were in place to meet the needs of patients. However,

improvements were needed to the recruitment records and system in place for ensuring health and safety checks were carried out at the recommended frequencies.

- There were systems in place to review patient medication. The management of prescriptions needed improvement. On a further visit to another of the three group practices within the building we identified that steps had been taken to address this. Some further work was needed to establish the best location for the emergency medicines and to ensure GPs had access to secure areas for the storage of prescriptions if required.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff told us they had received training appropriate to their roles. Records of all staff training needed to be improved to assist in monitoring and planning for the training needs of staff.
- Patients were very positive about the care they received from the practice. Survey results showed that patients responses about whether they were treated

Summary of findings

with respect and in a compassionate manner by clinical and reception staff were either above average or about average when compared to local and national averages.

- Services were planned and delivered to take into account the needs of different patient groups. The practice worked closely with health and social care services to meet patients' needs.
- Access to the service was monitored to ensure it met the needs of patients. Patients reported satisfaction with opening hours and said they were able to get an appointment when they needed one. Survey results showed that patient's satisfaction with access to the practice was above local and national averages.
- The practice sought patient views about improvements that could be made to the service and acted on patient feedback. Improvements were needed to the information available to patients about making a complaint. This was addressed following our visit.
- There were systems in place to monitor and improve quality and identify risk.

The areas where the provider should make improvements are:

- Establish a system to ensure complete documentation is held on staff recruitment files.
- Establish a system to check the continuing suitability of GPs by checking the GMC and Performers List.
- Develop a more formal system for GPs and nursing staff to review significant events.
- Put a system in place to ensure all health and safety checks are carried out at the recommended frequencies
- Review the system of staff training needed and undertaken to assist in monitoring and planning for the training needs of staff.
- Review the methods for securing prescriptions in use by GPs at the practice and on home visits.
- Risk assess the location of the emergency medication to ensure it is situated in the most accessible area.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff were aware of procedures for reporting significant events. Action needed as a result of significant event was cascaded to all staff, however the process for communicating this between GPs and nursing staff should be formalised. Patients were safeguarded from the risk of abuse. There were appropriate systems in place to protect patients from the risks associated with infection control and staffing shortfalls. We found that improvements were needed to the recruitment records and the system in place for ensuring health and safety checks were carried out at the recommended frequencies. Some further work was needed to establish the best location for the emergency medicines and to ensure GPs had access to secure areas for the storage of prescriptions if required.

Good



Are services effective?

The practice is rated good for providing effective services. Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Staff told us they had received training appropriate to their roles. We noted that the records of all staff training needed to be improved to assist in monitoring and planning for the training needs of staff.

Good



Are services caring?

The practice is rated as good for caring. Patients were overall positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment. Staff we spoke with were aware of the importance of providing patients with privacy.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. Patients reported good access to the practice. Improvements were needed to the information available to patients about making a complaint. This was addressed following our visit.

Good



Summary of findings

Are services well-led?

The practice is rated good for being well-led. There was a leadership structure in place and clear lines of accountability. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback from staff and patients, which it acted on. The practice was aware of future challenges and had identified possible service improvements.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice was knowledgeable about the number and health needs of older patients using the service. They kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. They had just finalised plans for an Acute Visiting service and were working towards implementing an Early Visiting service. Both services have the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided, for example, reviews of conditions and treatment, screening programmes and vaccination programmes. The practice had a system in place to make sure no patient missed their regular reviews for long term conditions. There was also a system to ensure that medication reviews were undertaken. The practice nurses specialised in the management and review of long term conditions. One of the practice nurses had won an award (voted for by patients) from the Clinical Commissioning Group (CCG) for care to patients with COPD. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. Child health surveillance and immunisation clinics were provided. The practice monitored any non-attendance of babies and children at vaccination clinics and worked with the

