

Guildhall Walk Healthcare Centre

Quality Report

27 Guildhall Walk
Portsmouth
Hampshire
PO1 2RY
Tel: 02392 728928
Website: www.guildhallwalkgp.nhs.uk

Date of inspection visit: 31 August 2017
Date of publication: 25/10/2017

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	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Guildhall Walk Healthcare Centre	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 Guildhall Walk Health Centre on 31 August 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise many risks to patient safety however there were areas that could be improved upon.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients told us that they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice proactively looked out for children with additional needs and introduced a 'Medical Passport'. The aim of this was to ensure that the clinical and non-clinical staff were aware of how best to support the child whilst they were at the surgery. The passport was scanned onto the child's electronic file with an alert for staff to read it prior to any clinical interaction.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- Consider reviewing the patient information leaflet to include full details of the practice complaints procedure.
- Consider reviewing the recruitment policy to make sure it details the recruitment procedure.
- Consider reviewing the whistleblowing policy to include details of external agencies who could provide support to staff.

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.

- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had, processes and practices to minimise risks to patient safety.
- Risk assessments relating to the health, safety and welfare of patients and staff using the practice had been completed in full. For example: The practice completed regular hand hygiene competency checklists. This ensured that staff understood the risks and need for effective hand hygiene.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework was not yet published as this provider had moved from a walk in service to a general GP practice in July 2016. However unverified data showed patient outcomes were at or above average in several areas compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, they offered 15 minute walk in appointments for patients to access.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients told us they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available, but the practice leaflet did not fully explain the process and organisations patients could contact. Evidence from 14 examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework mainly supported the delivery of the strategy and good quality care. Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The provider was aware of the requirements of the duty of candour.
- The practice encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered urgent appointments for those with enhanced needs.
- The practice identified at an early stage of care and treatment of older patients who may need palliative care. Older patients were involved in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For example, the practice followed up any unplanned hospital admissions calling the patient within 24 hours of discharge.
- The practice offered flexible appointments for carers.

Good



People with long term conditions

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice followed up on patients with long-term conditions after a hospital admission and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Good



Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice proactively looked out for children with additional needs and introduced a 'Medical Passport'. The aim of this was to ensure that the clinical and non-clinical staff were aware of how best to support the child whilst they were at the surgery. The passport was scanned onto the child's electronic file with an alert for staff to read it prior to any clinical interaction.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working age people (including those recently retired and students).

- The needs of this population group were identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflect the needs for this age group.
- The practice was located near to the University of Portsmouth campus and offered services to students. For example during the first week of term the practice provided student health care advice.
- The practice provided sexual health pop-up clinics in partnership with Solent NHS Trust.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice carried out advance care planning for patients living with dementia.
- The practice was an accredited dementia friendly practice.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- From unverified data supplied by the practice for 2016-2017, they had achieved 23 points out of a possible 26 points (89%) for Quality and Outcomes Framework for patients experiencing poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing in line with local and national averages. 386 survey forms were distributed and 49 were returned. This represented 0.7% of the practice's patient list.

- 83% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 75% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.

- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Some of the comments made were that the practice provided a very good service and all staff were patient, kind, caring and respectful.

Results from the friends and family test as displayed on the NHS Choices websites showed that 88% of patients who took part in the survey between August 2016 and August 2017 would recommend the practice.

Guildhall Walk Healthcare Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Guildhall Walk Healthcare Centre

Guildhall Walk Health Centre located at 27 Guildhall Walk, Portsmouth, Hampshire. PO1 2RY is a converted commercial premises. The practice is located in the centre of Portsmouth. The practice covers a diverse community incorporating a large proportion of university students. Within the area there are pockets of deprivation. The practice also has older patients with complex needs, patients who are homeless, patients with a mental health condition and 22.3% of all children aged 0-19 years old, are deemed as living in poverty in Portsmouth under the Children in Low Income Households Measure.