Good



Summary of findings

health visiting service to follow up any concerns. There was a policy of same day appointments for all children under 5 years of age. Contraceptive and family planning services were provided. The staff we spoke with had appropriate knowledge about child protection and they had access to policies and procedures for safeguarding children. Staff put alerts onto the patient's electronic record when safeguarding concerns were raised. GPs attended initial safeguarding meetings when invited by the local authority and a system was in place to ensure a report was provided for follow up meetings. Some nurses and health care assistants had not received safeguarding training at a level appropriate to their role. On a further visit to another of the three group practices within the building we identified that steps had been taken to address this.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could book appointments in person, via the telephone and there were some appointments that could be booked on-line. The practice was planning to implement changes to its computer systems which would enable patients to book more appointments on line. Repeat prescriptions could be ordered on-line or by attending the practice. An extended hour's service for routine appointments was commissioned by West Cheshire CCG. This service was publicised at the practice and on the practice website. Health checks were offered to patients who were over 40 years of age to promote patient well-being and prevent any health concerns.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. Patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability staff were alerted to this to enable them to provide appropriate support. The practice provided a service to travellers and had a policy of seeing them on the same day if they presented at the practice. Opportunistic screening and other services such as immunisations and vaccinations were also offered to ensure that these patients had access to the health care they required. Staff we spoke with had appropriate knowledge about safeguarding vulnerable adults and they had received training in this.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated good for the care of people experiencing poor mental health (including people with dementia). The practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual health check. The practice was in the process of reviewing its dementia patients to draw up personalised care plans. The practice attended quarterly meetings with the mental health team to review the needs of patients on the mental health register. All staff had recently attended training in dementia to highlight the issues these patients may face.

Good



Summary of findings

What people who use the service say

Data from the National GP Patient Survey July 2015 showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were either above average or about average when compared to local and national averages. There were 134 responses which represents 2.9% of the practice population. For example:

- 97.5% said the GP was good at listening to them compared to the CCG average of 92.1% and national average of 88.6%.
- 90.8% said the GP gave them enough time compared to the CCG average of 90% and national average of 86.6%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.9% and national average of 95.2%.
- 93.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.6% and national average of 85.1%.
- 98.5% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97.1%.
- 95.4% said the nurse was good at listening to them compared to the CCG average of 92.1% and national average of 91%.
- 95.4% said the nurse gave them enough time compared to the CCG average of 93.3% and national average of 91.9%.

- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.8% and national average of 90.4%.
- 90.4% patients said they found the receptionists at the practice helpful compared to the CCG average of 86.9% and national average of 86.8%.

The national GP patient survey results showed that patient's satisfaction with access to the practice was above local and national averages. For example:

- 79.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.7% and national average of 74.9%.
- 81.2% patients described their experience of making an appointment as good compared to the CCG average of 72.9% and national average of 73.3%.
- 84.4% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73.3%.
- 98.3% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87.4% and national average of 85.2%.
- 83.7% of patients would recommend the practice to others compared to the CCG average of 80.7% and national average of 77.5%.

We received 16 comment cards and spoke to five patients. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were helpful and listened to their concerns. Patients considered their privacy and dignity were promoted and they were treated with care and compassion. Patients said they were able to get an appointment when they needed one.

Areas for improvement

Action the service **SHOULD** take to improve

- Establish a system to ensure complete documentation is held on staff recruitment files.
- Establish a system to check the continuing suitability of GPs by checking the GMC and Performers List.
- Develop a more formal system for GPs and nursing staff to review significant events.

Summary of findings

- Put a system in place to ensure all health and safety checks are carried out at the recommended frequencies
- Review the system of staff training needed and undertaken to assist in monitoring and planning for the training needs of staff.
- Review the methods for securing prescriptions in use by GPs at the practice and on home visits.
- Risk assess the location of the emergency medication to ensure it is situated in the most accessible area.

Whitby Group Practice Surgery - Black

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Whitby Group Practice Surgery - Black

Whitby Group Practice Surgery - Black is one of three group practices based within the same building. The three practices share a practice manager, nursing team and administrative and reception staff. Whitby Group Practice Surgery - Black has four general practitioners who are also partners. The practice is responsible for providing primary care services to approximately 4525 patients. The level of deprivation of the patient population and numbers of patients with health related problems in daily life is average when compared to other practices nationally. The number of patients with a long standing health condition and with caring responsibilities is slightly higher than national average.

The practice is open 08:00 to 18.30 Monday to Friday. An extended hour's service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust.

The practice has a General Medical Service (GMS) contract. The practice offers a range of enhanced services including Influenza and pneumococcal Immunisations, facilitating early diagnosis and support to patients with dementia and health checks for people who have a learning disability.

Why we carried out this inspection

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. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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:

Detailed findings

- 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)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the

practice's policies, procedures and other information the practice provided before the inspection. We carried out an announced inspection on 5th November 2015. We reviewed all areas of the practice including the administrative areas. We sought views from patients face-to-face during the inspection, we looked at patient survey results and reviewed CQC comment cards completed by patients. We spoke with representatives from the Patient participation Group (PPG). We spoke to clinical and non-clinical staff. We observed how staff handled patient information, spoke to patients face to face and talked to those patients telephoning the practice. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting, recording and investigating significant events. The practice had a significant event monitoring policy and a significant event recording form which was accessible to all staff via computer. The clinical staff had received training on the investigation and management of significant events. The practice carried out an analysis of significant events and this also formed part of the GPs' individual revalidation process.

The GPs and nursing staff discussed clinical significant events in their separate GP and nurse meetings. There was an informal system for cascading the learning from significant events between the GPs and nursing staff and we were able to identify that the outcome from significant events had been communicated with appropriate staff. Representatives from the three GP practices met with the nurses, however, significant events was not a set agenda item. We noted that a more formal system would ensure that any learning points reached all relevant staff. Significant events and any actions needed were discussed with non-clinical staff as necessary. We looked at a sample of significant events and found that action was taken to improve safety in the practice where needed. Staff told us they felt able to openly report any safety incidents, that they were dealt with appropriately and that a no blame culture was in operation.

Overview of safety systems and processes

- There were systems in place to safeguard adults and children from abuse. Local authority safeguarding policies and procedures were accessible to all staff which clearly outlined who to contact outside of the practice for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and staff spoken with knew who this was, however this was not recorded for staff to refer to. On a further visit to another of the three group practices within the building we identified that steps had been taken to address this. The GPs told us they attended all initial safeguarding meetings and always provided reports where necessary for other agencies. Liaison with the health visiting team took place when the GPs had concerns about children. Staff demonstrated they

understood their responsibilities in relation to safeguarding. The GPs and reception staff and two nurses had received training relevant to their role and had updated their skills and knowledge in this area. Three of the nurses and two health care assistants had not undertaken safeguarding training at Level 2 which is recommended by the Royal College of Nursing. This was addressed via an on-line training course following our visit.

- A notice was displayed in the waiting room and in treatment rooms, advising patients that a chaperone was available if required. The nursing staff mainly acted as chaperones, occasionally reception staff were asked to carry out this role. Two of the nursing staff did not have a disclosure and barring check (DBS), although these checks had recently been applied for and we saw that these had been completed following the inspection. T
- All new staff were provided with a manual handling and fire safety booklet. We noted that there was not a system in place for staff to sign to indicate they had read this information or to confirm their understanding. Staff had access to on line training around health and safety. Checks of fire safety equipment had been carried out in-house and by an external contractor. We noted the fire risk assessment had not been reviewed since 2010. An independent contractor was due to carry this out later in the month. Smoke detectors were not routinely tested. However, on a further visit to the practice to inspect another practice within the building which shared the same facilities, this had been addressed. 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 electrical wiring was due to be re-inspected and a date for this to be re-checked had been arranged. We saw records showing works had been carried out at the practice to reduce the risks associated with legionella in 2013. We were told that the risk was low however, there was no documented risk assessment detailing this and any actions to be taken. The practice had identified this and had arranged for this assessment to be carried out with a view to ensuring the appropriate control measures were implemented. A system should be put in place to ensure that all health and safety checks are carried out at the recommended frequencies.