The provider of the practice, Partnering Health Limited became the personal medical services contract holder in 2016. The service was originally a Walk-in service decommissioned in July 2016. The practice now is a conventional GP practice with around 7300 patients.

Care and treatment is provided by three salaried GP's and two long-standing locums. Two GPs are male and three GPs are female. There are two practice nurses and one

healthcare assistant. The practice also has an Advanced Nurse Practitioner. There is an established practice manager and a team of receptionists, secretaries and administrators.

The practice telephone lines and reception desk are open from 8am to 6.30pm on Monday to Friday. Appointments are available between 8am and 6.30pm daily. Extended hours appointments are offered on Mondays and Fridays between 8am and 8pm. The practice is open every Saturday for appointments from 8am until 12 midday. During extended hours appointments reception is also open.

Each day the practice has walk-in appointment slots for registered patients which are available during these time periods until all of the slots have been allocated. The practice provides 15-minute appointments for all patients who use the walk-in clinic. It is also possible to pre-book routine appointments in advance daily.

Out of Hours urgent medical care was provided via the NHS 111 service when the practice was closed.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations for example the local clinical commissioning group and NHS England to share what they knew. We carried out an announced visit on 31 August 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, the practice manager, receptionist, administrators and a secretary.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- People experiencing poor mental health (including people living with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to unverified data since the practice took over the medical contract in 2016.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed a sample of seven documented examples for when things went wrong with care and treatment. The documents demonstrated that patients were informed of the incident as soon as reasonably practicable, received reasonable support and, a written apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a record showed that a patient requiring a two week wait referral had been missed. The practice firstly made sure that the patient was seen urgently by the hospital and raised a significant event investigation. It was found that there had been a breakdown in the referral chain and the referral although prepared had not been sent. This was openly discussed and a learning from the incident accepted. A new process was put in place and a new protocol written. This included changes to the IT system usage and that all two week wait referrals were tasked to administration staff, so they were aware of the referral and monitored whether it had been actioned.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding patients reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- The practice had a whistleblowing policy which staff understood, but there were no specific references to external organisations that staff could go to if they felt they could not or did not want to approach the practice management.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- A practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines.

Are services safe?

Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Antibiotic prescribing advice from the clinical commissioning group was reviewed at clinical practice meetings.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and worked according to patient specific prescriptions or directions from a prescriber.

We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We reviewed the recruitment policy which needed more detail on the procedures in place for recruitment. For example checking for employment history gaps and recording any explanation.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and regular assessments were completed. It is a legal requirement for every employer and self-employed person to make an assessment of the health and safety risks arising out of their work.
- The practice had a fire risk assessment checklist which was reviewed in August 2017 and carried out regular fire drills. There were designated fire marshals within the

practice. There was a fire evacuation plan which identified how staff could support patients with mobility needs to vacate the premises. The last fire evacuation took place in March 2017.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had a buddy practice locally which it could move to in the case of an emergency incident at the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had changed from a walk in service to a mainstream GP practice in July 2016 therefore QOF figures for this current service offered at the practice were not yet published.

We were supplied with some figures by the practice for 2016-2017. These had not been externally verified. The overall unverified QOF figure for the practice was given as 95%. This data suggested that the practice was not an outlier for any QOF (or other national) clinical targets.

- Performance data, supplied by the practice, for diabetes related indicators was 80%.
- Performance data, supplied by the practice, for mental health related indicators was 89%.

There was evidence of quality improvement including clinical audit:

- There had been nine audits commenced in the last 12 months, three of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice had conducted a clinical audit of registered patients at the practice who were

considered to be vulnerable children as they were currently subject to Child Protection and Child in Need Plans. The learning and improvements from the audit enabled the practice to have relevant and appropriate information to share with other agencies in timely manner, such as health visitors. Patients records were updated and reviewed appropriately and the clinical audit process highlighted good practice and a team approach between clinical and non-clinical staff to safeguard vulnerable children in the care of the practice.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurses had received update training for cervical screening in 2017.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The last immunisation training had taken place in June 2017.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed, we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Smoking cessation advice was available from a local support group.