Are services safe?

- Appropriate standards of cleanliness and hygiene were followed. For example, cleaning schedules were in place, there was access to protective clothing and equipment and there was a system for the safe disposal of waste. There was an infection control protocol however, this and some of the associated guidance such as dealing with spillages were last reviewed in March 2014. Staff told us they had received infection control training. A lead for infection control had recently been appointed and there was a plan in place to support them to liaise with the local Infection Prevention and Control Team to keep up to date with best practice. An audit had been undertaken by the local Infection Prevention and Control Team in June 2015 which showed the practice was meeting good standards of infection control. The practice was 91.38% compliant and an action plan had been implemented to meet the few areas that needed to be addressed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. There was a system in place for undertaking medication reviews. We identified that the security of prescriptions could be better managed in terms of storage and record keeping. On a further visit to another of the three group practices within the building we identified that steps had been taken to address this. We noted that some of the GP bags taken on home visits may not be lockable and that not all GPs had a lockable area within their consulting rooms.
- Vaccines were securely stored, were in date and we saw the fridges were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. Staff had taken appropriate action when the temperature had exceeded the acceptable temperature range. The vaccine fridges had one thermometer, as an additional safeguard vaccine fridges should ideally have two thermometers, one of which is independent of mains power which provides a method of cross-checking the accuracy of the temperature. At a further visit to the practice one thermometer independent of the mains power was in place and three further thermometers had been ordered.
- We looked at a sample of four staff recruitment records and found inconsistencies in the information available. For example, one file contained no references, although these were found following the inspection. A further file only contained one reference. Proof of identity was not recorded on one file. Interview notes were not on two files. The files should be reviewed to ensure they contain all relevant documentation. We saw that a recent check of the Performers List and General Medical Council (GMC) had been undertaken for all GPs at the practice, however, a system for reviewing these checks was not established. All GPs had received a DBS check. When locums were used we found that the necessary information was gathered from the supplying agency. Independent locums were also used and the practice had generally undertaken the necessary checks to ensure their suitability, however, performers list and GMC checks had not been reviewed between periods of deployment. A system for ensuring continuing suitability of GPs by checking the GMC and Performers List should be put in place.
- Staffing levels were reviewed to ensure patients were kept safe and their needs were met. In the event of unplanned absences staff covered from within the service. Duty rotas took into account planned absence such as holidays. GPs and the practice manager told us that patient demand was monitored through the appointment system and staff and patient feedback to ensure that sufficient staffing levels were in place. We were told by staff that in the event of extremely busy periods of activity, changes were made to the service to ensure patient safety. For example, the practice had opened on a Saturday to meet the demands of high numbers of patients requiring flu vaccination.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and the annual update was organised for later this month. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There were emergency medicines available which were all in date and held securely. Weekly checks of these medicines were undertaken. We noted that the location of the emergency drugs may not make them accessible in the

Are services safe?

event of an emergency and a risk assessment should be carried out to assess this. We noted nine airways were out of date and the paediatric and adult life support guidelines were dated 2010. An inspection of another practice within the group which uses the same emergency equipment indicated that the airways had been replaced and the guidelines updated.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We noted this could include further information such as arrangements for use of an alternative building if needed. This was updated following our visit. The practice manager told us about an incident when business continuity was affected and the appropriate action taken.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and 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.

Patients' consent to care and treatment was 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.

Protecting and improving patient health

The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website, however, we noted the information on the website could be expanded upon. The practice had links with health support services such as smoking cessation and these services were pro-actively recommended to patients. Health checks were offered to patients who were over 40 years of age to promote patient well-being and prevent any health concerns. New patients registering with the practice completed a health questionnaire and if the patient was over fifty years of age, had a long term condition or on-going health issues an appointment was made with either a health care assistant, nurse or GP depending on the nature of the issues presented.

The practice monitored how it performed in relation to health promotion. It used the information from Quality and Outcomes Framework (QOF) and other sources to identify where improvements were needed and to take action. Quality and Outcomes Framework (QOF) information for the period of April 2013 to March 2014 showed the practice was meeting its targets regarding health promotion and ill health prevention initiatives.

Childhood immunisation rates for vaccinations given for the period of April 2013 to March 2014 were generally

comparable to the CCG averages (where this comparative data was available). For example for children aged up to 24 months the immunisation and vaccination rates ranged from 93.5% to 98.1% compared to the CCG averages of 94.4% to 96.9%. The practice had a system in place to follow up patients who did not attend for vaccinations.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services. Staff worked with other health and social care services to meet patients' needs. For example, the practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients who were at risk of unplanned hospital admissions.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (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. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. At the time of the last published results the practice was achieving 99.5% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes assessment and care was generally similar to the national average.
- Performance for mental health assessment and care was similar to or above the national averages. For example, the percentage of patients with schizophrenia, bipolar affective

Are services effective?

(for example, treatment is effective)

disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100% compared to the national average which was 88.61%.

- Performance for cervical screening of eligible women (aged 25-64) in the preceding five years was similar to the national average.
- The percentage of patients with hypertension having a blood pressure test in the last 9 months was 88.62% compared to the national average of 83.11%.
- The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who were currently treated with an appropriate bone-sparing agent was 100% when compared to the national average of 81.27%.

The practice used other statistical information gathered by the Clinical Commissioning Group to compare itself to other practices and identify what was working well and where improvements were needed. For example, the practice was performing well in relation to meeting targets for dementia diagnosis. Compared to other practices within the CCG the practice were high prescribers of medication. The practice had been working with pharmacy support services to monitor this.

We saw that audits of clinical practice were undertaken. Examples of audits included audits of the prescribing of medication such as antibiotics, hypnotics and z medications (a group of medicines that can be used to help with severe sleeping difficulties, anxiety and sometimes epilepsy) to ensure appropriate practices were being adhered to. An audit of family planning IUS (intrauterine system) and IUD (intrauterine device) insertions and an audit of atrial fibrillation were carried out to ensure patients were offered appropriate care and treatment. The GPs told us clinical audits were often linked to medicines management information, safety alerts, clinical interest or as a result of Quality and Outcomes Framework (QOF) performance. We discussed audits with GPs and found they communicated the results from audits to each other to contribute to their continuous learning and improvement of patient outcomes.

The GPs and nurses had key roles in monitoring and improving outcomes for patients. These roles included managing long term conditions, safeguarding and

palliative care. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients, patients with complex needs and patients who were at risk of unplanned hospital admissions. The practice also attended quarterly meetings with the mental health team for all patients on the mental health register.

Effective staffing

Staff told us that they had the skills, knowledge and experience to deliver effective care and treatment. Improvements were needed to the records of staff training. Evidence reviewed showed that:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality. We noted that a record was not maintained of the induction in staff files. We spoke to a new member of staff who confirmed they had been supported during their induction and were provided with the information they needed.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. This included appraisals, mentoring and facilitation and support for the revalidation of doctors. All staff apart from the lead nurse, practice manager and assistant practice manager had had an appraisal within the last 12 months. A date for these outstanding appraisals was in place.
- All staff received training that included: safeguarding, fire procedures, basic life support, infection control, health and safety and information governance awareness. Role specific training was also provided to clinical and non-clinical staff dependent on their roles. Staff had access to and made use of e-learning training modules, in-house training and training provided by external agencies. The records of staff training did not fully reflect the training staff told us they had undertaken. We noted that a complete record of all staff training needed and undertaken was not available which would assist in monitoring and planning for the training needs of staff.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. 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.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

We received 16 comment cards and spoke to five patients. This indicated that patients considered their privacy and dignity were promoted and they were treated with care and compassion. A number of comments made showed that patients felt a very good service was provided and that clinical and reception staff were dedicated, professional and listened to their concerns.