This practice level data, which had not been verified, stated that for the cervical screening programme was 75%, which was under the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme. For example, by providing information in different languages and ensuring a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same gender.

All of the 12 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Results from the latest national GP patient survey in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. There were 386 survey forms sent out and 49 patients responded, this represents 0.7% of the practice patient list. For example:

- 93% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 70% of patients who responded said the GP gave them enough time compared to the CCG average of 84% and the national average of 86%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.

- 88% of patients who responded said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.
- 96% of patients who responded said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 92% of patients who responded said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

The practice had an advanced nurse practitioner who provided an In-reach service to a local care home with nursing. Care plans were regularly updated and patients were involved in decision making and this was achieving preferred place of death and avoidance of unplanned hospital admissions.

Results from the national GP patient survey in July 2017 showed patients responded to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable to local and national averages. For example:

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the national average of 86%.

Are services caring?

- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the national average of 90%.
- 75% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice had introduced training to the learning schedules for all staff to assist and improve the lower figures recorded in the survey. For example conflict resolution, equality diversity and human rights and health and safety and welfare.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services. We found the patient information leaflet had minimal information about the complaints procedure and organisations patients could make further representations to.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

The low numbers of carers was accounted for by the practice as the vast number of patients registered were either students attending the local university or were not in the group profile to either be or require a carer.

Staff told us that if families had experienced 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

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Extended hours appointments were offered on Mondays and Fridays between 8am and 8pm. The practice was open every Saturday for appointments 8am until 12 midday.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were accessible facilities available, which included accessible toilet facilities and interpretation services.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they could understand and receive appropriate support to help them to communicate.

Access to the service

The practice telephone lines and reception desk were open from 8am to 6.30pm on Monday to Friday. Appointments

were available between 8am and 6.30pm daily. Extended hours appointments were offered on Mondays and Fridays between 8am and 8pm. The practice was open every Saturday for appointments from 8am until 12 midday. During extended hours appointments reception was also open.

Each day the practice has walk-in appointment slots for registered patients which were available during these time periods until all of the slots had been allocated. The practice provided 15-minute appointments for all patients who use the walk-in clinic. It was also possible to pre-book routine appointments in advance daily.

Out of Hours urgent medical care was provided via the NHS 111 service when the practice was closed.

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

- 87% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 80% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 75% of patients said their last appointment was convenient compared with the CCG average of 80% and the national average of 81%.
- 75% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 48% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.

The practice monitored these figures and reacted to areas showing lower than CCG and national average by changing waiting times. For example patients who required to be seen as a walk in appointment

Are services responsive to people's needs?

(for example, to feedback?)

completed a short form detailing why they needed to see the GP and were given a time to return during that day, which meant they did not have to wait in the practice to be seen.

The practice had a system to assess:

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

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a practice summary leaflet available and information was displayed on the practice website.

We looked at 14 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency in dealing with the complaint. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. The service had changed from a walk in service to a traditional GP practice and the provider had developed a service development plan which included areas such as roles and responsibilities, visible leadership and performance metrics and monitoring, including individual roles and responsibilities of staff to deal with the transition.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

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

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The GPs and provider encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the provider and GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the provider encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received.
- The PPG at this practice was organised on a virtual group basis. Patients were able to put forward recommendations via email. We saw a previous PPG report which showed that the practice was responding to requests and had improved services: For example, an increase in patient to clinical staff discussion during new patient health checks.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, for example staff had attended customer service courses in order to provide a better service to patients. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice was autism friendly and as a service fully endorsed and supported the Royal College of General Practitioners Autism Patient Charter. The practice offered patients who had autism the highest quality of care and support. The practice also proactively looked for children with additional needs and introduced a 'Medical Passport'. The aim of this was to ensure that the clinical and non-clinical staff were aware of how best to support the child whilst they were at the surgery. The passport was scanned onto the child's electronic file with an alert for staff to read it prior to any clinical interaction.