Data from the National GP Patient Survey July 2015 showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were about average or above average when compared to local and national averages for example:

- 97.5% said the GP was good at listening to them compared to the CCG average of 92.1% and national average of 88.6%.
- 90.8% said the GP gave them enough time compared to the CCG average of 90% and national average of 86.8%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.9% and national average of 95.2%.

- 93.5% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.6% and national average of 85.1%.
- 98.5% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97.1%.
- 95.4% said the nurse was good at listening to them compared to the CCG average of 92.1% and national average of 91%.
- 95.4% said the nurse gave them enough time compared to the CCG average of 93.3% and national average of 91.9%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91.8% and national average of 90.4%.
- 90.4% patients said they found the receptionists at the practice helpful compared to the CCG average of 86.9% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

We spoke to five patients. Four told us that they felt health issues were discussed with them, they felt listened to and involved in decision making about the care and treatment they received. One patient told us they were not always given full information about their treatment.

Data from the National GP Patient Survey July 2015 information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were generally above local and national averages. For example:

- 95.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.8% and national average of 86.0%.
- 91.7% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85.5% and national average of 81.4%.
- 94.5% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.3% and national average of 89.6%.

Are services caring?

- 89.2% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85.9% and national average of 84.8%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services such as dementia assessments and avoiding unplanned admissions to hospital. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of older people. They had just agreed an Acute Visiting service and were working towards implementing an Early Visiting service. Both services have the aim of improving patient access to GP services, enabling quicker access to the resources needed to support patients at home where possible and reducing emergency admissions to hospital and use of emergency services. As a result of an audit of patients' needs funding from NHS England had been applied for and obtained for a physiotherapist based on site. The physiotherapist was able to carry out initial assessments rather than these being undertaken by the GPs. This resulted in quicker access for patients and better use of GP time.

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients, patients with complex needs and patients who were at risk of unplanned hospital admissions.

The practice had a Patient Participation Group (PPG) that met quarterly with practice staff, carried out patient surveys and made suggestions for improvements. We met with representatives from the PPG. They told us that improvements had been made to the practice as a result of their involvement, they said they felt they were listened to and felt that their opinions mattered. They said and records showed that improvements had been made to the practice as a result of their involvement. For example, improvements had been made to the appointment system, access to the practice by telephone and a number of improvements had been made to the premises.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Urgent access appointments were available for children and those with serious medical conditions.
- Home visits were made to patients who were housebound or too ill to attend the practice.

- In response to demand for the flu vaccination the practice had opened on five Saturday mornings, in addition to normal clinic hours, in order to vaccinate vulnerable patients.
- There were disabled facilities, hearing loop and translation services available.
- The practice referred patients to a Well-being Co-ordinator who provided advice and support to patients on a number of issues, including, debt management, housing and social isolation.
- The practice worked with the Carers Trust to identify patients with caring responsibilities and ensure that they were aware of the support available to them.
- All staff had received training in dementia awareness to assist in identifying patients who may need extra support. Dementia patients and their carers were reminded about clinic appointments to ensure they received the support they needed.
- Support to book hospital appointments through the Choose and Book system was provided by the reception staff where it was identified the patient may experience difficulty with this.

Access to the service

The practice was open from 08:00 to 18:30 Monday to Friday. Appointments could be booked up to 3 months in advance and booked on the day. Telephone consultations were also offered. Patients could book appointments in person, via the telephone and there were some appointments that could be booked on-line. The practice was planning to implement changes to its computer systems which would enable patients to book more appointments on line. Repeat prescriptions could be ordered on-line or by attending the practice.

Results from the national GP patient survey from July 2015 (data collected from January-March 2015 and July-September 2014) showed that patient's satisfaction with access to care and treatment was above local and national averages. For example:

- 79.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.7% and national average of 74.9%.

Are services responsive to people's needs?

(for example, to feedback?)

- 81.2% patients described their experience of making an appointment as good compared to the CCG average of 72.9% and national average of 73.3%.
- 84.4% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73.3%.
- 98.3% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87.4% and national average of 85.2%.

We received 16 comment cards and spoke to five patients. Patients said they were happy with the appointment system and were able to get an appointment when one was needed. They also said that repeat prescriptions were generally well managed. One comment card indicated a patient had experienced a delay in getting a repeat prescription.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was displayed on the electronic screen in the waiting area and in the practice information booklet. However, it was not on the practice website and written information was not available for patients that detailed the process of making a complaint, how it would be responded to and other organisations their complaint could be referred to such as NHS England. At a further visit to one of the practices within the medical centre we found that this had been addressed.

The practice kept a complaints log for written complaints. We reviewed two complaints received within the last 12 months. They had been appropriately investigated, patients informed of the outcome and records demonstrated the actions taken to improve practice where appropriate.

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 staff we spoke with told us it was the aim of the practice to deliver high quality care and promote good outcomes for patients. The practice did not have a recorded mission statement which was displayed so that patients knew and understood the values. However, the patients we spoke with told us that these aims were being achieved in that they were receiving good care and treatment and they were happy with access to the service.

Governance arrangements

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff met to discuss new protocols, to review complex patient needs, keep up to date with best practice guidelines and review significant events. The reception and administrative staff met to discuss their roles and responsibilities and share information. The GPs across the three practices within the medical centre met bi-monthly. We noted that although meetings involving GPs across the three practices and the nursing team were held, significant events was not a set agenda item. The practice should review this arrangement to ensure that any learning points reach all relevant staff. The frequency of these meeting should also be reviewed to ensure that these take place at frequencies which are beneficial for the staff involved.

There was a leadership structure in place and clear lines of accountability. We spoke with clinical and non-clinical members of staff and they were all clear about their own roles and responsibilities. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager, registered manager or a GP partner.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. We looked at a sample of policies and procedures and found that the policies and procedures required were available. However some needed to be

updated such as the health and safety procedure, bullying and harassment, whistle blowing and the infection control procedure. The practice manager was in the process of reviewing all policies and procedures in use at the practice.

The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. The GPs spoken with told us that QOF data was regularly discussed and action plans were produced to maintain or improve outcomes.

The practice had completed clinical audits to evaluate the operation of the service and the care and treatment given. A discussion with the GPs showed improvements had been made to the operation of the service and to patient care as a result of the audits undertaken.

The practice had systems in place for identifying, recording and managing risks. We looked at examples of significant incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made to the practice as a result of reviewing significant events.

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

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the Patient Participation Group and through surveys and complaints received. The practice also sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. Records and a discussion with the practice manager indicated that patient feedback was formerly considered and action taken to address issues identified.

The practice had also gathered feedback from staff through staff meetings, appraisals and informal discussion. Staff told us they felt able to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

The practice team was part of local initiatives to improve outcomes for patients in the area. For example, the practice was working with neighbouring practices and the Clinical

Are services well-led?

Good 

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

Commissioning Group to promote better health care for older patients, for example, by having acute and early visiting services to avoid hospital admissions or reduce the length of hospital stay.

The practice was aware of future challenges for example they were aware that there was a local housing

development underway in the area. Hence there was the possibility of an increase in the number of new patients joining the practice in the future. The practice was aware of possible avenues to take to take to develop the practice further however, these had not as yet been developed into a formal plan.